PATIENTS' RIGHTS: AN ENQUIRY INTO THE ACTIVITIES OF LOCAL PSYCHIATRIC CENTERS MANAGED BY MUSLIMS IN SOUTH-WESTERN NIGERIA

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Abstract

In Nigeria, aside the eight Government designated Psychiatric hospitals, there are also many local psychiatric centers managed by Muslims and non-Muslim individuals. These centers have been heavily criticized for human right abuses. This study is an inquiry into the truth or otherwise of the criticism. The study focuses on the activities of local centers managed by Muslim individuals in South-Western Nigeria with a view to determining the extent they uphold or violate their patients' fundamental Human Rights as guaranteed by Islam. Information about the activities of the centers were collected through oral interviews. Both descriptive and analytical methods were used in the study. The study revealed that while there are some activities of the local centers managed by Muslims in the study area that could be regarded as outright violation of patients' fundamental Human Rights, some others, in view of the rationale behind them, may not necessarily constitute outright violation of the patients' fundamental Human Rights as hitherto painted except where excesses are committed. The study therefore, using Islamic paradigm, suggests general measures that could be taken to improve on the activities of the centers.

Keywords: Local psychiatric centers, Muslim exorcists, patients' rights, south-Western Nigeria.

Introduction

Psychiatric disorder is a menace, the treatment of which from ancient time up to the present time has caught the attention of not only orthodox medical practitioners but that of traditional doctors and religious clerics. The effort of the Nigeria Government in the area of mental health especially, based on our findings, is commendable. While hardly there is a Teaching Hospital in the country without a psychiatric department, there exist eight major Federal psychiatric Hospitals spread across the country. These are found in Yaba, Lagos; Aro in Abeokuta; Enugu, Kaduna, Sokoto, Maiduguri, Calabar and Oselu in Benin City.

Mental derangement especially when it is believed to have spiritual undertone is, in South-Western Nigeria, mostly referred to spiritual doctors who may be Traditionalists, Christians or Muslims operating private local psychiatric centers. The Muslim spiritual doctors are commonly referred to as *Aafas*. Some of the *Aafas* have established private centers where they attend to psychiatric patients. Our findings revealed that in treating their patients, the Muslim *Aafas* engage in certain practices which they consider *sine qua non* for effective treatment of their patients. However, because of the local outlook of the centers and the local approach of the managers, certain allegations bothering on the issues of hygiene, drug usage and Human Rights abuses have been leveled against them. This study focuses on the issues of Human Rights abuses. It specifically examines, in the light of Islamic provisions on protection and promotion of human dignity (*'irḍ*), certain practices that are common in the centers, with a view to determining their extent of compliance and violation of patients' Rights.

Mental Derangement in South-Western Nigeria

The inhabitants of South Western Nigeria are majorly Yoruba people who share the belief that mental derangement is of varying types. According to them, there is the violent type, attacking people with dangerous objects such as cutlass, knife or stick.[1] Another one is the non-violent type.[2] Most of the mentally deranged people roaming the streets or market places belong to this group. When an insane man in the first category approaches, no one, because of his dangerous nature, would want to wait for him; but people often gather to watch the insane in the second category perform feats of madness. Also, there is another category that is in-between the two described above. Psychiatric disorder in this category is not a full-blown one. The insane therefore is not violent like the one in the first category and may not degenerate totally to the level of those described above in the second category. Psychiatric disorder of this sort is noticeable in the rash and harsh manner the insane conducts his/her affairs with people.[3]

The people of South Western Nigeria believe that insanity, whatever form it takes, is as a result of disorderliness in the brain.[4] As a result of the brain disorder, the insane is unable to conduct his/her affairs intelligibly again. He becomes irrational in his thoughts and behaviors. Early symptoms of psychiatric disorder, the people of South Western Nigeria believe, include restlessness, insomnia, frightful dreams, humming in the ear and severe headache especially in the area of the fontanel etc.[5]

The Yoruba people of South Western Nigeria also consider insanity a dehumanizing illness and a disgrace not only to the sick but also to his relations. Once it is established that a member of a family was once a psychiatric patient, nobody would like to marry from such family; believing that any of the products of such union could be afflicted with the illness since to them, insanity is equally hereditary.[6] It is for this reason that they would like to restrict the movement of the insane within the confine of his room while they seek for medicament so that his case is not known to the public. They believe that once the case becomes a public knowledge especially if the insane has entered the market place, it becomes incurable.[7] A popular saying among them in this regard is: *Aso o ba*

Omoye, Omoye ti rin iholo woja. (Translation: There is no need to clothe Omoye again as she has strayed to the market place). The import of this is that having entered the market place stark naked; the case of the insane (Omoye) has become a public knowledge, too late to redeem. Our findings have identified jilt, job-loss, drug-addiction and spiritual attacks as the common factors responsible for the widespread of psychiatric cases in South Western Nigeria.[8]

Islam and Patients' Rights

A careful and unbiased study of Islam reveals that it is a religion that not only guarantees but equally upholds Fundamental Human Rights. This is evident in the fact that the 1981 Universal Islamic Declaration of Human Rights has its basis in the verses of the Qur'ān and Prophet Muhammad's proclamations especially as contained in his Farewell Message and the Madīnah Charter which he prepared to regulate mutual dealings among people of diverse faiths. In the charter, Christians and Jews living in Madīnah were accorded the rights of religion, life and property and the right to be treated with fairness and justice.[9] When compared, it would be realized that, apart from the bases and sincere commitment to implementation, there is not much differences between the contents of the United Nations Universal Declaration of Human Rights and the Universal Islamic Declaration of Human Rights -a point that goes to show that Islam upholds fundamental Human Rights and does not at all support their infringement in whatever guise.

Few examples of the rights that are guaranteed in the Universal Islamic Declaration of Human Rights and having bases in the Qur'ān and *'Ahādīth* of Prophet Muhammad are: Right to life (Q.5:32, 6:151); Right to human dignity (Q.17:70); Right to freedom of belief and worship (Q.2:256, 109:1-6, 16:125, 10:99); Right to justice (Q.4:68); Right to protection against abuse of power/ Right to or protection against torture (Q. 4:148); Right to privacy (Q.24:27, 49:12, 24:58) etc.[10]

Some of the declarations contained in the following excerpts from Prophet Muhammad's Farewell Message vividly show that Islam guarantees and promotes Fundamental Human Rights:

> ...Remember that your wives and property are sacred and inviolable among one another for all time.... O people! You have rights over your wives and they have rights over you.... And feed your slaves with such food as you yourselves eat. Clothe them with the same stuff that you wear.... Listen O people! Listen to what I have told you. Fix this in your hearts that every Muslim is a brother of every other Muslims. You are all equal; you enjoy equal rights and are subject to the same obligations. You are members of a common brotherhood. It is accordingly forbidden to you to take from your brother save that which he gives you of his own free will.[11]

Islamic concept of Fundamental Human Right captures patients' rights as well. Patients' rights are those basic rules of conduct between patients and medical caregivers as well as the institutions and people that support them. The notion of patients' rights was developed on the basis of the fundamental dignity and equality of all human beings as recognized by the 1948 Universal Declaration of Human Rights.[12] It should however be noted that what constitutes patients' rights varies from one country to the other but with consensus on right to privacy; right to confidentiality; right to consent to or to refuse treatment; and right to be informed about relevant risk to them of medical procedures.[13] A close look at these four fundamental patients' rights reveals that they all border on patients' dignity.

In Islam, promotion and protection of human dignity (*ʿirḍ*) is one of the recognized essential objectives of *Sharīʿah* (*Maqāsidu 'sh-Sharīʿah*).[14] To this extent, Islam fully recognizes these fundamental patients' rights and supports their preservation and advancement. Patients' Rights is therefore part of the Fundamental Human Rights recognized by Islam which must not be infringed upon either by the care center or its personnel.

Confidentiality with regards to patients means keeping secrets and not revealing information about the health history and health status of the patient to unauthorized persons. Writing on Patients' Rights to confidentiality, Kennygbite opines that the patient's medical records and other sensitive personal information should be kept confidential, though they may be disclosed to a third party with his consent.[15] In Islam, every Muslim is expected to imbibe the virtue of managing information and keeping secrets. Secrets are to be kept as trust and should not be divulged. The early part of *Suratu't-Tahrim* (i.e. verses 1-5) which chronicles how the Prophet confided a fact unto one of his wives and how she divulged the fact to one of her co-wives and consequent scolding that trailed their actions show Islam's distaste for secret divulging. Divulging secrets is seen in Islam as betrayal of trust, the penalty of which, according to the Prophet, is excommunication. He was reported to have said: He who betrays our trust is not of us.[16] It therefore follows that every bit of information known about a patient should be kept as topmost secret by the Muslim care-givers. Divulging a patient's secrets amounts to impugning his/her dignity and acting contrary to one of the universal basic objectives of the *Sharīʿah*.

Privacy is another right that Islam lays much emphasis on as it bothers on human dignity. A Muslim is taught to respect and not intrude into others' privacy by nosing for information about their private lives. Allah clearly warns: "...And do not spy" (on one another) (Q.49:12). He also warns against actions that could lead to intruding other's privacy thus:

> O you who believe! Enter not houses other than your own without first announcing your presence and invoking peace upon the folk thereof. That is better for you, that you may be heedful. And if you find no–one therein, still do not enter until permission has been given. And if it be

> said unto you: Go away, then go away, for it is purer for you. And Allah is aware of all that you do (Q24: 27-28).

The above clearly reveals the position of Islam on people's right to privacy. Muslim health care-givers as well Islamic health care institutions are therefore under obligation to respect their patients' privacy as the contrary will amount to impugning their human dignity which must be promoted and protected as enshrined in the basic objectives of the *Sharī'ah*.

The patients' rights to consent to or to refuse treatment and the right to be informed about the risks inherent in the health care procedures find expression and adequate supports in Islam. The position of Islam is that patients seeking health care services are human beings and as such, their feelings must be taken into consideration. Informing them and seeking their consent on the health care procedure is acknowledging and promoting their human dignity; except where the patient is a minor (*ṣabiyy*), a fool (*safīh*), insane (*majnūn*) or unconscious. These are the three categories of people whose consent may not be sought because they cannot take decision on their own. The provision of Islam is that the guardian of his interest (*waliyy*) should be informed and his consent should be sought on the health care procedures. Reference for this provision of proxy is contained in verse 282 of *Sūratu 'l- Baqarah* of the Qur'ān. The *waliyy*, acting on behalf of the sick, considering the risks inherent in the health care procedures has the right to either consent or decline.

Private Muslim Psychiatric Centers in South-Western Nigeria and Patients' Rights

The number of Government psychiatric hospitals and personnel in Nigeria as a whole is found to be inadequate; the ratio is one psychiatrist doctor to one million patients as against one psychiatrist doctor to 25 patients in the West while the ratio of psychiatrist nurses in Nigeria is also one to 25,000 patients.[17] The inadequacy of personnel coupled with cultural beliefs account for the overwhelming presence and patronage of local psychiatric centers. A report has it that, the bulk (approximately 70 per cent) of psychiatric cases in Nigeria is handled by exorcists in local centers and religious places.[18] It should however be noted that the National Health Policy Document supports the involvement of private and corporate bodies in health care delivery services.[19] The private psychiatric centers in South Western Nigeria should therefore be seen as rendering supplementary supports considering the inadequacy in the number of Government psychiatric hospitals in the area.

Some of the local psychiatric centers in South-Western Nigeria are managed by Muslims who are not psychiatric doctors or nurses but exorcists. Their diagnostic methods include the use of *'Ilmu 'l- ḥisāb* (use of the Arabic alphabetic letters, according to their numerical value); *'Ilmu 'l-Falak* (astrology); *Khatt* which involves drawing lines on sand; and *'Istikhārah* which is consultation with God for proper guidance.[20] The Muslim exorcists treat their psychiatric patients by the means of prayers, herbs and exorcism referred to as *Ruqyah*. The *Ruqyah* may involve prayer sessions or written exorcism for

the patient to drink and / or bath with or hang on his body. It may also involve burning of incense and animal sacrifice.

These private psychiatric centers established and managed by Muslims are virtually in all the six States in South Western Nigeria. While some of the centers operate standard outfits, majority are localized. It should however be noted that the cases usually taken to these centers are those that are spiritual in nature. In spite of the supplementary and complimentary efforts and the successes the centers claim to record, they have often been criticized and accused of Human Rights abuses especially those rights that bother on human dignity. We shall therefore, in the light of Islamic provisions on patients' rights to dignity, examine three popular practices among the private psychiatric centers managed by Muslims in South Western Nigeria.

i. Rough Head Shaving

Generally in Islam, growing bushy hair bushy by male Muslims is frowned at. That is because lice find bushy hair as safe haven and conducive atmosphere to multiply. Therefore, low-cut serves as prevention from lice while complete shaving could serve as curative measure . Ibn Qayyim has explained that shaving is one of the best cures for lice because it exposes the skin to the sun and allows the harmful moistures under the skin to evaporate. He also recommended that the shaved head should be anointed with cures that prevent lice from reproducing and kill them[21]. He also cites a *ḥadith* in which the Prophet instructed that the heads of Ja^{c}far's sons be shaved because of lice.[22] Another reference in support of shaving as cure for lice is a *ḥadīth* related by Ka^{c}ab bin 'Ajra who complained to the Prophet about too many lice crawling out from his head. The Prophet instructed him to completely shave his scalp.[23]Commenting on the *ḥadīth*, As-Suyūtī remarked that shaving the head opens the pores, soothes headache, and fortifies the whole head.[24]

The fact that male Muslims are given the liberty to either cut low or shave their hair during *Hajj* (Qur'ān 48:27) shows the permissibility of both. On the contrary, female Muslims are encouraged to grow their own hair while they are discouraged from carrying low cut or shaven hair as that would amount to emulating the opposite sex in their appearance- a practice highly condemned by the Prophet who in a *ḥadīth* cursed men who imitate the women-folks (in their appearances) and women who imitate the men-folks (in their appearances) and directed that such people should be banished from home.[25]

We however observe that in some local Psychiatric Centers managed by Muslims in South Western Nigeria, shaving of both male and female patients' hair and in a rough manner is a common practice. It may therefore be reasoned, on the surface level, that shaving the hair of both male and female psychiatric patients especially when it is done in a rough manner that make the patients really look sickly could be regarded as violation of the patients' right to dignity.

One reason given by exorcists who shave their patients' heads is that the patients are brought to the centers with unkempt bushy hair, teeming with lice which apart from being unhygienic, equally portrays signs of madness. The centers therefore claim that patients'

heads are shaven so that they may look neat and normal. Another reason given is that, at times, during the cause of questioning the patient's relations, it is discovered that one of the early symptoms complained of by the sick fellow is severe headache. Then, in such a case, it becomes necessary to shave his/her head purposely to mark some incisions. In addition, the psychiatric patient, as part of his treatments may have to bath the whole of his body with treated black soap and concoction. If the bushy hair on his head is left unshaved, the soap and the concoction will hardly get to the scalp talk-less of penetrating it.[26]

When the reasons given by the centers are considered in the light of Islamic juristic legal maxim: *al 'umūr bi maqāṣidihā* (Matters shall be judged by the intention behind them), shaving of the psychiatric patient's head would not be adjudged as amounting to violation of patients' rights. The only area that will require improvement is the rough manner in which it is done. If the head would have to be shaven, it should be done neatly and properly and not roughly as that still portrays that the person is sick.

ii. Chaining

Psychiatric patients are sometimes seen shackled in chain in some local psychiatric centers managed by Muslims in South Western Nigeria primarily to serve as a form of restraint whereas most Patients' Bill of Rights declare that patients have right to be free from restraints or seclusion. For example, Harris Health System Patients' Bill of Rights says:

> You have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of you, a staff member, or others and must be stopped at the earliest time possible.[27]

Our investigation into the issue of chaining of psychiatric patients in some local psychiatric centers managed by Muslims in South Western Nigeria reveals that while some Muslim exorcists themselves chain their patients immediately they get to their centers, many psychiatric patients are brought by their people to the centers, bound in chain or very strong rope.[28]

It should be noted that chaining of psychiatric patients is not a practice subscribed to by modern psychiatrist doctors. As such, psychiatric patients in government psychiatric hospitals visited are not tied down with chains but allowed free movement. Though, the fence of the psychiatric hospitals are raised very high to prevent scaling. Local psychiatric centers that chain their patients have therefore been criticized of infringing on their patients' right to free movement.

Our enquiry reveals that like modern psychiatrist doctors, there are some Muslim exorcists managing private psychiatric centers in South Western Nigeria that also speak against chaining of psychiatric patients and condemn it as having nothing to do with the treatment.[29] However, those who practice chaining among private local psychiatric

centers in South Western Nigeria offer some explanations. To them, one major reason why they chain their patients is the fear of sneaking or roaming away since many of such centers do not have fence talk-less of raising them high as obtained in standard government psychiatric hospitals. Rather than taking risk of allowing patients in their custody to roam away in the name of right to freedom, they prefer to chain them. When this argument is viewed through the periscope of Islam, it would be realized that it is justifiable. The Islamic principle of "*'ikhtiyār 'akhaffu ḍararayn*" (choosing the lesser evil) applies here. It is one evil to chain a patient and deny him freedom of movement, it is however a greater evil to allow him roam away. When the trouble of searching for him and the serious problem his roaming away would create between his relations and the center; plus the fact that he may never be seen again, one cannot but agree that chaining is a lesser evil in such circumstance.

Another reason given by the Muslims centers where chaining is practised is that it makes for easier administration of drugs and treatments. They submit that some psychiatric patients are stubborn and would not ordinarily want to collect drugs and food, but if chained, they could be forced to eat and use drugs. This shows that chaining is practised in the interest of the patients. The Islamic principle cited above also applies here since chaining will be a lesser evil compared to leaving them without food and drugs.

Another reason given by the private Muslim psychiatric centers where chaining of patients is practised in South Western Nigeria is that some psychiatric patients are dangerous and deadly. They could harm fellow in-mates or the center managers. The patients' relations, for fear of rejection, in most cases, would not however disclose this fact to the center manager. Hence, in order not to take chances, the only option is to chain them down. Instances of unchained psychiatric patients who had attempted fighting and inflicting wounds on the center managers were cited.[30]It is therefore generally believed that chaining such violent psychiatric patients helps check their menace.

Based on the above, we wish to submit that chaining of psychiatric patients in local psychiatric centers managed by Muslims in South Western Nigeria may not be considered outright violation of patients' right especially where the fears expressed above are established. However, where there are no such fears, indiscriminate chaining of psychiatric patients will amount to trampling on their honor and dignity (*ʿirḍ*) and violation of the right stated above that patients have the right to be free from restraints of any form (physical or chemical) and/or seclusion that are not medically necessary.

iii. Beating

The United Nation has a Convention against torture and other cruel, inhuman or degrading treatment or punishment. Islam as a religion is also not in support of inhuman treatment of fellow human beings except under law. The Capital Punishments called *hadd* in the *Sharīʿah* are stipulated only for perpetrators of certain crimes and meant to serve as corrective measure and deterrent to others.[31] Other than this, Islam is against torture and other cruel, inhuman or degrading treatment or punishment.

Beating of psychiatric patients with cane is a common experience in some private psychiatric centers managed by Muslims in Southern Western Nigeria. Modern

psychiatrist doctors however speak against beating of psychiatric patients. Akinwunmi, a consultant at the Neuropsychiatric Specialists Hospital, Akure while addressing the Vanguard Newspaper during the 2015 Mental Day Celebration with the theme "Dignity in Mental Health" spoke against beating and chaining of psychiatric patients.[32] Our enquiry into the rationale behind the practice in some private psychiatric centers managed by Muslims in Southern Western Nigeria reveals that some among the Muslim exorcists hold out the belief that beating is an integral part of the treatment a psychiatric patient will receive to have total cure. They support their position with the popular Yoruba adage: "*Egba l'oko were*" (lit: 'cane is the husband of the mad' meaning that cane is a useful means in compelling the mad to compliance); and with the practice of Prophet Muhammad who was reported to have employed beating when exorcising a victim of demonic possession.[33] Some other Muslim exorcists however consider beating of psychiatric patients necessary only where such patients exhibit some stubborn traits such as refusal to eat or to use prescribed drugs. In such instances, beating is employed to make them comply.[34]

On the Yoruba adage quoted above as a result of which psychiatric patients are subjected to indiscriminate beating even when there is no justifiable reason for such is, in our opinion, outright violation of the psychiatric patients' honor and dignity (*ʿirḍ*) which otherwise should, according to the objectives of *Sharīʿah*, be respected and protected.

Regarding the report that the Prophet employed beating during exorcism, it has to be noted that such is allowed only during exorcism of patient whose case is spiritual and not applicable to all psychiatric patients. It should also be noted that beating is employed during exorcism only after all entreaties to make the possessing demon leave its victim honorably failed. The Prophet according to reports used to beat the victim's chest or back with his garment.[35] Muslim writers on the subject of exorcism also express the view that beating should be on the finger and toe tips, back, shoulders and neck[36] and that never should an exorcist defy the Prophet's prohibition by beating on the face.[37]

It is interesting to note however that all the blows do not fall on the possessed but on the possessing demon. Ibn Qayyim has reported that once Ibn Taymiyyah exorcised a patient of demonic possession, beating him so vigorously that those present thought he would die. But, when eventually, the demon left him, he confessed that he was not at all aware of the beatings.[38]

Conclusion

The Yoruba people of South Western Nigeria are ardent believers in spiritual attack. The belief among them is that psychiatric disorder, whatever is the cause, has, in most cases spiritual undertone. It is this belief that has led some Muslims among them to establish private centers for the treatment of psychiatric cases. However, since these centers are managed locally, many accusations of human rights abuses have been leveled against them. This paper, in the foregoing discussions, has looked at the Human Rights abuses especially those bothering on human dignity (*ʿirḍ*). The paper has looked into the practice of rough hair shaving, chaining and beating of psychiatric patients. It is observed that

while the practices, in few instances are outright violation of the patients' human dignity, they are in most cases, done with justifiable reasons under the *Shari'ah* and not with the intention of Human Right abuse. The few instances where patients' rights are violated and their human dignity impugned, as observed in the paper, should be redressed. It should be stressed that there is the need for Muslim managers of private psychiatric centers in South Western Nigeria to standardize their operations.

The effort of the Lagos State Government aimed at standardizing the operations of local centers through the establishment of the Lagos State Traditional Medicine Board is noticeable and commendable. The Board organizes a three months training program for alternative medical practitioners after which they are given license to practice. Some of the training and lectures they receive cover the issues of hygiene, drug usage and protection and promotion of patients' fundamental Human Rights. We therefore wish to recommend that the Muslim managers of private psychiatric centers in South Western Nigeria should enroll for this training in order to upgrade their practice and become certified and recognized by the Government while we also urge other States of the Federation to establish similar outfit in their respective States.

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