



Health Care in Liberia: fake doctors, counterfeit drugs, and no alternative for patients

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Imagine for a second, your child is going in and out of consciousness and unable to respond to any commands; you rush him to the nearest hospital or clinic for emergency treatment – in order to have a taxi cab exclusively to you and son, the cab driver wants extra for the trip, and wants this money in US currency- only to be told that the one or two doctors available to treat emergency cases have gone home for the day, and there is nothing to be done, so either you go home and wait until the next day or stay at the clinic or hospital and pray to God that your child can make it until eight a.m the next morning; imagine. The above situation isn't a fictitious or an isolated

story. This is exactly what a brother of mine in Liberia endured.

This experience prompted me to begin interviewing both family and non family members - especially those who were and are still critically ill -about their experiences in dealing with Liberia's health care system. I was told stories about individuals who were critically ill walking long distances for medical treatment, (due to the lack of transportation) and only to be told they needed to put down a sizeable down payment before they would be admitted or allowed medical treatment; imagine. My brother's traumatic medical ordeal brought me in direct contact with Liberia's poor health care system and services, and awakened me to the brutal reality call health care in Liberia, where counterfeit medicines are easily accessible, and fake doctors are bigger than God.

If it wasn't for my brother's illness, chances are I would have never being exposed to the staggering health service crisis facing Liberians, and the lack of necessary tools needed to remedy some of these problems. I am amazed at the level of press coverage the word "city" in the Liberian constitution has received, and I must say that such press coverage has not been focused on Liberia's housing crisis, under funded educational system, and poor health care system. Liberia is at a critical juncture in its infant "democracy" where arguments over political theories and theoretical ideas alone will not suffice, or even improve the socio economic well being of the average Liberian. We are at a point in our nation's history when scholarly arguments alone will not tackle the big problems we are facing; we need to tackle these big problems with practical solutions.

Fourteen years of civil war left Liberia in ruins and devastated its infrastructure. This brutal war displaced thousands of Liberians from their homes, crippled social services, and destabilized the health care system. During this time majority of our hospital facilities were either destroyed or looted, thus leading to a critical shortage of trained and qualified health professionals who were forced to flee to other countries. Though things have improved somewhat since the election of President Ellen Johnson Sirleaf, the war's legacy is evident in the capital, Monrovia, and in villages across the nation. As Liberia emerges from the ashes of war, this legacy is still very visible, and currently affects every aspect of the average Liberian person's life, especially those who lack the financial resources.

In Abidjan, Côte d'Ivoire, and other parts of French West Africa, they are known as pharmacies par terre (roadside pharmacies). In Lagos, they are called gbogbo n'ises, which means "they can cure all ailments with one drug." In Lomé, Togo, they are more than "pharmacists"; they are known as docteurs de rues (street doctors), because they sell drugs, diagnose and prescribe. In Ghana, they are referred to as "chemists". In Sierra Leone they are called "pepper doctors", people who practice medicine under false pretences . To my knowledge, these doctors do not yet have a name in Liberia, but a popular saying among Liberians about these doctors is that "they treat us for everything as if it were malaria, and X-ray is king." Many of these so called "doctors" are noting more than business men and women, and their business strategy is one that takes advantage of the illiteracy, poverty, and the vulnerability of our people.

According to the (Angola Press Agency, 2006-04-24), Eighty percent of the physicians who trained and came from the Democratic Republic of Congo (DRC) from the 90's to seek professional certification from the Angolan Physicians Association were impostors, but due to the lack of fake diploma detection mechanisms, these individuals were given certification to practice medicine. In Liberia, little attention is being paid to the influx of so called foreign doctors practicing medicine. Not every white or white looking man or woman who presents a degree and wears a white coat and seems to know what he or she is talking about is a real doctor. Although we lack record, I believe that many of our people are dying from the unprofessional practices of these so called doctors. My brother spent weeks in the care of a so called "best" heart doctor in Liberia, and this doctor was unable to even attempt a diagnosis, instead he recommended ineffective pain medicines, x-ray upon x-ray, and medicines that cost ten U.S. dollars per pill, go figure! It took me telling doctors in the U.S. about my brother's condition before I finally got a correct diagnosis.

Complaints of misdiagnosis, misconduct, failures by physicians to examine charts, the dispensing of medications deadly to those suffering from particular health conditions, pharmacy personnel dispensing the wrong prescriptions to patients are all too common in Liberia. I have been told stories of "doctors" refusing to see patients when immediate care was needed in life-threatening circumstances, and even stories of patients waiting for hours before anyone would respond. Often the response was to simply send them home. In some cases, just a few hours later they would have to return for emergency care.

The World Health Organization (WHO) estimates that as much as 10% of all branded medicine is counterfeit; and rises to 50% to 70% in some African countries. Sixty percent of counterfeit medicines detected by the WHO contained no active ingredient, 17% had the wrong amount of the active ingredient, and 7% were perfect copies of the real medicine. There is also a growing trend whereby unregistered practitioners are opening private clinics and administering wrong injections on patients, in addition to prescribing incorrect drugs. Although reliable data is limited, international health care organizations have estimated that in Africa as a whole, 25 to 50 percent of the pharmaceutical market is counterfeit, with the worst-hit country being Nigeria, which accounts for 50 percent of the total sales of fake drugs.

Fourteen years of war, inadequate legislation and failure to enforce regulations are the major contributing factors to poor quality medical service, and existing laws do not ensure that private and public medical services maintain even minimum standards, enforcing laws relating to registration and licensing of medical practitioners. Our health care system is seriously under-funded, medical facilities are poorly maintained and medical professionals receive little updated training. For the average Liberian, adequate health care service is nearly non-existent and for rural Liberians the problem is even worse. Under-trained nurses, lack of basic medicines, unhygienic surgeries, and un-sterilized injections with non-working doctors, nurses and health workers, are all too normal for our people. The rural areas are suffering the most from this health care crisis. Many rural clinics are often crowded with people but have few staff to attend to these patients.

The ministry of Health needs to be on the offensive before it's too late. It needs to take drastic steps to stop or curb unethical medical practices in Liberia, and I think the best way forward is for people to become more aware and start questioning the care they receive. The Ministry of Health and legitimate medical doctors should start a campaign at health centers, clinics, and hospitals, to educate and make people more aware about the dangers of counterfeit drugs, and fake doctors. Our people should stop the myth belief that doctors are Gods (especially if they are white) saving their lives, when in fact many of them are doing business!!. Only a general public awareness will force our government to implement at least the existing laws and make anyone practicing medicine more accountable for what they say and do. One does not need any survey or research to know that our health care system is in a pathetic state, and does not justify the exuberant price paid by patients. I therefore challenge our human rights activists and media institutions to give more press coverage to this issue, and do more to save the lives of our people.

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