



THE CORPORATE-SOCIAL RESPONSIBILITY OF AN AVERAGE NIGERIAN DOCTOR IN AN EPIDEMIC OR PANDEMIC

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ABSTRACT

An epidemic or pandemic is a health emergency and in the last decade various outbreaks have affected parts or most continents of the world. They include H1N1 influenza virus, severe acute respiratory syndrome (SARS), Lassa fever, Ebola and now Covid-19.

If every doctor is fully aware of the leadership role and steps into it, infection, prevention and

control will be more effective. The doctor is a key player in every nation of the world including Nigeria and leading by example as well as playing other major roles are pertinent to curbing the spread, encourage community compliance, effective policy making and in preventing reoccurrences.

Keywords: *Pandemic; COVID-19, corporate responsibility*

INTRODUCTION

An epidemic or pandemic is a health emergency. An epidemic is a wide spread occurrence of a health related event above that which is expected in a locality at a particular time.¹ A pandemic is an epidemic occurring worldwide or over a very wide area, involving continents, crossing international boundaries and usually affecting a large number of people. A disease is said to be endemic when it is present continuously in a certain location. It could however be seasonal.^{2,3}

In the last decade we have witnessed diseases that affected certain regions and areas for example, The H1N1 Influenza virus previously known as swine flu was responsible for the pandemic between June

2009 and August 2010⁴, Syndrome of Active Respiratory Syndrome virus (SARS) caused a pandemic between 2003 and 2004, the origin was in china and it spread to more than 26 countries in five continents.⁵

Ebola virus disease previously had over the course of 30 decades reoccurred in some West African countries, however the incidence that began in New Guinea in December 2013 and spread to some West African countries and eventually the rest of the world. It became a pandemic in 2014.⁶ Nigeria was not left out, there were positive cases in Lagos, Port Harcourt and Enugu.⁶

Lassa fever is a viral haemorrhagic fever endemic in Nigeria. A six year study done from 2012 to 2017 in Nigeria revealed yearly





cyclical outbreaks of Lassa fever with the exception of 2014/2015 cycle. The outbreaks occur predictably during the dry season months of December to April. This clearly shows that the transmission chain of this endemic disease has not been effectively taken care of.⁷ In 2020, the number of suspected Lassa fever cases increased markedly when compared to the previous year. As at September 2020, case fatality was 21% and at least 40 health care workers had been affected.⁸ These figures are grossly unacceptable especially when this endemic disease is overshadowed by another disease with extreme measures being put in place.

More recently the outbreak of the corona virus 19 (Covid-19) has hit the world in a very unimaginable way. The world has literally been grounded. Almost every country has been forced to make policies to adapt to this situation. Africa and Nigeria have not been completely spared. The first case in Nigeria came in on the 27th of February and most of the initial cases were imported into the country.⁹ The cases in Nigeria rose in mid-2020 and substantially reduced by the end of the second quarter. However by the end of the last quarter, countries like South Africa and Nigeria have had a commencement of a second wave.¹⁰

When doctors are fully aware of their leadership roles and steps into it, infection prevention and control will be more effective. In a pandemic, the medical doctor is a key player and in addition to primary provision of immediate health care, he has other equally important roles.

First and foremost, every doctor is a leader irrespective of whether he has a clear leadership role or not.¹¹ According to Bernard Montgomery, "Leadership is the capacity and will to rally men and women to a common purpose and the character which inspires".¹² The medical team is headed by a doctor and in many climes the doctor is the manager of every hospital.

In order to ameliorate the effect on the world during a pandemic, every doctor needs to put on his leadership cap in some way or the other. This would be achieved within and without the hospital setting through various mechanisms. The doctor has to be actively involved in initiating and sustaining the change required for the control of the pandemic by taking charge of his own constituency.

Leadership by example is the first step. In a season where use of facemask, washing of hands and practising of social distancing are key strategies to prevent spread,⁹ consciously and unconsciously, the doctor would be looked up to by family, religious and community members as an example. If he is not consistent in his leadership, followership would wane. This would lead to exacerbation of the situation.

Social media leadership is imperative for dissemination of information. Maximizing social media space as an effective way of communicating cannot be over emphasized. There is an abundance of information, true, untrue and mostly half-truths sandwiched with deep suspicion while the world is looking for answers and quick solutions. The



doctor cannot afford to be silent or ignore wrong information going around. People tend to accept as true what they hear and see repeatedly for a prolonged period of time.¹³ This is a season to maximize social media communication and to be deliberate about it. All doctors on social media should make daily posts and more people should be co-opted. The media rules the world and we have to make deliberate use of it.¹³

Continuing medical education is vital. A doctor has to be abreast with rapidly evolving current trends, first to offer quality service and then secondly to share the right information and answer queries if necessary. This is a season to attend webinars and on-line courses collectively and individually. It is also a time to organize and give lectures at all levels. In the hospital, at the department and unit level and in the community. It is a time to regularly update colleagues at all levels of new discoveries.

Community/Public health education in a pandemic cannot be left solely to the government. All hands need to be on deck. Every doctor in their micro-communities need to influence their environment. First from the working teams in the hospital, to all staff in the hospital, then outward to the environment utilizing radio shows, community meetings, and social groups. This also involves all methods possible, main stream media, social media, use of banners and bill boards, town criers and regular announcements in every and any area where up to five people are present. Therefore, at religious or social gatherings, there should be announcements and/or billboards

conspicuously placed giving out safety information. At the bus station and airports, every thirty minutes, an announcement should be made, at supermarkets and filling stations as well. Constant reinforcement is key for effective compliance.

Doctors should be involved with policy making at all levels, national, state, local government and community including residential areas, religious and social groups. Doctors need to take initiative and be creative. It is a time to speak out and volunteer, not to wait to be invited. This is a period when some nations would be forced to take decisions mainly for economic reasons, it is important to buffer those decisions with strong public health policies.

Community development; if democracy is government for the people and by the people, we the people are our own government. Involvement of community members by showing ingenuity and executing projects is necessary for maximal community growth. Doctors can kick start these processes and they do not necessarily require finances. Human resource management is of great importance.

In addition to these, every doctor as the first point of call for all types of patients, has to triage and be able to effectively and fearlessly identify patients that may or may not be at risk while taking necessary precaution to protect himself and the patients. Every establishment should have a protocol that should be carefully followed.

Identified patients need to be managed



effectively, using the world best practises adapted to what is applicable to the specific society for example Nigeria. Patients on self-isolation need to be closely monitored, if possible, with daily or alternate day feedback. Research and public information should also be on going throughout the season of the pandemic. This would involve extensive reports of index and special cases, weekly and or monthly updates.

Finally, as the pandemic wanes, the doctor has to play a role in preventing re-emergence and minimizing the occurrence of a future wave. As a nation, we cannot afford to let our guard down.

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