

## ***In praise of teachers: Communication and Professionalism.*** **An appreciation-induced offer from patient and a hunch-induced rejection by Doctor**

**BN Okeahialam**

*Department of Medicine, University of Jos,  
 Jos, Plateau State, Nigeria..*

I graduated with the Bachelor of Medicine and Bachelor of Surgery degree from the College of Medicine, University of Ibadan in 1983. That meant I was taught Medicine in the milieu of Yoruba culture. In any culture, there are non-verbalised manners that individuals are expected to note and conform with. It was impressive watching our teachers delve into the Yoruba culture to extract vital information from patients to make diagnosis easy; though our language of instruction was English. Being of Igbo extraction, I kept wondering how I would fare at home on graduation should I encounter patients from my tribe. Would I find appropriate Igbo words to clerk my non-English speaking patients or make sense of expressions steeped in nuances of the Igbo Language?

My first clinic experience as a House Physician at General Hospital Owerri was challenging and I would feel later interesting. My first patient in trying to explain how she felt used the Igbo expression “Naradanada” The vowel “N” here is pronounced as the English “Ng” in the word sing. In Igbo alphabet it is written as N with a dash on top of the letter. I was lost and referred her to my Medical Officer. The next patient a boisterous male who had been artfully dodging female doctors by re-sitting himself told me with a “you should understand” mien how his “akwara” was weak. The “kw” double consonant in Igbo is pronounced as the “q” for queen in English. My basic Igbo vocabulary took my mind to tendons, nerves and blood vessels. My prescription of a drug combining analgesics and neurotropic vitamins did not impress him; and he showed his disappointment in his fallen crest. My ordeal was compounded when a young woman whose turn it was to see me next complained in Igbo of “Obaranaagbamnaukwu”. In a literary sense, it meant “I am bleeding from my legs”. I asked to be shown the bleeding point, but she was reluctant being in the open consulting room. The lady orderly in the clinic realizing my handicap asked that I examined the patient behind the screen. I thereafter learnt that the expression was for vaginal bleeding.

My excitement of show-casing the Ibadan stuff faded in frustration. While wondering if I should not take a break for a 2-week tutorial in medical expressions in Igbo and nuances of the language, another male patient walked towards my consulting table looking sad. I recognized him as the flutist in our primary school band. He loved music, and then in Standard 6 would gather pupils in the Infant classes to listen to him play music with his mouth organ. I called him by his primary school nick-name and he was jolted back to life. He asked who I was, and I answered. Sighing and shaking his head, he told me he was poisoned by envious colleagues who did not want him to live to release a music album that he was working hard to compose. In between finding answers to my questions, he would cough and made concerted efforts to suppress it. The duration of his cough from history took my mind to Pulmonary Tuberculosis. My spirit was lifted as I asked him to get behind the screen for physical examination. While he was getting ready, my mind was replaying a bed-side teaching at Ibadan Medical School on pulmonary tuberculosis. My finding of right apical crepitations broadened my smile; and as I asked him to dress up. He asked if I had found what type of poison he was given and what the antidote was.

Calm and confident now, I told him he had pulmonary tuberculosis and that I would admit him for free treatment. Being a natural musician, he spontaneously burst into a song with my name. I made sure I told him it was an infection not poisoning and it was curable if only he complied with treatment which anyway would be at no cost to him. I made sure I followed it up with sputum and Chest X-ray confirmation. My consultant commended my acumen during the morning round, and the patient took the opportunity to tell my consultant a few things about me as a child.

After the intensive phase of treatment in hospital, he improved clinically with weight gain and he requested for discharge to enable him to get back to his usual routine. On the day of his discharge he requested me to see him. Happy on his bed, with his belongings packed, he made me an offer in gratitude. Basil he said, seeing me now as one of the children who used to listen to him play music in primary school, “I was working on my music album when I fell ill thinking I was poisoned. You lifted my spirit by telling me what it was, after many people advised me to go to native doctors for treatment. Now I am on my way back to health and I request to sing your praise in the last track”. Deep down, I felt a sense of pride and fulfilment for helping an old school mate, but then the hunch. My mind went back to lectures on

Medical Ethics in the Medical School at Ibadan. Doctors should not advertise. Not knowing what he planned to sing in the track, I politely rejected and asked him instead to sing praise to God. He was a bit disappointed, but I stood my ground.

It has however remained tucked away in the dark recesses of my mind, and serves as a constant reminder that we were taught in the best traditions of the Ibadan Medical School by teachers who were passionate to their calling. God bless them all living or dead.

***Disclaimer:** This is a true event presented in such a manner that, but for the author and the hospital, no other individual could be identified.*

**Correspondence:** Prof. B.N. Okeahialm, Department of Medicine, University of Jos, Jos, Plateau State, Nigeria.  
Email basokeam@yahoo.com: