

# When Health Workers become killers: Nigerians cry out as medical errors plunge families into agony

*Patients across the country are flocking to public and private hospitals in search of healing, only for some to leave with irreversible injuries or, in tragic cases, in body bags due to medical errors, leaving families devastated. PUNCH Health wise examines how systemic failures, weak regulatory oversight, manpower shortage, and a culture of silence have allowed medical negligence to become rampant in health facilities, with little accountability for erring health workers. IDOWU ABDULLAHI writes*



**A**bosede Pharez-Okeke had already cheated death once. The 32-year-old was travelling to Makurdi, the Benue State capital, when bandits opened fire on the road. A bullet tore into her body, but she survived the attack and was rushed to the hospital. What followed, she believed, would be the beginning of recovery. Instead, it became the start of another ordeal. Doctors told Pharez-Okeke that the bullet had a single point of entry. It was removed, the wound cleaned and stitched, and she was placed under observation. Relieved to be alive, she settled into the slow, painful wait for healing. Two days later, a strange smell filled her hospital room. “At first, I didn’t think much of it. I had been shot. I thought maybe it was just the wound reacting,” she recalled to PUNCH Health wise. But the odour did not fade; it thickened, turning sharp and unbearable. Nurses came in and out. Doctors examined the wound but offered no clear explanation. As the smell worsened, so did Pharez-Okeke’s fear. She had escaped gunmen on the highway. Now, lying helpless in a hospital bed, something else was going wrong, something she could not see. Eventually, the doctors admitted they were unable to manage

her condition. She was referred to the Federal University Teaching Hospital in Lafia, Nassarawa State. “When it became unbearable, they said I needed to be taken somewhere else,” she said. At FUTH, surgeons reopened the wound. Almost immediately, the cause of the infection became clear. Deep inside Pharez-Okeke’s body was a piece of surgical gauze, forgotten during the initial procedure. It had begun to decay, turning green and poisoning the surrounding tissue. “They showed me what they removed. It was the gauze. They had left it inside me. “The doctors performed an emergency debridement, cutting away infected flesh to prevent the infection from spreading further.

The wound had to be reopened, which prolonged my pain and recovery,” she expressed bitterly. Pharez-Okeke survived, but she emerged from the experience deeply shaken, not only by the negligence that nearly cost her life, but by the realization that she had been safer on a bandit-ridden highway than inside the walls of a hospital. Her case is one of many. Abosede lived long enough to understand what almost killed her, but many

families never get that chance. In hospitals across the country, medical negligence does not always announce itself with warning signs or second chances. Sometimes, it unfolds quietly, in operating theatres, recovery rooms, and intensive care units, until a family is suddenly told that their loved one is gone. For one of Nigeria's most prominent literary families, that moment came during what was meant to be a season of reunion and celebration. In December, award-winning Nigerian author Chimamanda Ngozi Adichie returned to Lagos from the United States with her children for the Christmas holidays. The trip was meant to be brief and joyful, but unfortunately, it ended in tragedy. Her 21-month-old son, Nkanu Nnamdi, fell ill with what initially appeared to be a mild infection. Within days, his condition worsened, and he was admitted to a private hospital in Lagos, where doctors said he was stable but required further evaluation and monitoring. Plans were already underway to return him to the United States for advanced care.

A medical team at Johns Hopkins Hospital in Baltimore was prepared to receive him. He was scheduled to travel the next day, January 7, accompanied by specialist doctors. Before the trip, Nkanu was referred to another hospital for an MRI scan and the insertion of a central line, procedures his mother said were intended to stabilize him for the journey. In a statement detailing the incident, Adichie said her son was taken to Euracare Hospital for an MRI scan and the insertion of a central line, during which he was sedated but was not properly monitored after being administered propofol, leading to complications including loss of responsiveness, seizures, and cardiac arrest. She stated that her son "would be alive today if not for an incident at Euracare Hospital on January 6th," where he was taken for medical procedures. Adichie alleged medical negligence in the circumstances surrounding the death of her son. She alleged that after being sedated, Nkanu was not properly monitored, protocols were ignored, and critical decisions were handled with dangerous casualness. "How do you sedate a sick child and not monitor him?" she asked. Adichie said the anesthesiologist involved failed to follow basic safety procedures, including continuous monitoring and oxygen support. By the time the medical team realized something was wrong, it was too late.

On January 7, 2026, Nkanu Nnamdi died. Investigations have since been launched, and the doctor involved has been suspended. But for Adichie and her family, accountability offers little comfort. "We brought in a child who was unwell but stable. We came to do basic procedures. And suddenly, our beautiful little boy was gone forever. "I will never survive the loss of my child," she lamented in a post on her social media account, sighted by PUNCH Health wise. The case drew national attention not only because of Adichie's profile, but because it revealed a painful truth that fatal medical errors can happen even in well-equipped private hospitals. Though the circumstances differ, these stories reveal a shared reality in which preventable mistakes are costing patients their lives. From overcrowded public hospitals to polished private clinics, findings by PUNCH Health wise showed that avoidable deaths linked to medical negligence are becoming more common, plunging families into anguish. Public hospitals often face overwhelming patient loads, forcing medical staff to make life-and-death decisions under intense pressure. Private facilities, while better equipped, are not immune, as gaps in

monitoring, protocol violations, and lapses in accountability occur even in high-end clinics. In recent months, anguished relatives, including parents and spouses, have narrated how delayed or wrong diagnoses, botched procedures, and poor monitoring turned treatable conditions into fatal outcomes.

Some victims, in their accounts, never returned from routine surgeries, and others were patients whose concerns or symptoms were dismissed until it was too late. Beyond individual cases, available research suggests that medical errors are far more widespread within Nigeria's healthcare system than is publicly acknowledged. Research published between 2013 and 2021 found prevalence rates ranging from 42.8 per cent to as high as 89.8 per cent, suggesting that nearly half, and in some cases the majority of healthcare workers surveyed had been involved in one form of medical error or another. Medication errors were the most commonly reported, but the studies also documented surgical mistakes, blood transfusion errors, wrong or delayed laboratory and radiological investigations, and diagnostic failures by physicians. These findings mirror the experiences of many patients and families who say minor lapses often escalate into life-threatening complications. Worryingly, researchers found that many medical errors are never formally reported. Depending on the study, only between 30 and 84 per cent of errors ever come to light. Fear of punishment, fear of lawsuits, and a hospital culture that prioritizes blame over learning often discourage health workers from speaking up. In many facilities, reporting systems are either ineffective or nonexistent. Experts warn that this culture of silence not only hides the true scale of negligence but also prevents lessons from being learned, allowing the same deadly mistakes to recur.

A Professor of Community Medicine, Adesegun Fatusi, said a proper system must be put in place to minimize negligence. "Quality assurance systems need to be strong to minimize negligence. It is expected that there would be regular clinical meetings to review cases of patients' death in maternal cases, involving doctors, pathologists, and other specialists, to review the process of care and outcomes. "These systems helped to identify areas of deficiency and improve practice. When such structures are weak or absent, there is a weakness in accountability and a reduction in learning opportunities. We need to be sure that such and other required quality assurance systems are in place and functioning optimally across both public and private hospitals and across the country," he said. Medical negligence has become a growing concern in Nigeria. A 2017 study published in the Archives of Medicine and Health Sciences revealed that 42.8 per cent of 145 surveyed practitioners admitted to negligence, most commonly in prescription errors, misdiagnosis, and laboratory/radiological mistakes. According to a study by Johns Hopkins, wrong patients, wrong body parts, and wrong procedure surgeries happen about 20 times per week. The study revealed that surgical errors involving a foreign object left inside a patient's body occur on average 39 times per week. The researchers discovered that nearly 33 per cent of surgical never-event victims suffer permanent injury, and almost 7 per cent of never-events cause patient death. In as much as medical negligence is inexcusable, experts have attributed the rising cases to fatigue due to the low ratio of doctors to patients, which increases the likelihood of errors. They argued that the

ongoing migration of doctors and other health professionals out of the country, poor welfare, among others, have deepened the crisis. Currently, the doctor-to-population ratio is 3.9 per 10,000 in Nigeria, according to the Coordinating Minister of Health and Social Welfare, Prof Muhammad Pate. In April 2025, Pate said over 16,000 Nigerian doctors have left the country in the last five to seven years to seek greener pastures in other countries. Also, the latest data from the United Kingdom's Nursing and Midwifery Council register shows that 16,156 Nigerian-trained nurses and midwives have been licensed to practice in the UK between 2017 and September 30, 2025.

Other health practitioners, including physiotherapists, medical lab scientists, and pharmacists, are also emigrating, leaving fewer hands unable to cater to the country's teeming population. For these grieving families, the pain goes beyond the loss. The daily battle, the torment of unanswered questions, the exhausting search for justice, and the heavy financial burden of medical bills paid for care that ultimately killed their loved ones. Findings by PUNCH Healthwise showed that

mistakenly left inside Umar's body, a mistake that should never have happened. In December 2025, Mrs Akudo John went into the hospital to give birth and begin a new chapter of marriage. She never came out alive. Despite concerns raised during pregnancy about the baby's size and the option of a Caesarean section, the consultant handling her allegedly dismissed surgery and insisted on vaginal delivery. After giving birth to a 4.2kg baby, Lovelyn's husband, John, recalled that his late wife complained of a "dripping sensation" inside her body, grew pale and unconscious, while "the bleeding continued unabated." What followed, John alleged, was hours without decisive intervention, and a chaotic evacuation that ended with his late wife falling off a stretcher and lying exposed as staff searched for ambulance keys. "Throughout this chaos, my wife lay in the open on a stretcher, unattended and without oxygen," he said in a post sighted by PUNCH Healthwise.

He claimed she was later pronounced dead on arrival at Lagos Island Maternity Hospital, while an autopsy contradicted the hospital's claim of her cause of death. Also in December 2025,



there are many reported cases of medical negligence and errors in hospitals across the country, illustrating the human cost of systemic failures in hospitals and highlighting the widespread and devastating impact of medical negligence. In Kano State, the devastating outcome of a seemingly routine surgical procedure has reignited public outrage over hospital standards. A mother of five, Aishatu Umar, reportedly died after surgical scissors were left inside her abdomen during an operation at the Abubakar Imam Urology Centre in September 2025. Only months later, after persistent pain and repeated hospital visits, scans revealed a foreign object lodged inside her body, and she died shortly after doctors attempted to remove it. The Kano State Hospitals Management Board confirmed the negligence and suspended three medical personnel directly involved, referring the case to the state's Medical Ethics Committee for further action.

The board said the preliminary probe showed scissors were

many Nigerians were stunned when a 39-year-old teacher in Ekiti State, Joshua Afolayan, went public with claims that both his kidneys had been removed during surgery. Once active and healthy, Afolayan's life has been reduced to constant pain, repeated dialysis sessions, and sleepless nights. Involved in a road accident in August 2025 and taken to the Ekiti State University Teaching Hospital, Ado-Ekiti, medical tests showed serious liver injury and a non-functioning right kidney, while multiple scans confirmed that his left kidney was healthy. Based on these findings, Afolayan and his family consented to surgery to remove only the right kidney. After the operation in October 2025, his condition worsened. He developed swelling, vomiting, difficulty urinating, and total dependence on dialysis. Fresh scans at other facilities later showed that both kidneys were missing. Following public outrage, the Ekiti State Government dismissed the surgeon involved, suspended other team members, and pledged to fund Afolayan's kidney transplant and post-operative care.

As investigations continue, Afolayan has lost his kidney for life and remains on life support due to medical negligence, although those involved have been sanctioned, that does not take away the agony he and his family are facing. In mid-2025, a popular Lagos-based fashion designer, Nwafor Chinyere, was wrongly diagnosed with a stage-three cancer that plunged her into months of traumatic chemotherapy that left her with lasting health complications. The Delta State-born entrepreneur, known better as Lux by Etta, was advised to start chemotherapy without counselling or a second opinion. The chemotherapy severely damaged her body, causing constant vomiting, hair loss, extreme weakness, and financial strain. She later noticed troubling inconsistencies in the biopsy report, including the wrong gender and incorrect dates. A repeat test at another laboratory later confirmed that the tissue sample showed only a reactive lymph node, not cancer, revealing that the initial result was not hers. The wrong treatment left her with serious complications, including neuropathy, hormonal imbalance, hemorrhoids, and temporary menopause. While the hospital later expressed regret and offered a refund, she insisted that apologies were not enough. She has since issued a pre-action notice and vowed to pursue justice. Not all negligence results directly in death, but the harm can be profound and lifelong. In November 2025, a Lagos resident, Alfred Ogene, filed a legal claim seeking over N800 million in damages against R-Jolad Hospital Nigeria Limited. Ogene was admitted following a stroke and required a urinary catheter. Within 24 hours of a catheter change, he experienced abnormal urinary leakage and severe groin pain, complications his legal team argues were consistent with negligent catheter management. The compensation sought covers pain and suffering, psychological trauma, loss of enjoyment of life, and ongoing economic impact. The hospital acknowledges the claim is under internal review but refrains from commenting on specifics due to confidentiality. Ogene's case highlights how non-fatal but deeply damaging errors can still escalate into significant physical harm and complex legal battles, reflecting the hidden burden of medical negligence not always captured in official statistics.

Findings by PUNCH Health wise revealed that while high-profile incidents sometimes make headlines, many other cases unfold quietly, where patients deteriorate because of delayed interventions, inadequate monitoring, or lapses in clinical judgment. Numerous accounts from patients and relatives, including complaints about delayed responses or inadequate monitoring, show that when errors are not formally documented, families are left sharing their experiences in public or informal spaces instead of clinical audits or regulatory databases. It was discovered that because of overwhelmed hospitals, insufficient oversight, and a lack of error-reporting infrastructure, many incidents never enter official records, hiding the true scale of poor care and allowing similar failures to continue unaddressed. Despite the heartbreaking personal accounts, experts warn that the crisis goes beyond individual tragedies, saying it is backed by systemic legal and regulatory weaknesses that make accountability difficult. In a 2023 legal analysis, *Medical Negligence and Its Litigation in Nigeria*, published in the *Beijing Law Review*, scholars explain that medical negligence often stems from breaches of professional duty that cause patient harm. However, they argue that patients seeking redress through litigation face overwhelming obstacles due to

gaps in regulation, complex legal procedures, and weak enforcement mechanisms in Nigeria's healthcare and justice systems. The study highlights how existing oversight bodies, including disciplinary tribunals and regulatory councils, are hindered by overlapping mandates, procedural inefficiencies, and high evidentiary requirements, which together discourage many families from pursuing justice after a loved one's death.

## Nigerians demand action

As stories of loss and avoidable deaths spread, Nigerians are increasingly demanding urgent action from both the government and healthcare professionals. On social media and in private conversations, grief is fast giving way to anger, as citizens question why hospitals have become places of fear rather than healing. Several Nigerians who spoke with our correspondent lamented inefficiencies on the part of the health workers and demanded the government's immediate action and proper sanctions for erring doctors. A project manager, Imole Bankole, blamed governments at all levels for the rising cases of medical negligence. "Our government doesn't know what they are doing, they don't care about us or our lives, and it shows in the way our healthcare system is in Nigeria," Bankole said. She added, "People die over the most mundane things. Carelessness, emergencies, negligence, a doctor's strike, and the list is endless. The government should fix the healthcare system in Nigeria. Make the healthcare system better, train better doctors, stop overworking the good doctors, and pay them to actually enjoy their work."

Also, a public commentator, Ayodeji Ake, said the government must wake up. Ayodeji Ake described the death of Chimamanda Adichie's son as "painful and a wake-up call". "It's time for a swift intervention in the health space. The Nigerian government's priorities seem to be elsewhere. The recent strike by resident doctors is a stark reminder of the neglect in the health sector." Ake also criticized budgetary choices, noting that while security spending increased, the health sector should also be prioritized. On her part, a creative expert, Angela Eze, said the growing medical negligence was eroding her trust in healthcare facilities across the country. According to her, being rich or poor doesn't seem to matter anymore as anyone can be a victim with financial capacity or lack of it. "The government should look into medical negligence, which is becoming too rampant. With the current situation, I'm afraid to go to the hospital before they forget scissors inside someone's body," she told PUNCH Healthwise. Meanwhile, a travel consultant, Adenike Oreniyi, shielded the government and placed the blame squarely on healthcare professionals.

Oreniyi argued that professional responsibility must not be ignored "I do not think this part is the government's fault. The healthcare workers should uphold the sanctity of lives. They should do their job properly. "I do not understand how professionals could fail something so basic and so deep that kept snuffing lives out of people. Why won't these doctors do what is expected of them? Do they find joy in overseeing people die from avoidable errors? With how sacred human lives are?" she questioned.