



UATH BULLETIN

A Publication of the University of Abuja Teaching Hospital, Gwagwalada - Abuja.

Volume 5 No. 3, July - September, 2022



HIGHLIGHTS

- ❖ NIGERIA, CHINA, UATH SIGN MoU TO IMPROVE HEALTH SECTOR
- ❖ CARS ARE PACKED AT OWNERS RISK – THE LEGAL VIEW
- ❖ SIX GOVERNORS' WIVES VISIT UATH COURTESY FLAC
- ❖ VC COMMISSIONS UNIABUJA/UATH RENAL TRANSPLANT CENTER
- ❖ SENATOR DARIYE RENOVATES SIDE WARDS
- ❖ UATH DOCTORS WIN AT NMA-FCT ELECTION

CONTENT



FROM THE EDITORIAL TEAM

Page 4



NIGERIA, CHINA, UATH SIGN LETTER OF INTENT TO IMPROVE HEALTH SECTOR

Page 7



SIX GOVERNORS' WIVES SUPPORT CANCER PATIENTS

Page 8



RENAL TRANSPLANT CENTER COMMISSIONED IN UATH

Page 9

DONORS AND UATH SUPPORTERS FOR THE 3RD QUARTER 2022

Page 16

SENATOR, JOSHUA DARIYE COMMISSIONS SIDE WARDS

Page 19

IS DEATH CERTIFICATE NECESSARY?

Page 20



UATH BOARD OF MANAGEMENT

(2018 – till date)

- Dr. Sam Sam Jaja - Chairman
- Professor Bissallah Ekele - CMD
- Hajia Abu Pawa
- Honorable Chigozie Ahanonu
- Honorable Bola Yusuf
- Professor Mustapha Jamda Abubakar
- Professor Felicia Anumah
- Professor Solomon Avidime
- Dr. Teddy E. Agida
- Dr. Olufunke Ajiboye
- Dr. Abubakar Ahmadu
- Dr. O. J. Amedu, mni
- Dr. Bob Ukonu
- Mrs. Khadijat Adebajo – Secretary

BULLETIN EDITORIAL BOARD

- Dr. Umar Abubakar - Chairman
- Dr. Samuel A. Adewale - Vice Chairman
- Mr. Michael Atiga
- Mr. Habu Sulai
- Mr. Olatunde Olayinka
- Mr. Oliver Eriata
- Joy Kaura
- Hannah Attah
- Mr. Tochukwu Okafor
- Mr. Sunday Isah
- Prof. B.A. Ekele – Ex Officio

FROM THE EDITORIAL DESK

We thank God for keeping us alive and well to serve you with another package of significant events within and outside the Hospital. You are welcome to the Third Edition of our Bulletin (July – September) for the year 2022. You will find this an interesting read!

In our resolve to take this news medium to an intellectual zenith rich in contents, the crew has introduced special columns for Heads of Departments and Units to present special articles on any topical issue of interest to the hospital community or the general public. We are pleased to receive submissions from the Departments of Histopathology, Radiology and Infection, Prevention and Control Unit in addition to the usual contributions from Guest Columnist and the Admin Directorate. Other Departments are encouraged to contribute to the subsequent editions.

Our quest to become a Centre of Excellence in healthcare, teaching and research, received a boost when the Hospital was chosen as a worthy partner to a famous University in the People's Republic of China in the well thought out plans to improve health care services in the two countries. We thank the Honourable Minister of Health, Dr. Osagie Ehanire for this favour! On the heels of this feat,



the Phase I of the Renal Transplant Centre and Endourology Unit was commissioned in the Hospital by the Vice Chancellor, University of Abuja, Prof. Abdulrasheed Na'Allah; just as we have now become a centre for the treatment of drug resistant tuberculosis (DR-Tb). We cannot ask for more!

Within the quarter under review, we also have had an avalanche of visitors, the big and the mighty, the crème de la crème of the society! The First Lady of Nigeria, Hajia (Dr) Aisha Muhammadu Buhari sent an emissary to renovate the Trauma Center. Six Governors Wives, led by Dr. Zainab Shinkafi Bagudu (Wife of Kebbi State Governor) visited the Hospital to support patients with cancer under the auspices of First Ladies Against Cancer (FLAC). Others on the delegation were the First

Ladies of Adamawa, Kwara, Benue, Ekiti and Jigawa States. His Excellency, Senator Joshua Dariye, came this time to commission the side wards he renovated and furnished at the Gynaecological Ward of the Hospital. The list is long!

It would be appropriate to say that UATH has the AB Blood Group – a universal recipient! How else would you describe the quantum of favour and donations that we got in just a quarter of a year? We have simply created a Table to enumerate and list our blessings in this Bulletin. That is the only way to create space for other news items!

The centre-stage we assumed and maintained as tertiary healthcare institution beyond the walls of FCT has earned us political advantage. Four of our Doctors had secured elective positions in the FCT arm of the Nigerian Medical Association (NMA) during its 2022 elections. The Medical and Dental Consultants Association of Nigeria (MDCAN-UATH) held its Annual General Meeting/Scientific Conference, while the World Sickle Cell, Physiotherapy and Hepatitis Day were celebrated with pomp and pageantry. In the spirit of friendship, the Exco Officials of the Nigerian Bar Association, Gwagwalada Chapter paid a courtesy visit. All these among others have been captured in this edition.

From July to date, the hospital did not witness any grief occasioned by death of any staff. We give all glory and adorations to the Almighty God!

Do have a pleasant reading!

CARS ARE PARKED AT OWNERS RISK

THE IMPLICATION FROM LEGAL PERSPECTIVES

Stanley Alieke, Esq.

Everyone that has a car or rides in a car should have seen this sign that is always conspicuously placed in parking lots or parking spaces, 'Cars parked are at owners' risk', and you may be wondering, what are the legal implications of this sign? What if something goes wrong with your car; it gets damaged, burgled or the whole car stolen at the parking lot? Who will be held accountable? You might have even been in this kind of situation before; what's the legal implication of the sign? Who pays for the damages? What are your rights and remedies at law in this circumstance? Who do you sue to recover damages? Do you even have enforceable rights or remedies at law?

On 19th of December 1986, Justice K.O Anya (rtd) traveled to Owerri for a book launch. When he got to Owerri, he checked into a hotel called Imo Concorde Hotel, a renowned



hotel in Owerri, Imo State.

When it was time for him to leave the next day being the 20th of December 1986, he discovered that his car, Peugeot 505, AC salon, he came to the hotel with had been stolen from the hotel premises where he parked it the previous day.

He decided to sue the Hotel Management. So, he took the Hotel Management to court, joining the two securities on duty the day he checked in and the day his car was stolen to the suit on the grounds that the

respondents were negligent by allowing his car to get stolen. He prayed the court to grant him damages, total damages of N150,000.00; N65,000.00 being a special damage as the value (as at then) of his Peugeot 505 salon car.

The Trial Court decided in his favour, held that he had a right to action and can recover damages from the hotel which he checked in and his car was stolen. The court also stated that the defendants are in breach of duty of care which they owed to the plaintiff, and consequently are liable to the plaintiff for the loss of his said car, so damages were awarded to him.

The Hotel Management, displeased with this ruling of the Trial Court went on appeal. The Appeal Court reversed the ruling of the Trial Court holding that he had no right of action against the hotel that his

car was stolen from.

Justice K.O. Anya then appealed to the Supreme Court since the decision that the Trial Court held in his favour was reversed by the Appeal court.

The Supreme Court upheld the decision of the Court of Appeal and held that Justice Anya cannot recover damages for his stolen car from the hotel. The Supreme Court in its Obiter Dictum stated that the general principle is that the tort of negligence only arises when a legal duty owed by the defendant to the plaintiff is breached and to succeed in an action for negligence, the plaintiff must prove by the preponderance of evidence or the balance of probabilities that;

- (a) The defendant owed him a duty of care.
- (b) The duty of care was breached.
- (c) The defendant suffered damages arising from the breach~ PERA. KALGO, JSC.

The Supreme Court also went further to state that it is a generally accepted principle of negligence that a person only owes a duty of care to his neighbour who would be directly affected by his act or omission.

The question now is 'who then is your neighbour'?

In old case *Donaghue v. Stevenson*, Lord Atkin provided an answer to the above

question, that your neighbours (in law) are persons who are so closely and directly affected by your act, that you ought to reasonably have them in contemplation as to be affected when you are directing your mind to the acts or omissions which are called in the act in question.

To this effect, the parking facility of a hotel, church, hospital, airport, restaurant, supermarket, etc is a gratuitous service given to users of that place and in the absence of express agreement, the securities or the Management of the parking lot has no legal duty or obligation to provide security for the cars parked in their space, hence cannot be held for negligence if anything goes wrong with the car as it is just a moral obligation for them to look after your car and not a legal obligation.

By the reason of this Supreme Court judgement in the case of *K.O. Anya V. IMO Concorde Hotel*, the sign 'Car parked are at owners' risk' is an express and open caveat to everyone that the security men guarding the parking lot owe you no legal duty or obligation to make sure your car is safe, neither can they or anyone else be held responsible for negligence if anything goes wrong with your car!

Be it as it may, as it is said that in every general rule there must be an exception, there's also an exception to this caveat 'Car parked are at owners' risk'. When you park your car and give the car key to the security men guarding the parking space or the Management of the parking space, and you draw their attention to where your car is parked, then there may arise a duty of care which places a legal duty and obligation on the management and security of the parking space to make sure your car is safe and secure. If anything goes wrong with your car at that instance, you can sue the Management of the parking space for negligence and recover damage as they are in breach of duty of care owed to you.

Therefore, if you want to hold the Management and security men of a parking lot of a hotel, church, restaurant, supermarket, hospital, airport, market, mosque, offices, etc, accountable if anything goes wrong with your car, then you must drop the car key with them, and draw their attention to where the car was parked. QED.

NB:

Lesson to all car owners!!!

NIGERIA, CHINA, UATH SIGN LETTER OF INTENT TO IMPROVE HEALTH SECTOR

The People's Republic of China and the Federal Government of Nigeria have signed a letter of intent to improve the health sector of both countries, share knowledge and expertise. This agreement is to also ensure best medical practices.

The Chinese Ambassador to Nigeria, Cui Jianchun, and Nigeria's Minister of Health, Osagie Ehanire, signed the document on behalf of both countries on Friday, August 24, 2022 in Abuja.

Cui said that the project was one of the nine programmes initiated by Chinese President, Xi Jinping, during the 8th Ministerial Conference of the Forum on China-Africa Cooperation (FOCAC) on public hygiene and public health.

He said that the pioneer project, which will be implemented by the **People's University Hospital, Beijing** and the **University of Abuja Teaching Hospital**, will address the public health challenges in both countries.

"So today, what we are doing is about the public health and this agreement will be a historic moment where the two countries will work together not only for the pandemic. I do believe that the two sides in the cooperation between hospitals, the University of Abuja Teaching Hospital and the China Beijing University People's Hospital can work together."

"I do believe that the Chinese experts, technology can benefit Nigeria and also we can learn from the Nigerian side your practice and experience from the government and hospital levels," Cui said.



L-R: The Honourable Minister of Health, Dr. Osagie Ehanire; the Chinese Ambassador to Nigeria, His Excellency, Cui Jianchun and the Chief Medical Director, UATH, Prof. Bissallah A. Ekele

Dr. Ehanire, who also commended the initiative, said that the letter of intent is the first step to opening another avenue for the expansion of knowledge, transfer and exchange of skills and knowledge between Nigeria and China.

"The main purpose in the signing of the Memorandum of Intent between the government of Nigeria and the government of China is for close cooperation between the People's University Hospital in Beijing and the University of Abuja Teaching Hospital.

"But it is extremely important to diversify knowledge, diversify experience and to know what are the best practices in China and what we can take from there to add to ours. And what can they also learn from us because there is no end to knowledge."

"This is an excellent and welcome opportunity to exchange knowledge, practices and learn from each other, to also go on with

research and development", Ehanire said.

Prof. Bissallah Ahmed Ekele, the Chief Medical Director, University of Abuja Teaching Hospital, Gwagwalada, said that the initiative was apt; assuring that the teaching hospital will effectively harness all the opportunities it comes with.

"This is a very huge moment to the University of Abuja Teaching Hospital and the relationship that we are about to start is very timely. The three components of clinical service delivery, teaching and training, and research for which teaching hospitals are known for; ours is fully established on these fronts.

"And we will have no difficulty relating with our counterpart in Beijing. We are very glad with the partnership and we will not disappoint," Ekele said. (NAN)

(www.nannews.ng)

SIX GOVERNORS' WIVES SUPPORT CANCER PATIENTS

The Kebbi State Governor's wife, Dr Zainab Bagudu, led a delegation of five other First Ladies under the auspices of First Lady Against Cancer (FLAC) to the University of Abuja Teaching Hospital, Gwagwalada, Abuja, to support patients with cancer and advocate for better care. She also announced the donation of one million naira to 10 cancer patients at the hospital, maintaining that poverty has been a major impediment for several patients to access treatment in the country. In the delegation were the wives of Governors of Kebbi, Adamawa, Kwara, Benue, Ogun and Jigawa states.

Mrs Bagudu, who is also the Founder of Medicaid Cancer Foundation, explained that early detection and early treatment save lives and some

people got diagnosed on time, but lack of funds hampers their survival chances.

She called for the creation of strategic cancer intervention organisations across board for improved awareness and to scale up cancer treatment and prevention in the country.

She also called on relevant stakeholders from different organisations to join hands with the traditional institutions in the fight against cancer in the country.

The Chief Medical Director, University of Abuja Teaching Hospital, Prof. Bissallah Ekele, in his remarks called on Nigerians to avail themselves for regular cancer screening, saying that early diagnoses and management improves outcome.

Prof. Ekele noted that breast, cervix and prostate cancers remain the most common types of cancer and are expensive to treat. He however, disclosed that there are lots of interventions from the government to cancer patients.

"Cancer has a lot of financial implications, the poor and the rich suffer from it and when it comes to the poor, unless support comes once in a while.

"So, my advice is that we must all get close to health facilities, our doctors, physicians, nurses and follow guidelines available for preventing cancer cases," he said.

He further decried the general lack of interest in voluntary health check-ups in the country, saying that the situation has often worsened minor health challenges.



The Six Governors wives in a group picture with the Chief Medical Director, Prof. B. Ekele (Centre) and some members of UATH Top Management Committee.

RENAL TRANSPLANT CENTER COMMISSIONED IN UATH

A new Kidney Transplant Centre funded by TETFUND was commissioned at University of Abuja Teaching Hospital (UATH). The ceremony was performed by the Vice Chancellor of the University of Abuja (UofA) Prof. Abdul-Rasheed Na'Allah in company of Top Management and Consultants. The hospital witnessed this important milestone in her continuous harmonious relationship with University of Abuja (UofA) on 30th August, 2022, when the lot-1 of the kidney transplant project was unveiled for the immediate and long-time benefit of the general public.

Prof. Abdul-Rasheed said, changes in lifestyle and other factors have led to the progressive increase in the burden of chronic kidney disease which in some cases required kidney transplant. He stated that the burden is highest in West Africa with a prevalence of 14% compared to other parts of Africa 13%, and the world 11.4%.

“This has increased the need for facilities for health care services, research and training on kidney diseases; in the absence of which, a lot of patients resort to medical tourism. Though some private facilities have stepped in to provide services for chronic Kidney diseases including Kidney transplant, they place minimal priority on research and training. For example, in the FCT, there are many Kidneys transplant centres but most of them



Cross section of teams from University of Abuja and University of Abuja Teaching Hospital during the commissioning of the Renal Transplant Centre, led by Prof. Abdul-Rasheed Na'Allah and Prof. B. A. Ekele.

are privately owned. Also access to the services in the private facilities is very limited due to cost. Thus, this UniAbuja Centre situated in the University of Abuja Teaching Hospital (UATH) is very timely considering the huge potentials it has not only to increase access to services, but provide opportunity for greater research and training of future specialists. This is therefore a great tradition of collaboration between the main University and its Teaching Hospital for the benefit of mankind”.

“As we commission the lot 1 of the project, it is expected to be put to use immediately. We also want to assure you that the lot 2 shall be pursued to be completed and delivered faster than the lot 1. All

other components of lot 1, such as training of manpower to man the centre, and lot 2 (maintenance, tissue tying laboratory etc.) shall be delivered as planned and in good time”. He said.

The Vice Chancellor stated that one of the common challenges of similar funded projects is lack of sustainability plan and poor maintenance culture, but he promised that strong Management team for the kidney transplant project will be set up to ensure that optimal benefit is derived from the project. He appreciated the leadership of University of Abuja Teaching Hospital for the cordial relationship, adding that the two institutions shall continue to work to deepen understanding in order to achieve more for humanity.

The Chief Medical Director, UATH, Professor B. A. Ekele in his response said amongst other things that the Intensive Care Unit (ICU) was ready and fully equipped to complement the Kidney Transplant Project.

During the visit, the new Chemistry Analyzer was introduced to the Vice-Chancellor by the Chairman of the Committee for the Kidney Transplant Project, Prof. J. Y. Chinda after which a tour to Prof. Felicia Anumah Diabetes and Endocrine Centre and Research Molecular Laboratory where the Tissue Tying Laboratory will be sited, was undertaken.



The Vice Chancellor, University of Abuja, Prof. Abdul-Rasheed Na'Allah cutting the tape during the commissioning of the Renal Transplant Centre, with the TETFUND Contractor, Alhaji Umar Sani, Matron Florence Okpe, Chief Medical Director, Prof. B. A. Ekele and others in attendance.

Breast Cancer

SCREENING

Of the various pathologies that afflict the breast, cancers are the most dreaded. Breast cancer is a major health problem globally. It is the most common malignancy in females worldwide and a major cause of cancer-related deaths in both developing and developed countries. According to World Health Organization, in 2020, there were 2.3 million women diagnosed with breast cancer and 685 000 deaths globally. As of the end of 2020, there were 7.8 million women alive who were diagnosed with breast cancer in the past 5 years, making it the world's most prevalent cancer. Over 1.4 million women are diagnosed of breast cancer every year. Breast cancer is more likely to occur as a woman ages. It occurs more often in white women than in black women, but black women die from breast cancer more often than white women.

Breast cancer accounts for 23% of all cancer cases and responsible for 18% of cancer deaths in Nigeria. The high mortality rate and poor outcome from breast cancer reported in the country are linked to late

presentation as most women present with advanced stage of the disease (stage III or IV). Possible reasons for the late presentation have been attributed to factors such as ignorance/lack of awareness about breast cancer screening, lack of access to care, poverty superstition and fear of mastectomy. However, the good news is that breast cancer can be detected early when its most curable, if women present for breast screening.

Risk factors for breast cancer

Most women who develop breast cancer have no identifiable breast cancer risk factor other than gender (female) and age (over 40 years). However, a

Mammography is a special type of low-dose x-ray imaging machine used to create detailed images of the breast.



Dr. H. O. Kolade-Yunusa,
Head, Department of Radiology,
University of Abuja Teaching Hospital,
Gwagwalada, Abuja.

combination of both environmental and genetic factors has been implicated. Certain factors increase the risk of breast cancer including increasing age, obesity, use of alcohol, tobacco use, family history of breast cancer (first degree relatives: mother, sister, aunt), history of radiation exposure, reproductive history (early menarche, late menopause, age at first pregnancy, infrequent breast feeding, parity (nulliparous), genetic mutation involving BRCA1 and BRCA2 genes and postmenopausal hormone therapy. Lifestyle modification has been shown to reduce certain risk factors and as such reducing the incidence as well as morbidity and mortality

associated with breast cancer.

Signs and symptoms

Breast cancer most commonly presents as a painless lump. Generally, symptoms of breast cancer include: a breast lump or thickening; alteration in size, shape or appearance of a breast; dimpling, redness, pitting or other alteration in the skin; change in nipple appearance or alteration in the skin surrounding the nipple (areola); and/or abnormal nipple discharge.

Screening methods for breast cancer

Screening is used to look for cancer before you have any symptoms or signs. Scientists have developed and continue to develop tests that can be used to screen a person for specific types of cancer. The overall goals of breast cancer screening are to: detect the cancer at an earlier stage of disease, which is when the cancer is most curable, lower the number of people who die from the disease, or eliminate deaths from cancer altogether and identify people with a higher risk of developing a specific type of cancer who may need screening more often or a different type of screening due to genetic mutations or diseases. In other words, with breast cancer screening, outcomes and survival rates from breast cancer are much improved and mortality reduced. There are many success stories from women who had breast cancer which was diagnosed early and are living normal life till date. Breast self-examination (BCE), clinical breast examination (CBE) and mammography are the most commonly known and used

breast cancer screening methods in the world. Combination of the above three screening methods have been shown to improve early cancer detection.

BSE and CBE are inexpensive and non-invasive procedures for the regular examination of breasts. Women are encouraged to have BSE done monthly especially in the first ten days of their menstrual cycle and any day within the month for post-menopausal women. On BSE, the breasts are examined for presence of lumps, change in shape or size, skin changes and nipple discharge while standing in front of a mirror. Each breast is divided into four quadrants and each quadrant is palpated for presence of lump. This process is repeated again while lying on a flat surface or on the bed. If a lump is felt or any of the above symptoms are present you can go to the hospital for proper clinical examination by a doctor. Once or twice in a year, a woman can have her breasts examined clinically by a physician.

Mammography is a special type of low-dose x-ray imaging machine used to create detailed images of the breast. Mammography is currently the best available and reliable screening method to detect breast cancer at an early stage in asymptomatic women. Mammography can demonstrate microcalcifications smaller than 100 μm ; can reveal 85% to 90% of breast cancers up to two years before it can be felt or become palpable on CBE. The American college of Radiologist and

Society of breast imaging recommends annually screening mammography for women starting from the age of 40 years and at a younger age (35 years) for women at high risk of breast cancer. There other complimentary imaging modalities for breast screening that may be required depending on the findings on your screening mammogram and these include: breast ultrasound scan and breast magnetic resonance imaging (breast MRI). Breast MRI has been proven to be very sensitive for breast cancer screening.

University of Abuja Teaching Hospital, recently acquired a new mammography machine. The availability of this machine in our centre will go a long way in reducing the mortality and the high socio-economic burden associated with late presentation and late detection of breast cancer in Nigeria only if women make use of this opportunity and present for a screening mammography. We encourage our women within Abuja and environs, above 40 years of age and those at high risk for breast cancer to use this opportunity to have their screening mammography at our hospital. You can walk into the hospital, feel free to talk to your physician/radiologist and book an appointment for a screening mammography, as early detection of breast cancer saves lives.

PERSONAL PERFORMANCE IMPROVEMENT FOR CAREER ENHANCEMENT

Introduction

A career is a profession for which one trains and which is undertaken as a permanent calling. Having a successful career is non-negotiable in a world of shifting standards and huge forces shaped by globalization, demographics and technology. Successful career means living your dreams.

To improve your performance at work, your greatest task is perhaps working harder on yourself. If you must succeed and move up the ladder, you will not just work harder on your job – though you should do that, but work on yourself so that you as a person become visibly better and of more value to the organization. Below are proven practical tips for your personal performance improvement and consequent career fulfilment:

(1) Cultivate a right attitude

Your attitude is like the engine that runs the car. The more finely tuned the car is, the better the car will run. If you keep your attitude up and make it super fantastic; your work, relationships and self-satisfaction will automatically improve. As they say, 'Attitude Is Everything'. People with great attitudes are magnetic and successful, but who wants to hang around people with negative attitudes?

(2) Have the right goal for your career:

Right from the gate (beginning of your career) set the right goal and have the right expectation from your chosen career. This will prevent future disappointments and keep you focused. Along with your goals, create milestones to measure or gauge your success over time.

(3) Organise, plan and prioritize

Each of the above practices facilitate a productive environment for career success; e.g daily checklist, monthly or quarterly plans.

(4) Avoid distractions

Distractions are the quickest ways to get derailed from daily tasks and important

projects. You may consider the following proven tips:

- Muting phone notifications
- Working in quiet areas to enhance greater focus
- Blocking off time for deep work and concentration.

(5) One thing at a time

Prolific multi-taskers are very rare. Taking on task after tasks causes the quality of your work to deteriorate. To improve on your performance, focus on one core task at a time. Coupled with this is the need to train yourself to always finish up whatever you have started. This will help you minimize stress and have a sense of fulfilment.

(6) Learn something new everyday

Reading and learning something new every day is a very simple practice that can be integrated into your daily routine. You will acquire new knowledge and sharpen your skills. "Readers are Leaders".

(7) Acknowledge your weak spots and improve on them

If you are not willing to change and grow, you cannot improve.

Acknowledge your weak points

Create an action plan

Take practical steps to seek help from trusted colleagues.

(8) Stay healthy and take breaks when necessary to minimize stress

Prioritize your mental and physical health. Create boundaries. Take needed breaks to recharge. These will keep you energized and in the right head space to perform optimally.

(9) Prioritize self-care

Taking care of yourself and addressing your needs is crucial to your overall happiness. It is a well-known fact that health workers fail in this regard and this has led to terrible burnouts and avoidable fatalities.

- Have time for breakfast
- Take a break to indulge in a

healthy meal

- Take short walks in between duties
- Spend quality time with friends/family after working hours
- Create time for meditation/prayers as applicable

(10) Build working relationships and connections

Cultivating strong relationships with your colleagues within and outside your organization builds a solid team of collaboration when needed. This develops into lasting connections, improves knowledge sharing, promotes new skills which ultimately result in more efficient and improved working skills.

(11) Train yourself regularly

We are living in a digital era which means information is available at your fingertips, whenever it is needed.

Take it upon yourself to improve and learn new skills through online workshops or free courses. Remember, no knowledge is lost.

In conclusion

Do it now. You are the leader of your own life. "Nozomu Morgan" (2016) wrote "why wait until New Year's Day to push the reset button when you can begin today? Set goals, eliminate barriers (external/internal), build relationships, communicate effectively, take charge of your life and career and cultivate a positive attitude. You can enjoy your career. It's in your hands!



Mrs. Khadijat Modupe Adebajo
Director of Administration,
University of Abuja Teaching Hospital,
Gwagwalada, Abuja.

BREAKING THE CHAINS OF DISEASE TRANSMISSION THROUGH RESPONSIBLE HEALTHCARE WASTE MANAGEMENT (HCWM) - IPC Unit

We are living in challenging times in terms of emerging diseases of public concern which have overstretched our available health care resources. We have recently witnessed the emergence of Covid-19 which united the world in one of the largest coordinated efforts of pandemic containment in the history of infection prevention and control and through concerted multi-stakeholder efforts of WHO, NCDC, FMOH, and other agencies. The threats have been brought down to a manageable level, though the need to strengthen our IPC infrastructures and knowledge-base still remains. Locally, thanks largely to good pro-active measures implemented by UATH ably led by our highly competent Chief Medical Director- Prof. Bissallah Ahmed Ekele, the IPC risks in our care areas have largely been mitigated. As the saying goes, "Infection prevention and control (IPC) structures are as strong as its weakest link", Meaning there is need to approach IPC in a holistic manner in such a way that none of the components are overlooked [staff knowledge, IPC infrastructures, role/responsibility allocation etc]. The ultimate goal of facility IPC is to protect our patients, protect our health care workers (HCWs) and to protect visitors to the hospital and through that, protect our communities. To help meet these IPC goals, health care waste management (HCWM) will be our topic of discussion in this maiden



MUSA YAHAYA
UATH IPC Focal Person

article of ours.

WHAT ARE HEALTHCARE WASTES?

Healthcare wastes are waste by-products after rendering care to our patients. It can be non-infectious, infectious, sharps, radioactive chemical, etc.

Examples are used gloves, used cannulas, used syringes, soaked bandages removed from wound dressings, discarded used sample containers, placentas etc.

WHAT ARE THE PRINCIPLES OF HEALTH CARE WASTE MANAGEMENT (HCWM).

1. Waste minimization: - the overriding principle of all waste management is "don't create wastes if you can avoid it... and if you must create, seek ways to keep the quantity as low as possible.

- Practical examples- IVOS (I.V to oral switch) has been recognized as very effective in reducing the quantity of our health care wastes (HCWs). IV medications with its

associated use of infusion bags, cannulas, syringes, injection vials etc. generate more wastes than the use of oral [tablets or suspensions] medications for patients. If oral medications can work as effectively as their IV equivalents, then the former should be chosen over the latter.

2. Mixing is easy, separation is hard: - This is particularly important at the point of generation of our HCWs. Doctors, Nurses and other healthcare workers are required to segregate their waste into different waste bins at patients' bedsides, otherwise, waste management staff are imperiled in the course of carrying out their post-generation waste separation disposal work.

3. Proximity principle: an ideal "grave" (facility for final treatment/ disposal of HCWs) is one which is located within the facility (Hospital) where healthcare activities are carried out.

- Onsite- located within the health care facility (HCF)
- Offsite- located outside the HCF and need some form of external collection and transportation. The former is preferred over the latter.

4. Precautionary principle: - when the level of risk associated with a given waste is unknown, it must be regarded as significant and appropriate measures should be

taken accordingly. Every waste should be considered as infectious until proven otherwise. This principle is particularly important as guide for our waste handlers who may not see the need to wear appropriate PPE in handling some form of waste which they may erroneously assume to be non-infectious especially if such waste have not been properly segregated and labeled at point of generation.

5. Zero health care waste is unattainable: - this aspiration is a quixotic goal, as no matter the effort at minimization, some quantities of HCWs are bound to be generated. In our waiting areas, treatment areas, counseling areas etc. where clients are attended to, provision in the form of waste receptacles must be factored into place.

We shall examine in more details,

the whole concept of healthcare waste management (HCWM) including the eight streams of HCWM in our subsequent interactions. Properly Supervised HCW handling is our goal. Remember: "The least informed is the most exposed".

Thank you and God bless.

UATH:

Centre for the Treatment of Drug Resistant Tuberculosis (DR-Tb)



Discussion with Dr. Ngozi Ebisike (FCT Coordinator Tuberculosis, Buruli Ulcer and Leprosy Control Program)

There is no doubt that the University of Abuja Teaching Hospital is fast becoming a centre of excellence for novel development.

In a chat with Dr. Ngozi Ebisike (The Programme Coordinator, FCT TB, Buruli Ulcer and Leprosy Control Program), she said UATH is one of the few centres that has

shown capacity in terms of patient-centred care and has also demonstrated what it takes to handle the treatment of Drug Resistant Tuberculosis.

The Hospital is equipped with sophisticated machines capable of detecting Tuberculosis not only in the sputum but also detection in other body fluids through the Gene Xpert machine.

To this end, a Supervisor/Focal Person in charge of Drug Resistant Tuberculosis has been appointed within the hospital in the Department of Community Medicine who will oversee any case of Resistant Tuberculosis in and around the centre.

And also, with the bit to scale up the Tuberculosis screening in and around the FCT through the concept of the Program Quality Improvement and Efficiency (PQE), Dr. Felix Oyari has been appointed the PQE Mentor for FCT.

It is also important to know that most of the 2nd line medications for the Drug Resistant Tuberculosis are now taken orally and UATH DOTS Centre will be stocked with these Anti-Tb medications for easy accessibility at no cost.

NIGERIA BAR ASSOCIATION (NBA) GWAGWALADA CHAPTER PAID COURTESY CALL TO UATH MANAGEMENT

On 16th August, 2022, a delegation of the Nigeria Bar Association (NBA), Gwagwalada Branch, was on a courtesy visit to University of Abuja Teaching Hospital, to introduce the new Executive Committee to the Management and discuss their vision with a view to seeking the Management's continuous support, partnership, advice and encouragement.

The Chief Medical Director, UATH, Prof. B. A. Ekele welcomed the team to the hospital and said, since the inception of this administration about 6 years ago, that was the first time the hospital was honoured with the presence of the learned men. He stated that from the beginning, the scriptures recognized Clergy, Physicians and Lawyers as the noble and learned. And as such they were expected to look different from others in appearance, language and manners, and that he was happy that their colleagues in UATH have carried their banner very well and have not disappointed!

Prof. Ekele affirmed that the hospital has had a cordial relationship with some Lawyers because as an institution, we are confronted with the challenges of patients complaining of their care, either been inadequate or unsatisfactory, which may lead to seeking legal redress. To this end, he said, the hospital has interacted with their lawyers for such issues to be resolved amicably. Finally, the CMD appealed to the team to plead with some of their members that have encroached on the hospital land to exit honourably as 'what is not legal

is not legal.'

Responding, the Chairman of the Association, Barrister Emmanuel Tayo Ogunjide, thanked the Management of the hospital for agreeing to host them, saying that since the inauguration of the Executive Committee members in June 2022, UATH is the first institution they have come on courtesy visit.

He said, "whether we like it or not, there are bound to exist and constantly mutual areas of overlap and concern between medical and Legal professions, and the way this is handled will determine how the society benefits. There might be cross roads, there might be straight paths but when the two professions handle it well, it goes a long way".

The Chairman commended the CMD and his team for their giant strides in infrastructural

development and clinical research efforts. He assured the Management that as long as this relationship continues, whatever is the pain and concern of the hospital shall be their concern. He said once they are informed, they will sit down and look at it as some of their members are trained in Alternative Dispute Resolution (ADR). Barrister Emmanuel said they have come to see how to work together with UATH in areas of organizing programs, seminars and also to work in synergy with UATH Legal Uni to improve performance.

During the courtesy visit, the Chairman of the NBA presented an award of recognition to the CMD and 2021 legal directory while the CMD presented the 2021 Annual Report and copies of the UATH quarterly Bulletin to the Chairman. The Gwagwalada Branch of the NBA has over 500 members.



The CMD, Prof. B. A. Ekele (Middle) receiving a plaque from the Chairman of the Nigerian Bar Association, Gwagwalada Chapter, Barr. Emmanuel Tayo Ogunjide with other members.

DONORS AND UATH SUPPORTERS FOR THE 3RD QUARTER 2022

Management sincerely appreciates the generosity of the following individuals/ organizations for their kind donations/ support towards our patients and the hospital.

S/N	NAME OF ORGANIZATION	DONATION (S)
1	Nasfat Agency for Zakat and Sadaqat (NAZAS)	N311,285 to support the treatment of indigent patients in Paediatric Med. Ward
2	UATH Amenity Clinical Services	N100,000 to indigent patients
3	UATH National Association of Resident Doctors (NARD)	Renovation of one Call Duty Room at Male Surgical Ward
4	UATH Staff Quarters Residents Association	Two (2) walkie talkie sets to the Security Department.
5	Ginos Ventures	One (1) Star Time dish and one (1) BRAVIA Television to Ante -Natal Clinic.
6	OJED Integrated Services	Theatre consumables.
7	Smooth -Joint Commercial Services	Customised white bedsheets and pillow (150 pcs), Mouka pillow (20 pcs), Two (2) emergency trolley, three (3) bags of detergent and five (5) cartons of Jik.
8	Alhaji Yahaya Ibrahim Girinya (Special Adviser, Religion Affairs to Minister of State, FCT)	The sum of Eight Hundred Thousand Naira (N800,000) to support the treatment of an indigent patient.
9	Devon Pharmaceuticals Limited	10 Chairs to the Department of Radiology.
10	National Institute of Health Global Surgery Unit	Suture materials.
11	National Paediatric Association (NANPAN) in collaboration with March Care Initiative and ENELOME MAZADU Foundation	Hand held pulse oximeter.
12	The Lady Helen Child Health Foundation	N50,000 to support indigent patients and N140,000 for Chinobi Agbago.
13	Smile Train Association	Renovation of Theatre Suite I
14	Senator Joshua Dariye	Renovation of side rooms at Gynae Ward.
15	Micro Nova Pharma Industry Ltd	N998,500 for renovation of the main building of the Pharmacy Department.
16	Zolon Pharmaceuticals Company	N998,000 for the renovation of Pharmacy Department main building.
17	Nemel Pharmaceutical Limited	Renovation of Pharmacy's Head of Department's Office.
18	Department of State Services (DSS)	One (1) DAMEA SIESTA Anaesthetic machine
19	UATH Admin Department	N400,000 to indigent patients.
20	Nigerian Communications Commission	Donation of 2 Servers and 1 Mikrotic Cloud Core
21	First Ladies Against Cancer (FLAC)	N1,000,000 to Cancer patients on admission at time of visit.
22	Amenity Services	Donation of N100,000 to indigent patients

We pray that the Almighty will strengthen and reward them a thousand folds to do more. Amen!

UATH RECEIVED DONATIONS FROM FRIENDS

On 29th June, 2022, Smooth-Joint Commercial Services donated customized White Bed Sheets and pillows (150pieces), Mouka Pillow (20pieces), 2 Emergency Patients Trolley, 3 bags of detergent and 5 cartons of jik to University of Abuja Teaching Hospital as part of their Corporate Social Responsibility (CSR).

Speaking during the donation, the Sale Representative of the Company, Mr. Adegbite Temitope, said it is the tradition of the company to engage in this kind of donation once in every 3 years. He stated that the donation was to show appreciation to the hospital for the continuous patronage over the years.

Responding, the CMAC, Dr. Bob Ukonu who represented the Chief

Medical Director, Prof. Bissallah A. Ekele thanked the company for the gesture and said this donation will mark the beginning of a new marriage between the two organizations, as this will strengthen the hospital existing relationship with the company.

Similarly, Ginos Venture Limited donated one (1) Star Time Dish and one (1) BRAVIA Television to the Ante-Natal Clinic of Obstetrics and Gynaecology Department on 30th June, 2022. The

Representative of the company said the company decided to donate to Ante-Natal Clinic because they are the main user of their product. OJED INTEGRATED SERVICES LTD also donated theatre consumables on 23rd June 2022. The Chief Medical Director, University of Abuja Teaching Hospital, Prof. B. A Ekele expressed deep appreciation of the hospital's Management to the companies for the kind gesture.



The CMAC, Dr. Bob Ukonu receiving the items from Smooth- Joint Commercial Services

WORLD SICKLE CELL DAY CELEBRATED IN UATH

In commemoration of this year's World Sickle Cell Day with the theme "That all may live a longer and happier life", Paediatrics Sickle Cell Support Initiative of Nigeria (PSSIN) University of Abuja Teaching Hospital celebrated with children living with sickle cell on Saturday 2nd July, 2022.

In an interview with the Matron in charge of Paediatrics Sickle Cell Clinic, Mrs. Esther James, said the occasion was celebrated all over the world on 19th June, 2022 but because there was no adequate preparation here then, they decided to re-



Paediatric Sickle Cell Support Initiative of UATH Celebrating World Sickle Cell Day with the children

schedule the celebration for 2nd July, 2022. She stated that since 2017,

new services were introduced in the management of sickle cell which is

MEDICAL AND DENTAL CONSULTANTS' ASSOCIATION OF NIGERIA-UATH BRANCH HOLDS ANNUAL SCIENTIFIC CONFERENCE

The Medical and Dental Consultants Association of Nigeria (MDCAN), UATH Branch, organised a one-day Annual Scientific Conference on the 31st of August, 2022 at the Post Basic Critical Care Nursing School auditorium with the theme “Human capacity development in the health sector in a

dwindling economy” for her members.

The keynote speaker, Prof. Gabriel Ukertor Moti (PhD) in his lecture said the economic value of workers' experiences and skills, assets like education, training, health and other things are the strength required by employers for organizational growth.

He said human capital development is perceived to increase productivity and thus profitability. The more investment a Company makes in its employees, the more the chances of its productivity and success becoming higher.

In his remark, the Chairman of the occasion, a Past President of the West African College of Surgeons, Prof. King-David Terna Yawe, expressed optimism that the discussions would in no small measure help cement relationships among various professional unions in the hospital.

Earlier, the Chief Medical Director UATH, Prof. B.A. Ekele appreciated the contributions of MDCAN members in providing quality health care in UATH. The Chief Medical Director further lauded the efforts of MDCAN leadership towards the development of the hospital.

The MDCAN-UATH Chairman, Dr. Ali Samuel Sani, in his opening remarks praised the staff of University of Abuja Teaching Hospital for effectively managing the COVID-19 cases in the hospital.



Professor Uche Nnebe-Agumadu flanked by Dr. Felicia Asudo and Professor Adaora Okechukwu at the MDCAN Conference Dinner.

NEW EXCO/MDCAN UATH

A new Executive Council members of the Medical and Dental Consultants Association of Nigeria UATH Branch have been elected.

They are:

1. Dr. Grace Agbenu Otokpa - Chairman
2. Dr. Malachy Emeka Ayogu - Secretary
3. Dr. Ojonugwa Alufiya Ameh -

Assistant Secretary

4. Dr. Joseph Ademola - Treasurer
5. Dr. Bilal Sulaiman -Public Relations Officer
6. Dr. Samuel Ali Sani- Ex Officio I
7. Dr. Tunde Massey Ferguson Ojo - Ex Officio II

A statement signed by the Immediate Past Chairman, Dr. Samuel Ali Sani and Immediate Past

Secretary, Dr. Tunde Massey Ferguson Ojo solicits the cooperation of Management and Staff to give them necessary assistance towards the smooth running of their administration.

It is saddled with the responsibilities of managing the affairs of the association from 2022 -2024.

schedule the celebration for 2nd July, 2022. She stated that since 2017, new services were introduced in the management of sickle cell which is the comprehensive care for those living with the disorder, unlike before where Nurses only take vital signs and the Doctors prescribe Folic Acid and Paludrin. These services include: Genetic Counselling, Health Education, New Born Screening Counselling, giving of Hydroxyl Urea

and Immunization.

“We started in 2017 with about 120patients but right now we have over 1070 children registered with us and we have about 150 on Hydroxyl Urea that are stable and doing well, so we are very happy” she said.

The Matron reiterated that there is a transition clinic for adolescence from 13-18 which has enabled them move patients in batches to the adult

haematology clinic. She said, one of the important things that was introduced late last year was new born screening for sickle cell disorder. Stressing that before now, parents find it difficult to know the genotype of their children because there was no facility for the screening, but now it is available in our facility. She advised that early detection will go a long way to ameliorate the condition.

SENATOR, JOSHUA DARIYE COMMISSIONS SIDE WARDS



Senator Joshua Dariye commissioning the renovated side rooms at the Gynaecology Ward.

On 20th July, 2022, the side rooms in the Gynaecological ward renovated by His Excellency, Distinguished Senator, Joshua Dariyewas commissioned with pomp and pageantry!

Speaking during the brief commissioning ceremony, the Chief Medical Director, University of Abuja Teaching Hospital, Prof B.A. Ekele said, “We have had patients and we have had clients; His Excellency was a special client!”

“Though he was here to receive treatment, he received care and he in turn provided care for the environment. Therefore, what we are here to do today is just to commission one of the many other projects that His Excellency, has executed for us. At the appropriate time we shall unveil the many other projects. He said”.

His Excellency, Distinguished Senator Joshua Dariye while commissioning the renovated side wards said, “there is no one born to this world that will not be sick one day”. He stressed that some were privileged to be born in the hospital while some were born at home. He

said that, there was no point staying in an environment and behaving like a Lord without adding any value that one will be remembered for. Senator Dariye added that renovating the side rooms was just a token of appreciation for the professional care he received at UATH.



The CMD, Prof. B. A. Ekele; CMAC, Dr. Bob Ukonu; HOD Surgery, Dr. Amina Abubakar, Dr. Samson Olori; HOD Nursing, Dr. (Mrs) Lydia Chukwu with theatre staff at the commissioning of the Theatre Suite I renovated by Smile Train Organization.

IS DEATH CERTIFICATE NECESSARY?



Dr. Solomon Raphael

MBBS, MSc, FMCPATH, DipRCPath
Head, Department of Pathology and
Forensic Medicine University of Abuja and
University of Abuja Teaching Hospital.

Preamble

The registration of birth and death are crucial statistical information that is obtained and used by the Nigeria Population Commission office in charge of the registration to monitor the population dynamics of the Nigerian state. This data provides crucial demographic, epidemiological, social and health information for National planning in areas such as Education, Health, Resource allocation, Employment, etc.

Definition

A death certificate is a legal document issued by a Medical Doctor which provides information about the identity of the deceased, date of death, time of death, cause of death, and any other disease(s) that the deceased had at the time of death whether they are not related directly to the cause of death.

Importance Of Death Certificate

The death certificate serves several important functions:

For The Families Of The Deceased:

I. Record the fact that a family member has died.

II. Provide them with an explanation of how and why their family member died, and thus provides closure.

III. Gives them a permanent record of information about the medical history of the deceased, which may be important for their own health and that of future generations.

IV. Enables the family to legally register the death with the death and birth registration Unit of the National Population Commission, and arrange disposal of the remains.

V. Helps them to settle the deceased's estate (work payments, bank settlements, insurance inheritance matters, etc).

For Government And Its Agencies

I. Provides a legal documentation that the named person is dead

II. Provides information about the deceased, such as: age, race, sex, and other basic descriptive information

III. Provides information that may be used to evaluate the cause, manner, and circumstances of death.

IV. Provides information that

can be used to measure the relative contributions of different diseases to mortality (in regular times, epidemics, pandemics and outbreaks) and can also be used by the government, public health agencies, or researchers for monitoring the health of the population, designing, and evaluating public health interventions.

Death Certification And Who Should Issue Death Certificate

The foregoing highlights the crucial value of a death certificate to families of deceased individuals and the Government. It follows, therefore, that the information in a death certificate should be as accurate as possible. Since death certificate can only be issued by a Medical Doctor, it stands to reason that such Medical Doctor must be one who can provide a medically reasonable anatomic and pathophysiological sequence of cause of death as required by

World Health Organisation. This is possible either by being familiar with the deceased medical history or by the performance of autopsy.

Certification By Familiarity With Medical History

When a patient dies, it is the statutory duty of the doctor who has attended in the last illness to issue the medical certificate of cause of death (MCCD). That is a doctor who has cared for the patient during the illness that led to death, and so is familiar with the patient's medical history, physical examination findings, investigations and treatment that can provide MCCD.

It is a globally acceptable standard that "If the attending doctor has not seen the patient within the 28 days preceding death, and has not seen the body after death either, he/she cannot certify death but must report the case to the Coroner to request an autopsy" and that "a doctor who has not been directly involved in the patient's care at any time during the illness from which they died cannot certify death".

In other words, MCCD can only be issued by a doctor (member of managing team) who has been involved in managing a patient up to the illness that resulted in the death of the patient. Other circumstances, including situations where the managing doctor is not convinced about the illness of the patient underlying death should be referred for autopsy either under hospital or Coroner's autopsy. This is the global standard of practice.

Certification By Autopsy

The Autopsy also called post-mortem examination is a thorough



clinic-pathologic procedure performed by a Pathologist to provide medical, statistical and legally relevant information about a deceased, including cause of death, extent of disease, the presence of other diseases that may not be related to the cause of death, effects of therapy, etc.

Based on the context and authorization for the performance of autopsy, two types of autopsies are recognized:

I. Hospital or Clinical autopsy.

The main purpose of hospital autopsy is to confirm cause of death either at the instance of the relatives of the deceased or the managing Physician after obtaining consent from the proper next of Kin to the deceased in situations where the managing Clinicians have done due diligent in the management of the patient and remain uncertain about the cause of death.

II. Coroner or Medico-legal autopsy

This is autopsy requested by the Coroner and seeks to identify the deceased, the place of death, time of death, the cause of death and circumstances of death. There is no requirement for consent by the next of Kin of the deceased for the performance of Coroner or Medico-legal autopsies. The Coroner who gave the order for the autopsy may request an inquest process, and the Pathologist is expected to appear in Court to provide evidence as an expert Witness.

Indications for Coroner/Medico-legal autopsy include:

- a. Deaths due to accidents: RTA, airplane crashes, ship wrecks, domestic accidents, etc.
- b. Unexplained deaths in Custody (Police, Military, Prison, etc), Hostels, Hotels, Camps (religious and secular), Orphanages, Old peoples or Retirement homes, Mental Asylums, Drug Rehabilitation Centres, etc.
- c. Deaths where the cause of death is not known such as brought in dead (BID) cases
- d. On the request of the Attorney General of the Federation
- e. Other indications are in the references

N.B: FOR ANY OF THESE CASES, A DEATH CERTIFICATE CAN ONLY BE ISSUED BY A PATHOLOGIST AFTER PERFORMING AN AUTOPSY

Conclusion

Death certificate is necessary, providing valuable information for Government and families of deceased individual. It should, therefore, be sought and obtained by families of the deceased.

References

1. What is a death certificate by Wikepaedia last accessed at 2.00pm on the 4th June 2022.
2. Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales.
3. Medical Certification of Cause of Death by WHO.

UATH AGOG

AS FOUR DOCTORS WERE ELECTED INTO NMA-FCT 2022-2024 EXECUTIVE COUNCIL



L – R: Dr. Muyiwa Komolafe, Dr. Uzoma U. Damian, Dr. Obayi E. Onwura, Dr. Adewale S. Adeleye, Dr. Olanrewaju M. Tolorunju, Dr. Eno E. Ekop

Following the just concluded Nigerian Medical Association, Federal Capital Territory (NMA-FCT) Chapter election conducted on

the 5th of August 2022, to elect the Executive members that will pilot the affairs of the Association for the next 2 years, Doctors in the University of Abuja Teaching

hospital were elected into 3 out of 8 elective positions, aside the position of the Ex-Officio II as the 4th to be counted.

The flag bearers for UATH in NMA-FCT are:

1. Dr. Eno Eloho Ekop - Vice Chairman (Department of Pediatrics)
2. Dr. Adewale Samuel Adeleye - Assistant Secretary (Department of Community Medicine)
3. Dr. Muyiwa Komolafe - Public Relations Officer (Department of Surgery)
4. Dr. Samuel Okpechi - Immediate Past Secretary & Ex-Officio II (Department of Surgery)

The hospital community wishes them a terrific tenure of ground breaking achievements!

UNWIND... BEWARE OF ANYTHING FREE

A sign board outside a restaurant reads: "Eat as much as you can, your grandchildren will pay the bill" A man saw the signboard, was excited, entered the restaurant and ate as much as he could, got a toothpick and was relaxing, about to stand up and leave, when the waiter gave him the bill.

He laughed, pointed to the sign board and said: "Can't you see?" "Only my grandchildren will pay". The waiter replied: "Sir, this is not your bill; it's your grandfather's bill which you must pay now on his behalf". Your grandchildren will pay your own bill." He was left confused, flummoxed, bewildered

and flabbergasted at the same time. Moral of the story: Beware of unsolicited (or solicited) freebies. There is always a price to pay whether obvious or not. As they say, "there is no free lunch in Freetown" or anywhere!

Copied from DOBA Platform

SEXUALITY EDUCATION, NOT BY OSMOSIS

Adolescence is a time of transition that is marked by many physical, psychological, and social milestones. A common starting point is the onset of puberty.

The age of puberty onset has been falling globally for both boys and girls. Girls now enter puberty as early as 8 and boys as early as 9.

As young people begin to consider the future, they may still not be aware of or understand all of the consequences of their behavior. They may lack the information and self-confidence to make informed and independent decisions. They may not accurately perceive their risk of illness or death. Their behavior and decisions, including whether or not to have sex, are influenced by their peers, and their sexual encounters are often unplanned and unprotected.

According to UNESCO in 2009, **“Effective sexuality education can provide young people with age – appropriate, culturally relevant and scientifically accurate information”**.

To make good decisions about their sexual and reproductive health, young people need reliable information, and appropriate skills to handle peer influence and fight wrong misleading information.

Sexuality and family life education, including HIV education, helps prepare young people to make good choices as they transition to

adulthood.

A 2016 Lancet study on adolescent sexual and reproductive health confirms that providing young people with proper and accurate sexuality education EARLY reduces sexual risk behaviours and unintended pregnancy.

Organized education about sex and HIV can take place in schools, in out – of – school and faith – based programs, and in programs for parents.

Sexuality education has been found to be generally more effective when given to them before they become sexually active.

Sadly, sexual activities among adolescents have been reported to be increasing worldwide, including the Sub – Saharan Africa.

Casual observation shows that parents spend insufficient time with their children. Some parents would even travel to distant places, leaving the children at the mercy of nannies and guardians. Such children lack parental care and attention and may end up becoming delinquent and most often would engage in early sexual intercourse.

Sexuality education does not spread to children by osmosis, it must be taught and imparted. The earlier the better. If you do not teach them the right way, they will learn it elsewhere and may learn it the wrong way.

Like the popular proverb, it is easier to mold a child than to bend an adult.

It is very important to develop a strong rapport with your child since this will allow them to approach you, especially when something goes wrong.

We must educate our children and young adults on how to become sexually healthy people; to discover and learn how their bodies work, how they feel about their bodies, how to care for their bodies, how they perceive their gender identity, how to express their sense of their gender, who they find themselves attracted to romantically and sexually.

We must teach them how to be in intimate relationships; how to respect their own and others' boundaries; how to avoid unhealthy or exploitative experiences and relationships; recognize and deal with peer pressure; and how to make healthy sexual decisions.

Parents, Educators, Health workers and all who have influences on children, adolescents and young adult should know that they need sex education themselves so they can properly provide guidance.

Training on approaches to teaching children and adolescents sexuality education are provided by foundations and organizations such as Children & Adolescent Sexual and Reproductive Health Awareness (CASRHA) Foundation, casrhafoundation@gmail.com.

In conclusion, we must be intentional about sexuality education for our children and young adults; nothing must be left to chance so that when we get to the peak of our careers, we will not look back with regrets that we have neglected a very major part of our child(ren)'s development.

Thank you.

Dr. John S. Balogun

Senior Resident Doctor, Department of Paediatrics, UATH



UNIVERSITY OF ABUJA TEACHING HOSPITAL HEALTH RESEARCH ETHICS COMMITTEE GOES ONLINE



GUIDELINES FOR ONLINE REGISTRATION AND SUBMISSION ON REAPS PLATFORM

The University of Abuja Teaching Hospital (UATH) Health Research Ethics Committee (UATH HREC) has upgraded its processing of applications to online platform. This gives the advantage of reducing the cost of printing, enable seamless submission process as applications does not require physical presence, expands the coverage of reviewers, and

enhances our record keeping and makes us more environment friendly.

The online submission and review have thus, become active and commenced accepting applications January 1st, 2021. The UATH HREC has therefore, suspended the old hard copy submission / review system unless where an access to the REAPS platform becomes challenging due to technical factor and the prospective user is directed otherwise to submit his/her hard copies.

This was achieved in collaboration with Viable Knowledge Masters® using REAPS. REAPS is an online software that has been designed to facilitate the easy submission, processing, tracking, and granting of ethics approval to individuals applying for research ethics approval from Institutional or Ethical Review Boards. ***APPLICATION FEES FOR DIFFERENT CATEGORIES OF RESEARCH**

SN	Category	Application Fee (Naira)
1	Academic- Student nurse	1,500.00
2	Academic- Undergraduates	2,000.00
3	Post Basic Nursing / CHOs / Postgraduate Diploma	3,000.00
4	Academic- Masters project	5,000.00
5	Academic- M.Phil	7,500.00
6	Academic- PhD	10,000.00
7	Resident doctors Part II project	10,000.00
8	Resident doctors non-funded research applications	5,000.00
9	UATH / Uniabuja staff non-funded projects	5,000.00
10	Funded research / projects by individuals	50,000.00
11	Funded research / projects by organizations	100,000.00
12	Funded Clinical Trials / Grants	**100,000.00
13	Renewal of expired Approvals	The same respective fee for initial approval

What is REAPS?

REAPS is an online software that has been designed to facilitate the easy submission, processing, tracking, and granting of ethics approval to individuals applying for research ethics approval from Institutional or Ethical Review Boards.

Steps for Registration on REAPS:

1. Type in <https://reaps.com.ng> in your web browser.
2. Click on login on the top right-hand corner of the web page.
3. Click on register.
4. Fill in the form and click on Register.

5. An email will be sent to the email address used during the registration process, check your mailbox, and click on the verification link in the mail, to confirm registration.

6. Confirm registration enables one to submit proposal for assessment.

Documents required for Application

The following must accompany the completed application form.

- a. Curriculum Vitae of Principal Investigator
- b. Supervisor's attestation statement for academic dissertation / Thesis or, projects
- c. Letter of support of Co-Principal Investigators - (that they consent to be co-authors)
- d. Sponsor's attestation statement where applicable
- e. Application letter
- f. Detailed Research Proposal should contain the following subsections
 - i. Title of research work
 - ii. Introduction Literature review
 - iii. Purpose of the research work
 - iv. Aims/objectives of the research work
 - v. Materials and methods

vi. Cost/source of funding of the work

vii. Summary of ethical issues involved in the research

viii. Results of earlier related studies like (phase I, phase II etc. clinical trials where applicable)

g. Questionnaire/proforma/other relevant research tools

h. Evidence of Research Ethics training (CITI or other equivalent)

i. Completed materials transfer agreement (MTA) form if applicable.

j. One plain language summary of the proposal

k. Informed Consent form

l. Any other document considered relevant for ethical review certification

m. Proof of payment of application fee (payment receipt)

Informed consent form must cover the following:

- i. Title of research/clinical work
- ii. Name and address/affiliation of principal investigator
- iii. Brief nature of the research/clinical work as relates to risk to participants
- iv. Confidentiality – how it shall be achieved
- v. Voluntarism and the right to withdraw from research anytime without repercussion
- vi. General statement on how the research result will be used including how ethical issues ethical issues arising from the result could be managed
- vii. Direct and indirect cost (cash or kind) to clients and specific actual or plan for compensation anywhere applicable
- viii. Name and address of person to contract for enquires and complains

Steps for Submission on REAPS:

1. Type in <https://reaps.com.ng> in your web browser.
2. Click on login on the top right-hand corner of the web page.
3. Enter your registered email address and password, click on login.
4. When you login to your account, on the left-hand side click on Manage Specializations >>click on create specialization and create a specialization for the request you want to submit. A specialization is a word or group of words that describes the area of focus for the request you are submitting.
5. Click on manage keywords >>click on create keywords. Select your specialization and type in keywords for that specialization. Keywords are words or phrases that you feel capture the most important aspects of your paper.
6. Click on Ethics Approval>>Request Ethics Approval.
7. Payment of Application and Processing Fees are Preconditions for Processing.
l in the information as required by the institution, page 1 -8.
8. On page 9, select the institution (UATH) you will be submitting the request to. Click the appropriate description for your ethical request from the drop-down list and click pay with Remita. Upload evidence of payment for submission of application (Receipt of payment of appropriate amount) with effect from 1st January 2021.
9. Click upload and submit request to confirm submission.
10. When your request has been approved you will receive an email notification.

Prof Aliyu Yabagi Isah Chairman, UATH HREC

Contact for enquiry:
Email: uathhrec@gmail.com;
Ibrahim – 08036584229;
Mary - 08064122146; Nchelem
(Customer Care - 09064137838)

GALLERY



CMD, Prof. B. A. Ekele; CMAC, Dr. Bob Ukonu and Registrar, MDCN, Dr. T.A.B. Sanusi during the accreditation visit.



Cross section of UATH staff celebrating World Hepatitis Day.



Accreditation Team from MDCN to College of Health Sciences, and UATH led by the Registrar, Dr. T.A.B. Sanusi (Seated in the middle) in a group photograph with CMD. Prof. B. A. Ekele.



Lt-Rt: The CMAC (Dr. Bob Ukonu), DFA (Mr. Nimfa Zwalbong), and the CMD, Prof B. A. Ekele with the Legislative Writer's Forum team.

GALLERY



Cross section of UATH staff of the Paediatrics Department celebrating World Breastfeeding Day.



Devon Pharmaceuticals limited during their donation to the Radiology Department.



Deputy Convener, UATH Tumour Board, Dr. Amaka Itanyi introducing one of the Cancer patients to the first ladies.



Tumour Board member, Dr. Pius Ogelekwu introducing a Cancer patient to Kebbi State First Lady, Dr. Zainab Bagudu.

GALLERY



UATH Quarters Residents Association represented by Mrs Rahila Adi and Mr. Steve Ojata presenting two walkie talkie to the Chief Security Officer, Maj. Aliyu Usman (rtd).



Diesel Management Committee Inaugurated with Mr. Gimba Koroka (seated right) as Chairman.



University of Abuja and University of Abuja Teaching Hospital teams during the commissioning of the Renal Transplant Centre.



Participants at the Basic surgical skills training course facilitated by Dr. Amina Abubakar (HOD, Surgery) and other resource staff.

GALLERY



UATH Association of Resident Doctors with the CMAC (3rd from left), Dr. Bob Ukonu at the renovated Call Duty Room at Male Medical Ward.



The CMD, Prof. B. A. Ekele (Middle) with The Untold Story Behind the Story Foundation representatives.



Okapi Cancer Foundation with the CMD, Prof. B. A. Ekele and the CMAC, Dr. Bob Ukonu



Prof. Aliyu Y. Isah, the new DCMAC (Training & Research) receiving the Hand over notes from Dr. Kudirat Olateju, the outgoing DCMAC (Training).

GALLERY



The new DCMAC (Clinical), Dr. J. Obande, taking over from the outgoing, Dr. Terkaa Atim.



The CMAC, Dr. Bob Ukonu presenting a gift to the outgoing DCMAC (Training), Dr. Kudirat Olateju.



L - R: Mrs. A. Agulana (HOD, Internal Audit); Dr. Lydia Chukwu (HOD, Nursing), Dr. Kudirat Olateju (Former DCMAC) and Mrs. Khadijat Adebajo after a TMC meeting!



Cross section of staff of Physiotherapy Department celebrating the World's Physiotherapy Day on the 8th of September, 2022 with the HOD, Mr. Solomon Babadiya seated 3rd from right.

LAUGHTER IS THE BEST MEDICINE

In Australia, when a pupil comes late to class, they are given bread to eat dry as a punishment. We tried this in Africa,.. even the teachers started coming late...



THE TRUTH

Marcus Cicero (43 BC), of the Roman Empire wrote this:

1. The poor - work & work.
 2. The rich - exploit the poor.
 3. The soldier - protects both.
 4. The taxpayer - pays for all three.
 5. The banker - robs all four.
 6. The lawyer - misleads all five.
 7. The doctor - bills all six.
 8. The goons - scare all of seven.
 9. The Politician - lives happily on account of all eight.
- Written in 43 B.C.!! valid even today! @Copied

QUOTE

“A person's greatest asset is not a head full of knowledge, but an ear ready to listen and a pair of hand willing to help others”

- Chair IPC UBTH (Dr Mrs Esohe)

SOCIAL DIARY



Congratulations to Dr.& Barr. (Mrs) Obiorah Chiraa Uzochukwu on the dedication of their triplets.

DISCLAIMER!!!

The Chief Medical Director, Prof. B. A. Ekele is not on any social media platforms. Beware of fraudsters!

IMPORTANT NOTICE

As part of measures to enhance security, the Old Kutunku Pedestrian rear gate behind Professor Felicia Anumah ENDOCRINE CENTRE will as from 15/9/2022 be closed from 6pm-6am daily.

Staff are advised to Cooperate with Security Operatives to ensure Strict Compliance.

Thank you in anticipation of your Cooperation.

Sani M Suleiman,
DD Information,
For: CMD.