Narrating the Pandemic: Ethical Issues of Medicine in Nigerian COVID-19 Patient-Pathography

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Abstract
Narratives by COVID-19 patients in Nigeria have revealed a strained doctor-patient relationship in the therapeutic process. Due to the dreadful myth that surrounds coronavirus as a pandemic disease, the fear of healthcare professionals in the management of patients that tested positive for the virus, leads to a breach of the Hippocratic Oath, a pseudo-sacred document that contains the ethical standard of the medical profession. This article attempts a literary appraisal of ethical problems in one coronavirus pathography (narrative by Covid-19 patient) in Nigeria. The analysis highlights poor therapeutic relationship between the patient and the caregiver, right from the diagnostic encounters to the stage of treatment. The selected pathography is subjected to critical and qualitative analyses, identifying the unprofessionalism of some healthcare providers during their treatment of covid-19 patients. The pathography is conceived as a literary text in the domain of autobiographical prose, and is discussed to highlight the potency of narrative approaches in conveying biomedical experiences, especially issues that border on medical ethics. It is discovered from the texts that the breach of the Hippocratic Oath by the caregivers impacts negatively on the therapeutic relationship. The analysis is anchored on Kekeghe's Pathotextualism, a critical approach that underscores the interplay of literature (text) and disease (pathos). This theoretical orientation, though evolving, is suitable for this study. In this case, the patient's account is deconstructed as a text in the domain of literary narratives. The study concludes that through patients' pathographies, physicians and the general public can be exposed to the physical and psychological experiences of sick people. Significantly, this will help improve physician-patient relationship, which is the first strategy to recuperation.

Keywords: Illness narratives, Medical ethics, Medical humanities, Creativity and diseases

Introduction

Bioethics has been appreciably emphasized by the humanistic culture, which is aimed primarily at facilitating professionalism and compassion in clinical practice. Significantly, from the domain of public health, the humanities have helped to bring empathy and efficiency to medical practice, especially on issues that border on the Hippocratic ethics of medicine. The Hippocratic Oath is an official document that contains the ethics of medicine, which was propounded by Hippocrates, the Greek physician and father of medicine. It is an oath sworn to by physicians during their induction into the medical profession, and it foregrounds physician-patient therapeutic relationship (Schiedermayer, 1986: 314). The strict adherence of healthcare professionals to the tenets embodied by the Hippocratic Oath is aimed at humanizing medical practice. Like a commandment, the pseudo-sacred nature of the Oath impacts omnisciently on the mindscapes of conscionable physicians in the therapeutic process. However, there are physicians who contravene the Oath due to stress, fear, greed and pride that are triggered by clinical

experiences, the nature of the diseases and the socioeconomic statuses of the patients. Below is an extract from Jones' translation of the Hippocratic Oath:

> I will use treatment to help the sick according to my ability and judgment, *but never with a view to injury and wrong-doing*. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, *I will not give a woman a pessery to cause abortion.* But I will keep pure and holy both my life and my art. I will not use the knife, not even verily, on sufferers from stone, but will give place to such as are craftsmen therein…
> Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially, from abusing the bodies of man and woman, bond or free. And whatsoever I shall see or hear in the course of my profession…if it be what should not be published abroad, *I will never divulge, holding such things to be holy secrets* (*Hippocratic Corpus*, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1114108/).

The excerpt above unfolds the sovereignty of the patient in the therapeutic procedure. As the official document of medical practice, the Hippocratic Oath shows that clinical experience is patient-centred; as a result, the physician is expected to do everything possible for the overall benefit of the patient. The resources of the humanities like language, literature, communication, narratives and arts, have been very pivotal in exploring and creating awareness on ethical issues in the medical profession. Given the depreciation in therapeutic relationships the world over, it has become obviously imperative for the humanities and biomedicine to intersect for effective clinical experiences. The implication is that since medicine is human-centred, the humanistic culture is indispensable in the medical procedure. In other words, tools of the humanities cannot be divorced from the practice of medicine. This point is foregrounded in McManus's essay, "Humanity and the Medical Humanities" (1995) which argues that since human beings form the overall essence of medical practice, it is imperative to adopt humanistic strategies, beyond the bioscientific procedures, in the handling of patients' condition. One way in which the impact of the humanities is significantly felt in medical practice is the promotion of ethical principles that are capable of engendering professionalism and empathy in medical practice.

Medical ethics are the values, norms and moral tenets that are applied to clinical practice. They include: patient's autonomy, justice, beneficence and non-maleficence (Weise, 1986; Kathryn, 2012; Beauchamp, 2013 and Berdine, 2015). Doukas, McCullough and Wear (2013) examine the significance of medical ethics and humanistic education in promoting professionalism and efficiency in medical practice. Similarly, Shapiro, Nixon and Douka (2015) demonstrate that humanistic tools are potent instruments in the practice of medicine, especially issues that border on bioethics. Omobowale's (2006) 'Literature and the Teaching of Biomedical Ethics in Nigeria: A Creative Writer's Perspective' examines the significance of literature in promoting the ethical standard that helps underscore the professional conducts of healthcare providers in the business of medical practice. Similarly, Kekeghe (2021) investigates the role of literature in exploring the ethics of medicine.

The coronavirus pandemic exposes largely, the vulnerability of Nigerian healthcare system, especially issues that border on hospital facilities, medical personnel and the general ethical and moral principles that define the professionalism of medicine as a discipline that is concerned with human health and wellness. As a highly infectious disease with high risk of continental spread, coronavirus (COVID-19) provokes serious dread, which further leads to an escalation of the ethical problems in Nigerian healthcare system. Coronavirus disease 2019 (COVID-19) is a deadly, communicable disease caused by

a new strain of coronavirus that infects people, leading to illness and death. As such, a good number of medical practitioners, while trying to shield their lives from the virus, consciously and unconsciously breached the ethics of medicine that defined their job. The inadequate supply of Personal Protective Equipment (PPE) to physicians and other healthcare practitioners may have contributed to the unethical tenor with which some caregivers handle coronavirus patients in Nigeria. A COVID-19 patient-pathography is analyzed in this study as a short, autobiographical narrative that underscores the breach of the Hippocratic Oath of medicine by Nigerian healthcare professionals who swore to uphold it at all times. The text, despite its spontaneity, is regarded here as a narrative product of some literary merit; and it is discussed under such classificatory process.

The term, pathography, was first used by the German psychiatrist, Paul Julius Mobius in 1899, and it is traced to mental health narratives (Schioldann, 2003). Over the years, it has been referred to as the narrative of a patient's health condition from the auto/biographical perspectives. Schioldann (1988) defines pathography as a narrative that "analyses a single individual's biological heredity, development, personality, life history, and mental and physical pathology" (https://doi.org/10.5694/j.1326-5377.2003.tb05209.x). In other words, the use of the term in contemporary medicine captures both physical and mental health conditions. Scholars like Freud, Lange, Jaspers, Birnbaun and Kretschmer are acclaimed as famous pathographers. In this article, one pathography by a COVID-19 patient in Nigeria is subjected to critical analysis, highlighting instances of unethical and unprofessional disposition of healthcare-givers. The aim of this study is to create awareness on the significance of bioethics in therapeutic or clinical procedures. The effective deployment of the resources of dialogue, narration and emphasis to details which are foregrounded in the pathography are tools that characterize literary expression.

As stated above, the analysis rests significantly on the tenets of Pathotextualism, an evolving approach that shows the intersection between literature and medicine (Kekeghe, 2020: 434). In Stephen Kekeghe's formulation of this approach, he applies it to the analysis of medical episodes in selected folktales of the Urhobo people of Western Delta in Nigeria. He illustrates:

> The term, 'patho', is an offshoot of a Greek word, 'pathos', which denotes suffering or disease. In other words, 'patho' or 'pathy' simply indicates illness or disease while pathology is the scientific study of the nature, causes and manifestations of diseases. 'Text', on the other hand, indicates creative or literary works. 'Pathotext', therefore, suggests literary texts that explore illnesses and diseases (Kekeghe, 2020: 436).

The application of the pathotextual theory situates the Covid-19 narrative within the domain of literary autobiography. Though the story-line is spontaneous, there are narratological strategies that depict the reality, atmosphere and tone of the story; these are common features of prose fiction.

Ethical Issues in a Covid-19 Patient-Narrative

The pathography analyzed in this study was taken from a story in *The Guardian* online newspaper entitled, "How COVID-19 Patient's Travail Raises Testing Integrity". The setting of the pathography is Central Hospital, Warri, Delta State, Nigeria. As the narrative reveals, the said patient goes for a medical examination for her ill-health in General Hospital, Oto-Udu, where the doctors in the hospital diagnosed pneumonia as her health condition, and referred her to another hospital, Central Hospital, Warri, which is better equipped to treat such health difficulty. On getting to the hospital with her referral letter, the

moment the physicians and nurses behold her, coughing, they literally run away from her. They perceive that the patient manifests the clinical symptoms that characterize coronavirus, and instead of making effort to save her life, the healthcare givers abandon her to die of the sickness. The use of facial diagnosis by the caregivers for a condition that requires intense laboratory screening shows unprofessionalism on the part of the healthcare providers. Given the manner with which the medical doctors and nurses treat the patient, she feels horrible and nurses feelings of worthlessness as conveyed in her anguished narrative:

> "I left my house to visit a friend. I have strong cough and when the cough was becoming too much, my friend suggested that we went to Oto-Udu General Hospital. When we got there, a nurse looked at me and said I should go for x-ray. The result stated that I had pneumonia, which was true, because I had pneumonia in 2004, August precisely. After getting the x-ray results, I was referred to Warri General Hospital with the assurance that I would be well taken care of there.
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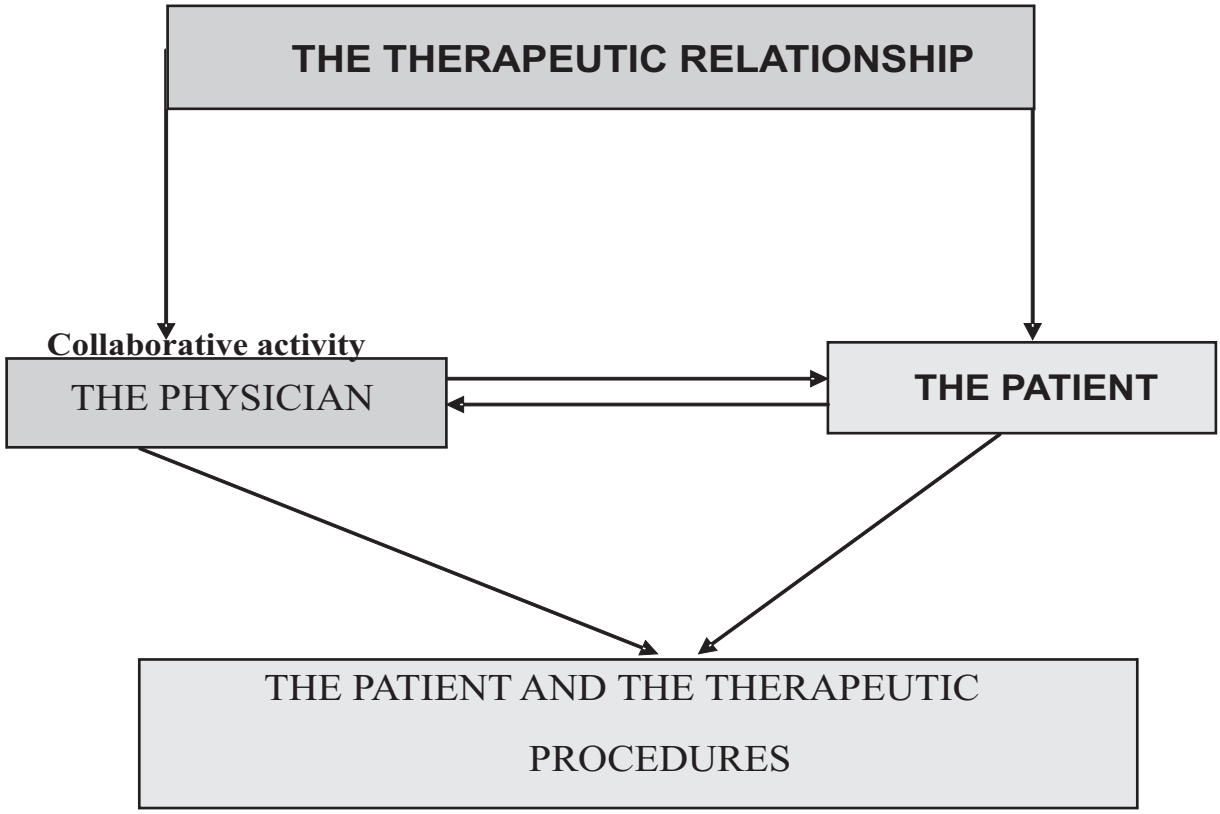
> When I got to Warri Central Hospital, I coughed and when the doctors heard me cough, they all ran away. I was confused. There was one nurse among them, who started shouting that I couldn't stay there. In the midst of the shouting, my friend — who the news report said was my boyfriend — went to one of the doctors and asked what was actually happening, but the doctor could not say anything. In fact, they didn't know what drugs to administer to me. At the end of the day, I called one of the doctors and asked what was the medication for a strong cough? He couldn't answer; he was just looking at me. They didn't even put me on bed. After everything, the doctor then said I should be kept in one of their waiting rooms. When I didn't get any attention, I went home." (*The Guardian*: https://guardian.ng/news/how-covid-19-patients-travail-raises-testing-integrity/).

The unprofessional display by the healthcare practitioners as shown in the excerpt above underscores a breach of the ethics of medicine. The diagnostic process is supposed to be a complex, patient-centered collaborative activity, which requires clerk-in to gather relevant information to determine the patient's health condition. This, however, is only possible if there is a good patient-doctor relationship, which is evidently lacking in the kind of therapeutic procedure foregrounded in the excerpt above. The doctor-patient relationship is a significant aspect of modern medical practice, which forms the base of contemporary medical ethics. As highlighted in the *Hippocratic Corpus,* physicians swear during their induction to do everything good for the benefit of the patient. However, in the COVID-19 patient-narrative under discussion, the healthcare professionals abandon the patient to suffer with her condition, thereby contravening the ethics of medicine. The physician and the patient are supposed to share a collaborative relationship that is aimed at salvaging the patient, who constitutes the centre of the therapeutic process. The root of medical practice is the treatment of the patient. This, therefore, attests to the sovereignty of the patient in the therapeutic relationship. Simply put, there would have been no physician, if there were no sick people; the profession of the medical doctor is only relevant if it is deployed effectively to humanize and heal the sick. The model below shows the centrality of the patient in the Therapeutic Relationship:

Figure 1: Kekeghe's model showing the patient-doctor therapeutic relationship



The model above clearly shows that the patient is the base of medical practice; hence, the activities of the physicians and all healthcare providers should tilt towards providing cares that are beneficial to the patient. In the pathography under study, for instance, the patient goes to the hospital to save her life; this is why she feels betrayed when dehumanized by the clinicians to whom she had gone to receive healthcare. The patient's despondent narrative tone greatly attests to her brokenness: "When I got to Warri Central Hospital, I coughed and when the doctors heard me cough, they all ran away. I was confused. There was one nurse among them, who started shouting that I couldn't stay there" (*The Guardian*: https://guardian.ng/news/how-covid-19-patients-travail-raises-testing-integrity/). This is against the ethics of beneficence and non-maleficence. According to Beauchamp (2013: 7), the ethics of beneficence states that the medical procedure should be provided with the intent of doing good for the patient involved while non-maleficence requires that a medical procedure should not harm the patient involved. In the narrative under study, the pathographer, who constructs the healthcare providers as saviours, is betrayed by their unprofessional conducts. The physician is expected to establish a good rapport with the patient to create a feeling of confidence in her. In other words, the reactions of the healthcare giver towards the health condition should convince the patients that s/he is competent to handle the patients' health difficulties. The unethical manifestation of the physician in this pathography is evident in his pre-laboratory screening diagnoses. For instance, the doctor confirmed the lady coronavirus positive without carrying out any prior test on her. While narrating her disappointment, the pathographer's voice is laced with bitterness and despair:

> "When I got to my house, the doctor called me that I should please come back and I told them that, I was not going to come back after I had been treated like a refugee the previous day. But

> the doctor continued with his plea, urging me to come back so that I can be attended to.
>
> When I got there, I was tossed up and down. I waited till 7:00pm on Saturday evening before a doctor came to me and was even talking to me from a distance. He didn't want to come close. He kept saying that I had coronavirus. After everything, the man carried out some test on me and asked me to go. I asked him when I was going to get my result and he said they would put a call across to me. I said okay and went home" (*The Guardian*: https://guardian.ng/news/how-covid-19-patients-travail-raises-testing-integrity/).

Such offhand diagnosis that precedes medical laboratory examination for a disease that requires intense laboratory screening is unethical. Given this circumstance, when the doctor insists that the lady has tested positive for coronavirus, she doubts it. She no longer has confidence in the therapeutic procedures and insists on seeing her test results. Withholding a patient's test results from her is against the ethics of patient's autonomy. The ethics of autonomy shows that the patient has the right to exercise autonomy of thought, intention and action when making decisions that border on healthcare and therapeutics (Entwistle, Carter, Cribb & McCaffery, 2010, 741). The following excerpt from the patient's narrative conveys the clinicians' infringement on the patient's right to autonomy:

> "On Tuesday, I was in my house when someone said some medical personnel were downstairs looking for me. I told them to come upstairs because I was feeling too weak to walk. But my mum persuaded me to go downstairs and meet them. I asked them what the problem was and they said my result showed I was coronavirus positive. I told them that I wanted to see the result, which they said I would be shown later, but that I should follow them to Central Hospital. I said I wasn't going. I was told if I didn't follow, I would be answerable to government. After much persuasion from my mum, they brought an ambulance and took me to General Hospital. I told them to show me my result, which was not done until I started hearing that my name had been publicized as having coronavirus. Till this moment, doctors have not shown me the result stating that I was coronavirus positive." (*The Guardian*: https://guardian.ng/news/how-covid-19-patients-travail-raises-testing-integrity/).

The ethics of autonomy clearly emphasizes that the medical procedure or the decision-making process is meant to be totally free of any episode of coercion. We learn from the pathography that besides the intimidation of the patient, she is further subjected to series of dehumanization which is a violation of the ethics of autonomy, beneficence and non-maleficence. The patient demands to see her test results, and withholding it from her is unprofessional and smacks of arrogance on the part of the clinicians. The medical practitioners even threaten to report the patient to Government officials when the right thing to do first is to show her the test results. The patient laments her ordeal in such a circumstance: "I told them that I wanted to see the result, which they said I would be shown later, but that I should follow them to Central Hospital. I said I wasn't going. I was told if I didn't follow, I would be answerable to government...Till this moment, doctors have not shown me the result stating that I was coronavirus positive" (*The Guardian*: https://guardian.ng/news/how-covid-19-patients-travail-raises-testing-integrity/). The attitude of the healthcare-givers in the texts underscores their unprofessionalism, which further highlights ethical problems that are the bane of medical practice in Nigeria and elsewhere. A good relationship between the doctor and patient will lead to the patient's release of reliable information about his/her disease, which will impact positively on the healthcare procedure. Where such a good relationship between the patient and physician is lacking, there is the likelihood that the patient will distrust the diagnosis and the proposed therapeutic procedures. This, in no small way, will cause a strain to the therapeutic relationship, by leading to decreased conformity to the physician's medical instructions. Michael Balint's book, *The*

Doctor, His Patient and the Illness (1957), reveals that the actions of the physician towards the patient will influence the patient's response to treatment. In the pathography under study, the uncompassionate way in which the physicians handle the patient's health difficulty engenders a severe strain in the therapeutic process. The patient experiences some episodes of dehumanization in the hands of the physicians. Again, she narrates:

> "Yesterday, they brought me a cup of tea that had a lot of sugar. I told them that I couldn't take the tea. I waited till afternoon for my lunch. When it was 1:00pm, I went to them and requested for my lunch and was asked what I wanted to eat. I told them I would prefer rice and plantain. I waited till 6:00pm yet there was no food for me. When I was not getting any food, I put a call across to my mum. When my mum came and they saw that she was creating scene, that was when they dropped my food at the bathroom entrance and asked me to get the food from there." (*The Guardian*: https://guardian.ng/news/how-covid-19-patients-travail-raises-testing-integrity/).

From the excerpt above, it is evident the patient is treated like an outcast in the same hospital where she had gone for treatment. The dehumanization of the patient, like putting her food at the entrance to a public bathroom/toilet door is repulsive. For instance, though her opinion was sought to ascertain the kind of food she would love to eat, it was not followed. The healthcare personnel, as shown in the narrative, probably perceive the patient as incapable of making choice(s). In a shared decision-making process, the healthcare provider does not impose recommendations on the patient; rather, the patient's autonomy is respected to the extent that the patient has the right to choose what clinical treatment to be administered (Hill, 2006). Thus, the patient forms the base for the medical experience as shown in the excerpt above.

Conclusion

The discussion in this article reveals that Covid-19 patients' narratives are invaluable materials for the examination of the ethical issues of medicine. The critical analysis of the selected pathography shows a strained doctor-patient relationship in the therapeutic process, and it highlights the unprofessional conducts of some healthcare providers that consistently contravene the ethics of medicine during their diagnosis and treatment of coronavirus patients. The patient's narrative examined in this article, therefore, underscores the role of the humanities (narrative and communication) in conveying the ethical issues that define the professionalism of medicine as a discipline concerned with humans' health. The dialogical and narratological features that constitute the content of the pathography qualify it as a literary product, specifically in the domain of autobiographical literature. The pathographer or patient-narrator, in this case, appeals to us as the socialist voice that seeks for an improved therapeutic relationship as it relates to the management of pandemic diseases like coronavirus.

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