

Enhancing Medical Practice While Mitigating Medico-Legal Risks in Nigeria's Healthcare System

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ABSTRACT

Medical practice in Nigeria exists within a fragile ecosystem that blends clinical expertise with systemic weaknesses. Rising patient awareness, growing litigation, and heightened expectations—particularly in the private sector—make the alignment of clinical excellence with medico-legal safeguards indispensable. This paper examines the structure of medical practice in Nigeria, explores the ethical and legal frameworks that guide it, identifies common medico-legal risks, and proposes strategies for reducing liability. It highlights the importance of communication, informed consent, documentation, confidentiality, and governance in strengthening patient trust while minimizing risks. For sustainable healthcare delivery, Nigerian practitioners must integrate professionalism with medico-legal awareness to ensure safe, ethical, and accountable practice.

Keywords: Medical practice, Medico-legal risks, Informed consent, Documentation, Nigerian healthcare system

INTRODUCTION

Medical practice encompasses the diagnosis, treatment, rehabilitation and prevention of disease across diverse settings. In Nigeria, practitioners operate in private clinics, hospitals, academic institutions, and group practices (World Health Organization, 2020). Despite the presence of skilled professionals, systemic challenges—such as chronic underfunding, poor infrastructure, and brain drain—hinder effective healthcare delivery (Adebayo et al., 2021).

Health expenditure in Nigeria remains consistently below the WHO-recommended 15% of national budgets (World Health Organization, 2019). Limited health insurance coverage, dilapidated facilities, and the exodus of health workers (Oleribe et al., 2019) heighten the risk of errors, adverse events, and medico-legal disputes.

Simultaneously, patients are increasingly aware of their rights, and litigation over medical negligence is rising (Onotai & Nwokoro, 2019). The adoption of the Patients' Bill of Rights (Federal Ministry of Health, 2018) has amplified expectations of accountability and transparency. Negligence claims—particularly in maternal care, surgery, and informed consent—are becoming more frequent in Nigerian courts (Ogunnowo et al., 2020).

Thus, contemporary healthcare in Nigeria requires not only clinical competence but also clinical governance and robust medico-legal safeguards to ensure safe, trusted, and sustainable practice for practitioners in Nigeria.

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Medical Practice in Nigeria

Structure and Types

Medical practice occurs in four broad formats:

1. **Private practice** – physician-owned, individualised services.
2. **Group practice** – multidisciplinary collaborations.
3. **Hospital-based practice** – secondary and tertiary care delivery.
4. **Academic practice** – combining research, teaching, and patient care.

Levels of Care

Nigeria's health system is structured into three tiers:

- **Primary care** – first contact, largely under local governments.

- **Secondary care** – state-managed general hospitals.
- **Tertiary care** – specialized federal, state, and private centres.

The private sector provides approximately 60–70% of healthcare services, particularly in urban areas (Makinde et al., 2018).

Medico-Legal and Ethical Frameworks

Nigerian medical practice is guided by several legal and ethical instruments:

- **Medical and Dental Practitioners Act (Cap M8, LFN 2004)**: outlines regulatory and disciplinary controls.
- **Code of Medical Ethics in Nigeria (MDCN, 2020)**: sets professional standards.
- **National Health Act (2014)**: codifies patient rights and service standards.
- **Patients' Bill of Rights (2018)**: reinforces informed consent, confidentiality, and dignity (Federal Ministry of Health, 2018).

Courts increasingly uphold negligence claims, especially in maternal and surgical care (Abodunrin & Olatunji, 2019).

Key Medico-Legal Concepts

1. **Duty of care**: obligation to act in the patient's best interest.
2. **Negligence**: breach of duty resulting in legally recognized harm (Udwadia, 2019).
3. **Informed consent**: disclosure, understanding, voluntariness, and documentation (Beauchamp & Childress, 2019).
4. **Confidentiality and data protection**: safeguarding patient information (Nigerian Data Protection Regulation, 2019).
5. **Vicarious liability**: institutional responsibility for employees' actions (Ogunbanjo, 2020).

Key Medico-Legal Principles in Clinical Practice Informed Consent

A process where the doctor educates the patient on risks, benefits, and alternatives before treatment or intervention. It has **five essential elements**:

1. Disclosure – provision of relevant information.
2. Understanding – ensuring comprehension.
3. Voluntariness – freedom from coercion.
4. Capacity – ability to understand and decide.
5. Documentation – recording the process.

Properly executed informed consent promotes autonomy, dignity, trust, and reduces medico-legal risks (Beauchamp & Childress, 2019; Medical and Dental Council of Nigeria, 2020).

Capacity

Capacity refers to a patient's ability, at a particular time, to understand and weigh information, make, and communicate a decision. Where absent, a legally recognized guardian or surrogate may decide on their behalf (UK Parliament, 2005; Medical and Dental Council of Nigeria, 2020).

Confidentiality and Data Protection

Confidentiality constitutes both an ethical and legal duty to safeguard patient information. Sharing is permissible only with patient consent or lawful justification. Strong data protection strengthens trust and maintains professional integrity (World Medical Association, 2013; Federal Republic of Nigeria, 2023).

Clinical Governance and Risk Management

Clinical governance ensures accountability for the quality of care delivered through audits, safety initiatives, and systematic risk management (World Health Organization, 2019). In Nigeria, resource constraints—such as poor record systems and weak emergency infrastructure—expose practitioners to litigation when complications arise.

Adopting structured frameworks, such as the WHO surgical safety checklist and routine case reviews, can reduce avoidable errors and medico-legal exposure (World Health Organization, 2009).

Effective Communication and Documentation

Miscommunication is a major trigger for complaints in Nigeria (Ogunnowo et al., 2020). Patients often perceive rudeness, inadequate explanations, or lack of follow-up as negligence, even when clinical care is appropriate.

Documentation is equally critical. Incomplete or illegible records compromise both continuity of care and medico-legal defence. Nigerian courts frequently rely on medical records as primary evidence in negligence claims (Obidimma, 2020). While electronic records are ideal, structured paper templates for consent, clinical notes, and billing remain valuable in reducing risk.

Staying Up-to-Date with Knowledge and Guidelines

Medicine evolves rapidly. Nigerian clinicians must actively engage in Continuing Professional Development (CPD) to remain updated (Oleribe et al., 2019). High-risk fields such as obstetrics, cosmetic surgery, and fertility medicine particularly demand adherence to current protocols, which improves outcomes and provides legal defence in adverse cases.

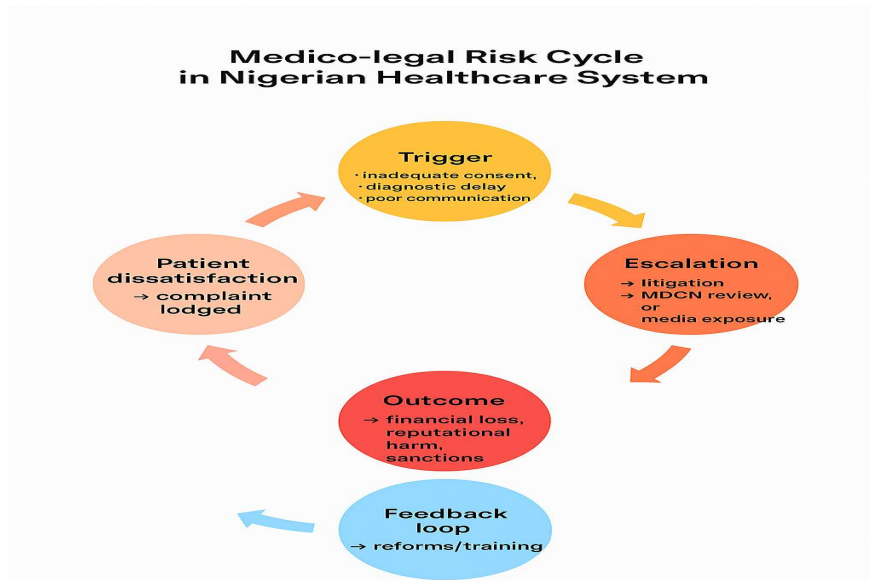


Figure 1: Medico-Legal Risk Cycle in Nigerian Healthcare

Clinical Competence & Medico-Legal Safeguards in Practice

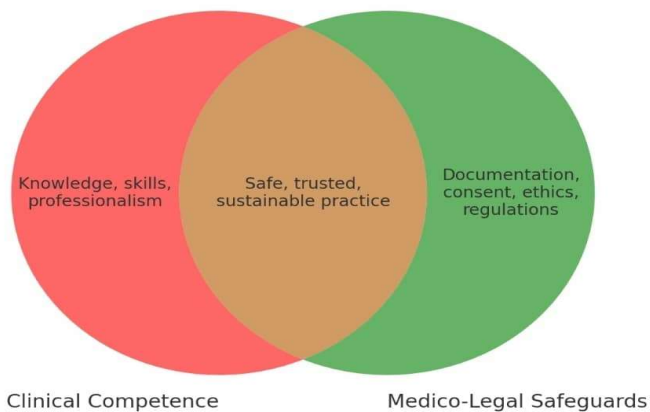


Figure 2: Intersection of Clinical Excellence and Medico-Legal Protection

Common Medico-Legal Risks in Nigeria

Frequent sources of litigation include inadequate informed consent, poor documentation, diagnostic delays, surgical mistakes, confidentiality breaches, financial disputes, and emergency care lapses (Makinde et al., 2018; Onotai & Nwokoro, 2019).

Private Practice and Heightened Risk

Private practice carries heightened litigation risks due to direct patient payments and elevated expectations. High-risk specialties include cosmetic surgery and fertility medicine (Okpani & Abimbola, 2018). Other sensitive areas include:

- **Corporate retainerships:** disputes between patients, providers, and employers.

- **Partnership conflicts:** poorly drafted agreements leading to intra-professional disputes.

Strategies for Enhancing Practice and Reducing Risk

Practitioners can mitigate medico-legal risks by:

1. Prioritizing respectful communication.
2. Treating informed consent as an ongoing dialogue.
3. Maintaining structured, secure documentation.
4. Applying clinical governance tools such as audits, checklists, and complaint protocols.
5. Safeguarding confidentiality and dignity.
6. Obtaining indemnity insurance.
7. Upholding professionalism and ethical standards.

Case Scenarios

1. **Failed cosmetic surgery with inadequate risk disclosure** → litigation.
2. **Maternal death in a private clinic due to delayed referral and lack of blood bank** → negligence claim.
3. **Billing dispute arising from hidden charges in private practice** → reputational damage.
4. **Confidentiality breach in infertility treatment disclosed via social media** → mistrust and sanctions.

Table A1. Strengths and Challenges of Medical Practice in Nigeria

Strengths	Challenges
<ul style="list-style-type: none"> • Clinically experienced, well-trained doctors 	<ul style="list-style-type: none"> • Chronic underfunding (<15% of national budget recommended by WHO)
<ul style="list-style-type: none"> • Adaptability in resource-limited settings 	<ul style="list-style-type: none"> • Shortages of staff, equipment, and essential drugs
<ul style="list-style-type: none"> • Global recognition of Nigerian doctors 	<ul style="list-style-type: none"> • Brain drain: migration of skilled health workers abroad
<ul style="list-style-type: none"> • Broad clinical exposure during training 	<ul style="list-style-type: none"> • Poor remuneration and harsh working conditions
<ul style="list-style-type: none"> • Expanding national and state-level health insurance initiatives aimed at improving financial protection for citizens 	<ul style="list-style-type: none"> • Inadequate health insurance; reliance on out-of-pocket payments

Source: Adapted from WHO, 2021; Adebayo et al., 2021).

Table A2. Common Medico-Legal Risks in Nigerian Healthcare

Category	Examples
<ul style="list-style-type: none"> • Informed consent 	<ul style="list-style-type: none"> • Failure to disclose risks, alternatives, or costs; reliance on signed forms only
<ul style="list-style-type: none"> • Documentation 	<ul style="list-style-type: none"> • Incomplete/illegible records; loss of notes
<ul style="list-style-type: none"> • Diagnostic errors 	<ul style="list-style-type: none"> • Delayed or missed diagnoses due to limited resources
<ul style="list-style-type: none"> • Surgical/procedural errors 	<ul style="list-style-type: none"> • Wrong-site surgery, retained instruments, poor perioperative communication
<ul style="list-style-type: none"> • Communication failures 	<ul style="list-style-type: none"> • Disrespectful staff, poor follow-up, inadequate referral
<ul style="list-style-type: none"> • Confidentiality breaches 	<ul style="list-style-type: none"> • Unauthorized disclosure; sharing patient data via social media/WhatsApp
<ul style="list-style-type: none"> • Financial disputes 	<ul style="list-style-type: none"> • Hidden costs, unclear billing, disputes with corporate retainerships
<ul style="list-style-type: none"> • Emergency lapses 	<ul style="list-style-type: none"> • Inability of facilities to manage emergencies or make timely referrals

(Adapted from Makinde et al., 2018; Onotai & Nwokoro, 2019;)

Table A3. Strategies to Enhance Practice and Reduce Risk

Strategy	Practical Application
<ul style="list-style-type: none"> • Effective communication 	<ul style="list-style-type: none"> • Train staff; provide written information sheets
<ul style="list-style-type: none"> • Comprehensive consent 	<ul style="list-style-type: none"> • Dialogue-based consent; document clinical and financial aspects
<ul style="list-style-type: none"> • Robust documentation 	<ul style="list-style-type: none"> • Use templates; adopt electronic health records
<ul style="list-style-type: none"> • Clinical governance 	<ul style="list-style-type: none"> • Audits; WHO checklists; structured complaint protocols
<ul style="list-style-type: none"> • Confidentiality safeguards 	<ul style="list-style-type: none"> • Staff training; avoid casual digital disclosure
<ul style="list-style-type: none"> • Risk financing 	<ul style="list-style-type: none"> • Secure indemnity insurance; maintain accreditation; seek legal advice
<ul style="list-style-type: none"> • Professionalism & ethics 	<ul style="list-style-type: none"> • Adhere to standards of care; prioritize patient-centered decisions

CONCLUSION

Medical practice in Nigeria is both rewarding and fraught with risk. Systemic weaknesses magnify medico-legal vulnerabilities. Strengthening medical practice requires embedding clinical governance, enhancing communication, ensuring robust documentation, and promoting continuous professional development.

As litigation and patient awareness rise, clinicians must integrate ethical safeguards with clinical competence. Patient trust depends on professionals who combine skill with accountability. Effective communication, proper documentation, and structured governance remain the pillars of safe and sustainable practice.

RECOMMENDATIONS

1. Strengthen CPD requirements to ensure adherence to evolving guidelines.
2. Prioritize communication and patient-centred care.
3. Treat informed consent as a process, not a formality.
4. Maintain secure, accurate medical records.
5. Institutionalize clinical governance frameworks across public and private facilities.
6. Provide structured training on professionalism, confidentiality, communication, documentation, and risk management.
7. Make indemnity insurance mandatory for private practitioners and institutions.

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