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UNETHICAL PRACTICES AND THE METAPHOR OF CONSERVATISM IN HEALTHCARE: A STUDY OF WALE OKEDIRAN'S SELECTED NOVELS

BY

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Abstract

This paper explores the interdisciplinary engagement between literature and medicine, focusing on unethical practices in the medical profession and the metaphor of conservatism in Wale Okediran's Strange Encounters and The Weaving Looms. Literature and medicine as a discipline is hinged on classical foundations, such as Aristotle's Poetics and Hippocrates' medical aphorisms. The study identifies quackery, drug peddling, and drug pilfering as existential threats to the healthcare system. Through an analysis of Wale Okediran's novels, it becomes evident that conservatism, as a metaphor, signifies resistance to change in healthcare practices, particularly in communities that prioritize traditional medicine over orthodox approaches, as well as the moral decay within the health sector. The discussion in this paper is framed within the sociological literary theory, drawing on the relationship between literature and society. The paper concludes by literally advocating for the implementation of stringent regulations to monitor medical personnel and reiterates the importance of public sensitization on healthcare innovations as the potential for synergy between traditional and orthodox medicines.

Keywords: Literature and medicine, Ethics, Quackery, traditional medicine.

Introduction

The increasing scholarship interest in interdisciplinary engagement has necessitated discussions and research across the globe on the interaction between literature and medicine. These two seemingly unrelated disciplines at face value, when given critical assessment, have a lot in common. The first attempt to relate literature and medicine can be traced back to ancient Greek studies, where the foundations of Western intellectual thought were laid. This period anchored the dual pursuit of knowledge about the human condition—through art and science. This is especially true in Aristotle's poetics in which he posits that literature has greater power of representation, although Aristotle, at the time of this assertion, was unaware of the potential relationship between imagination, creativity, and healing. He was more concerned with the human conditions, and the psychological impact of Arts. His *Poetics* provided a cornerstone for understanding the role of narrative in human experience. This is anchored on his definition of *mimesis* as the artistic imitation of life, which on a wider scope emphasizes that literature and Arts, in general, aim to reflect and interpret human actions and emotions. This imitation is not just a mere replication but a structured exploration of life on a larger scale.

The uniqueness of the human condition resides in *catharsis*—the emotional purification or release experienced by audiences or readers. Through the evocation of pity and fear in literature, Aristotle implicitly suggests this could lead to psychological and emotional healing. This concept of catharsis resonates with contemporary therapeutic practices, such as narrative medicine, which uses patients' stories to process emotions and foster healing. The therapeutic aspect of catharsis brought about the idea of health and well-being. For Aristotle, a balanced life required not just physical health but emotional and moral equilibrium, which literature could help to achieve. Again, Hippocrates (1923:6), the "father of medicine, provided an understanding of how language can help define the physician-patient relationship. This was captured in his books, *Aphorisms* and *On Airs, Waters, and Places*, with

aphorisms, such as "Life is short, art long, opportunity fleeting, experience treacherous, judgment difficult". They encapsulate the challenges of medical practice and the need for effective communication.

Hippocratic medicine was a careful observation and documentation; inherently narrative practices. Physicians recorded patients' symptoms, histories, and environmental factors in detailed case notes, thereby creating a narrative of illness that was critical for diagnosis and treatment. The prose-like records of the physician are more like documenting a narrative. Moreover, Hippocrates recognized that the physician's role extended beyond physical treatment to addressing the emotional and social dimensions of illness. This holistic approach to health anticipated modern patient-centered care, where understanding the patient's story is as vital as understanding their symptoms. While Aristotle articulated the psychological and ethical dimensions of narrative, Hippocrates emphasized the practical and communicative aspects of language in medical care. Language and literature are bed follows. This posits that literature and medicine have been objects of scholarship since the classical period.

However, the 20th century marked the advocacy for interdisciplinary studies and this has significantly influenced research across disciplines such as literature and environment, literature and Psychology, literature and politics, and literature and medicine. According to Anne Hudson Jones (1990:22):

> Literature and medicine as a contemporary academic subspecialty is said to have begun in 1972, with the appointment of Joanne Trautmann Banks to the faculty of the Pennsylvania State University College of Medicine at Hershey. She was the first person with a Ph.D in literature to hold a full-time faculty position in a medical school in this country (America) and probably the world.

Literature and medicine is an interdisciplinary field aimed at bridging the gap between medicine and literature. The purpose of this connection is that literature sharpens observation and empathy vital for medical practitioners. Literature through storytelling provides "case histories" that provide narratives of suffering, ethical dilemmas, mental health, patients' relations with medical practitioners, and the human response to illness. Rita Charon's (2006) *Narrative Medicine: Honoring the Stories of Illness* helps to strengthen the relationship between literature and medicine by introducing the concept of "narrative competence," which refers to a clinician's ability to actively listen, interpret, and respond to patients' stories. This idea corroborates the Aristotelian notion of catharsis by suggesting that storytelling in clinical encounters could foster healing—not just physically, but emotionally and psychologically. According to S. Neeraja (2013:1):

> Health and medicine are matters of public culture as well as popular culture. They encode power relations, questions of narrative method, and stereotyping – and therefore might be profitably examined for language, discourse, and narrative strategies in the Humanities. Since humanities are defined as ―all things that constitute the human and medical (with the attendant condition of health, sickness, cure) is central to the very idea of the human, it is necessary to, I believe, study discourses of health, illness, and medicine to examine what forms of the ―human emerge, thus making health and medicine subjects for Humanities.

In the same vein, Kathryn Montgomery Hunter's (1986) *Doctors' Stories: The Narrative Structure of Medical Knowledge* validates the fact that medical knowledge is not merely technical but also a field embedded in narrative forms. This shows that diagnostic processes, treatment planning, and patient communication; all rely on storytelling. These clinical encounters as interpretative acts, call for a balance between empirical science and the subjective realities of patients' lives. The integration of the humanities into medicine has led to several tangible and positive outcomes. Studies have shown that physicians trained in narrative medicine exhibit greater empathy and resilience, contributing to improved patient satisfaction and outcomes. Again, the approach has helped to mitigate burnout among healthcare providers by fostering reflective practices. As Charon notes, "radical listening" transforms the clinical encounter by creating space for patients' voices and allowing their experiences to guide care decisions.

Conservative Ideologies and Ethical Tensions in Clinical Practice

Conservatism as a concept refers to the preservation of established traditions, values, and practices. It often emphasizes continuity and stability, resisting rapid or radical change in favour of preserving cultural, institutional, and societal norms. In various fields, including politics, religion, and social structures, conservatives advocate for adherence to time-tested principles while being cautious about innovations that could disrupt societal equilibrium. This tends to make the conservatives abhor changes and new ideas, even if they seem beneficial. This makes Edmund Burke, the father of modern conservatism, say that societal change should be gradual and rooted in existing customs and institutions to avoid disrupting the social order. This has implications on healthcare where people prefer longstanding traditional medical practices over contemporary medical innovations. Worthy of note is that traditional medicine predates the arrival of Western medical practices and remains a critical healthcare avenue for many Africans, Indians, Chinese, etc., due to its accessibility, affordability and cultural alignment. Historically, these traditional systems are rooted in spiritual and communal values that remained central to many African communities due to their holistic approach to health, which integrates the physical, spiritual, and social dimensions of well-being. It is a known fact that conservative individuals or communities hard-headedly uphold traditional medicine as an integral part of their cultural identity. Their beliefs are tailored toward such

practices as herbal medicine, acupuncture, and spiritual healing as precursors for holistic procurement of health services.

Conservatism could also stem from religious beliefs as a preference for traditional healthcare. In various contexts, certain religious and cultural beliefs influence attitudes toward medical interventions. For instance, some Christian groups advocate for prayer-based healing as an alternative to conventional medical treatments, emphasizing faith and divine intervention over clinical care. Again, particular sects, such as Jehovah's Witnesses, reject blood transfusions on doctrinal grounds, prioritizing adherence to their interpretation of scriptural teachings. Similarly, in some Indigenous cultures, traditional healing practices—often involving rituals, herbal remedies, and spiritual ceremonies—are favoured over modern medical treatments, which to them reflect a holistic approach that integrates physical, spiritual, and communal well-being. Apart from this cultural and religious inclined conservatism, ethical concerns, such as those surrounding genetic modification or end-of-life care, further fuel conservative resistance to modern practices. Against this backdrop, the concept of "medical conservatism" by John Mandrola, Adam Cifu, Vinay Prasad, and Andrew Foy (2019:90-126) suggests that a cautious and evidence-based approach be adopted in new medical technologies and treatments. They advocate for scepticism toward innovations unless there is compelling and robust evidence proving the efficacy and safety of such new medical innovations. It is an acknowledgment of the risks of uncritical acceptance of new therapies, which can lead to harm and unnecessary costs without clear patient benefits. However, medical conservatism, as articulated by Mandrola et al., is not opposed to innovation but seeks to ensure that new treatments undergo rigorous evaluation to confirm their true value. This careful approach protects patients from interventions driven more by commercial interests or professional enthusiasm than by evidence of meaningful improvement in outcomes. Contrarily, Andrew McLeod (1997) avers that refusal to adopt modern medical practices in favour of traditional healing can lead to unethical outcomes. For instance, the use of unproven herbal remedies in place of scientifically validated treatments can delay diagnosis and effective treatment, leading to worsened health outcomes. McLeod therefore submits that while respect for cultural practices is important, it must not come at the expense of patient safety.

On the other hand, ethical tension in this paper is a deliberate attempt aimed at orchestrating a discussion on some unethical practices in the medical profession that resonate in literary narratives. The Hippocratic Oath symbolizes the ethical standards of the medical profession, guiding physicians in their commitment to beneficence, non-maleficence, and the prioritization of patient welfare. Healthcare practices sometimes suffer from a lack of empathy and professionalism, necessitating the inclusion of literature and the humanities in medicine to reinforce these ethical principles. In particular, the 20th and 21st centuries have witnessed growing concerns over the depersonalization of medicine. Rapid advancements in technology, bureaucratic pressures, and a focus on efficiency have often overshadowed the humanistic aspects of healthcare. This trend has led to what Charon describes as an "empathy deficit" in medical practice. The medical profession is enmeshed with unethical practices such as quackery, self-medication, drug pilfering, drug peddling, unqualified individuals posing as healthcare professionals, and other unprofessional behaviours that have consistently posed a threat to the public health system. These practices thrive in environments where regulation and oversight are weak, and where trust in the formal healthcare system remains fragile. In many African countries, informal medical practitioners often offer cheaper and more accessible alternatives to formal healthcare, yet they lack the training and oversight necessary to ensure patient safety (David Hastings, 2007, p. 212-227). Furthermore, as Oyebode et al. (2016) explain, the social and cultural factors that influence healthcare choices, such as the perceived efficacy of traditional medicine or the distrust of formal medical institutions have created a fertile ground for the proliferation of these unethical practices.

Quackery connotes the promotion and provision of medical advice or treatments without proper qualifications or a basis in scientific evidence. This phenomenon exploits vulnerable patients, leading to unverified therapies and false assurances. Historically, quackery has evolved from dubious "snake oil salesmen" to modern purveyors of pseudo-medical treatments, frequently marketed as natural or alternative solutions. The persistence of quackery is linked to several societal and systemic factors. According to Abimbola, Seye, et al. (2021:65-66) "quackery thrives due to weak regulatory enforcement, lack of patient awareness, and limited access to qualified healthcare professionals in rural areas. This issue persists in both developed and developing countries, where misinformation exacerbates public health risks". The issue of quackery is not confined to developing nations. In developed countries, pseudo-medical industries, such as the anti-vaccine movement and unregulated dietary supplements, pose significant public health risks. Larson, Heidi J., et al (2018:138-139) argue that the popularity of such treatments reflects societal scepticism toward conventional medicine and a preference for "natural" remedies. This distrust is often fuelled by the perception that modern medicine prioritizes profits over patient care.

On the other hand, drug pilfering involves the theft or diversion of pharmaceuticals, often from hospital inventories to illegal markets. This practice not only deprives patients of essential medications but also facilitates drug abuse and counterfeit drug distribution. A study by Abigail Brown (2013) identifies systemic loopholes in pharmaceutical supply chains as a primary cause of pilfering, with an estimated $30 billion in losses annually due to drug theft in healthcare systems globally. Closely related to drug pilfering is drug peddling which is the unauthorized sale and distribution of prescription medications, frequently targeting substances with high potential for abuse, such as opioids. This illicit trade has significantly exacerbated public health challenges. The intake of these illicit drugs in most African countries and the United

States, has led to the loss of countless lives. Rodwin, Marc A. (2012) highlights that insufficient regulatory oversight, combined with aggressive and sometimes unethical pharmaceutical marketing strategies, fosters an environment conducive to drug peddling. This interplay often muddles ethical boundaries in drug promotion and exacerbates the availability of controlled substances through unofficial channels.

To put a halt to these ugly trends in the medical profession, there is a need for literature that can educate people because literature serves as a medium for ethical reflection and education in medical schools. D.S. Sheriff (1988:688) emphasizes the importance of literature in cultivating qualities like compassion, truthfulness, and righteousness. Sheriff argues that literature helps physicians internalize the moral imperatives of the Hippocratic Oath by engaging with narratives that dramatize ethical dilemmas. Such engagement nurtures empathy and ensures that medical practitioners grasp the gravity of their ethical responsibilities. According to Montgomery, (1986:36), "Literature has always been an important part of ethical discourse, and the discourse of medical ethics is no exception". We adopt sociological literary theory to analyze how Wale Okediran's selected novels depict unethical practices in healthcare and use conservatism as a metaphor for systemic issues within medical institutions and patients. Given that literature often reflects and critiques societal structures, sociological literary theory is particularly relevant in unraveling institutional failures and ideological underpinnings that characterize healthcare ethics in Okediran's works. The theory posits that literature reflects the society in which it is produced. It examines how texts are shaped by social, economic, and political contexts, and how they, in turn, influence societal attitudes and behaviours.

The Role of the Physician Writer

The role of the physician as a writer transcends the boundaries of medical practice and documentation; it also involves that of fictionalization for advocacy and exploration of the human condition. Physician-writers combine their scientific expertise with literary skills to communicate their experiences in healthcare to foster empathy and engage in social commentary. They use their literary acumen to humanize the medical profession in handling patients' illness, childbearing, and mental health. The practice of medicine involves not only treating diseases but also understanding patients as individuals with fears, hopes, and narratives. This first-hand information about patients gives the physician-writer the creative skill to craft their narrative, either as a narrative of experience or a therapeutic template to soothe patients' emotions. This is exemplified in Abraham Verghese's *Cutting for Stone* (2009), which is a personal and emotional account of medical and familial relationships. Verghese suggests that storytelling in medicine serves as a therapeutic and reflective tool by enabling physicians to process the emotional weight of their work. On this note, writing becomes an avenue for physicians to address systemic issues in healthcare and society.

Atul Gawande, in *Being Mortal* (2014) and *The Checklist Manifesto* (2009), critically evaluates healthcare systems and advocates for patient-centered solutions.

Again, writing helps a physician's communication skills, an essential aspect of patient care. The writing process requires clarity, empathy, and an understanding of the audience, which are equally vital in doctor-patient interactions. Writing serves as an outlet for physicians to manage the emotional toll of their profession. According to Richard Selzer, in *Mortal Lessons: Notes on the Art of Surgery* (1976), writing provides him a means to process his experiences as a surgeon and maintain emotional balance. This draws on the connections between the practice of surgery and the emotional and philosophical aspects of life, using literature as a way to confront and make sense of the complexities inherent in medical practice.

There are several examples of physicians as creative writers in the history of literary studies. Anton Chekhov (1860–1904), a playwright and short story writer, draws from his medical background to craft characters grappling with psychological challenges while addressing themes such as human vulnerability and social realities. Similarly, Arthur Conan Doyle (1859–1930), the creator of Sherlock Holmes, infuses his detective stories with forensic precision and realistic descriptions of medical phenomena, reflecting his medical training. William Carlos Williams (1883–1963), a practising paediatrician and modernist poet, found poetic inspiration in his observations of everyday life and his medical experiences. Oliver Sacks, a neurologist and author of works like *The Man Who Mistook His Wife for a Hat* (1985), uses literature and neuroscience to examine the complex nature of the human brain and its disorders.

Abraham Verghese, as previously mentioned, is a physician-novelist whose works draw from his experiences as a doctor and immigrant to tell deeply human stories about medicine and family. Also, Richard Selzer, known for his reflective and poetic style, uses his writings to examine the ethical and emotional dimensions of surgery. Danielle Ofri, an internist and essayist, depicts the challenges of medical practice and the complexities of patient care. Paul Kalanithi, in his neurosurgeon's memoir, *When Breath Becomes Air* (2016), poignantly explores life, death, and the search for meaning after his terminal cancer diagnosis. Atul Gawande, in books like *Being Mortal* (2014) and *The Checklist Manifesto* (2009), critiques modern healthcare systems and advocates for patient-centered care.

In the list is Siddhartha Mukherjee, a cancer physician, and oncologist who combined scientific rigour with accessible storytelling to explore the history and science of disease in works like *The Emperor of All Maladies* (2010). Nawal El Saadawi, an Egyptian psychiatrist and feminist writer, addresses gender inequality and societal challenges in works like *Woman at Point Zero* (1975), drawing on her medical and activist experiences. Khaled Hosseini, though no longer practicing, channels his training as a paediatrician into novels such as *The Kite Runner* (2003), which explore themes of trauma, redemption, and cultural conflict. Wale Okediran, a Nigerian physician-writer, has, in his several novels, artistically blended his medical experiences into narratives that reflect various aspects of the medical profession, including the

human condition, conservatism, and ethical issues. His novels, such as *The Weaving Loom* (2005), *Strange Encounters* (2004), and *Boys at the Border* (2011), skilfully weave biomedical themes across the narratives.

Textual Analysis

Conservatism as a Metaphor in *The Weaving Looms*

The persistence of traditional medical systems alongside Western medicine in Africa is a multifaceted phenomenon, predetermined by cultural, and socio-economic factors. Despite the introduction of Western biomedicine, some African traditional Religious practitioners prefer African Traditional Medicine (ATM) for reasons not too far from spiritual and communal values.

In *The Weaving Looms*, Wale Okediran critically examines conservatism, focusing on the perennial conflict between traditional medicine and orthodox healthcare, alongside the professional ethos of medical practitioners. One major theme in the novel is the clash between indigenous healing practices and the potential benefits of modern medical intervention. The Ogboni cult is portrayed as a spiritual force actively opposing orthodox medicine, which is a symbol of the entrenched cultural resistance to change.

The author illustrates this tension through the plight of Josiah Bature's family, who defy societal norms and customs by taking their ailing father to the Baptist Hospital. Tragically, Josiah Bature succumbs to his illness at the mission hospital, an event considered taboo by the Ogboni community. This leads to the refusal of permission to bury his body in his home village, Eleyin. Despite numerous efforts by Josiah's children—Cletus, Matthew, and Peter—and the intervention of their uncle, Kasali, the Ogboni council demands specific items for appeasement rituals. When the family complies, the Ogboni leaders reject the offerings, alleging that the cow provided is deformed, further escalating the conflict.

This strain culminates in a dramatic confrontation. After the Ogbonis perform their rituals on Josiah's corpse, they refuse to release it for the church commendation service, leaving mourners waiting indefinitely. In frustration and defiance, Cletus and his brothers take matters into their own hands, forcibly retrieving the body. This act provokes a violent response, and during the ensuing chaos, Cletus accidentally injures Chief Dende, an Ogboni leader, by driving the vehicle carrying the corpse into him. This incident embroils the Bature family in a prolonged conflict, with the Ogbonis demanding they assume full responsibility for Dende's treatment and the welfare of his family.

Okediran in this novel, implicitly critiques the rigidity of cultural conservatism and highlights the destructive consequences of resisting progress. Through the ordeal of the Bature family, the author conscientizes on the importance of bridging the divide between tradition and modernity, advocating for a balance that respects cultural heritage while embracing the advancements of modern medicine.

Despite Cletus' recommendation that Chief Dende seek professional medical treatment at the clinic of Dr. Dixon, the American missionary doctor overseeing the Baptist Hospital, the Ogboni chief opts instead for the services of Tafa, a traditional healer. The application of unsterilized herbal concoctions leads to severe complications, resulting in the decomposition of Chief Dende's leg. Eventually, the chief lapses into a coma due to the worsening condition and is rushed to the hospital. By the time he receives professional medical attention, the damage is irreparable. Dr. Dixon advises amputation of the leg and proposes the use of a prosthetic limb to restore mobility. This scenario underscores the critical implications of delayed medical intervention and the importance of timely and evidence-based healthcare. This conflict between traditional norms and orthodox medicine is life-threatening. Okediran critiques the damaging consequences of stubborn adherence to outdated customs, particularly when they endanger lives. He highlights the need for greater acceptance of modern medical practices, particularly when traditional methods fail or worsen a patient's condition.

Again, Okediran emphasizes the importance of professional ethics and the compassionate nature of medical personnel. Dr. Dixon exemplifies selflessness, responsiveness, and generosity in his treatment of Chief Dende. Despite the opposition from the Ogboni chiefs, Dr. Dixon remains committed to providing care, even offering a prosthetic leg for free rather than profiting from it. His altruism contrasts with the corruption and materialism seen in other characters, such as Uncle Kasali and the Ogboni chiefs, who prioritize personal gain over the well-being of others.

Through these portrayals, Okediran advocates for a more progressive approach to healthcare that balances respect for tradition with the adoption of beneficial, life-saving medical practices. He also accentuates the role of responsible, ethical medical professionals who act in the best interests of their patients; a stark contrast to the selfishness and ignorance that plague many aspects of the community.

Ethical Dilemma in the Medical Profession in *Strange Encounters*

In *Strange Encounters*, Wale Okediran examines among other thematic thrusts the theme of unethical medical practices and the pervasive corruption in Nigerian society. The novel centres around Dr. James Abe, a young, idealistic doctor posted to Faith Medical Clinic (FMC) in Gom, a rural community in Northern Nigeria, where he confronts quacks, police brutality, and moral decay in the medical profession.

As exemplified in the novel, Alhaji Adamu, a notorious quack, masquerades himself as a doctor. Despite being arrested

multiple times, Adamu continues his illicit medical practice, aided by corrupt law enforcement officers. The narrative voice puts it this way: "Despite more than ten arrests and fifteen court cases, his business continued to thrive due to the ignorance of the inhabitants of the town and goodwill of corrupt law enforcement agency" (25). His actions, such as performing unsafe abortions using expired drugs and substandard tools, lead to numerous medical complications. One such case involves a schoolgirl who reports missing her period for about three months. The quack charges her eight hundred naira and subsequently subjects her to a gruesome abortion procedure, resulting in excessive bleeding and causing her to faint. She is, however, rushed to Faith Medical Clinic (FMC) for proper medical attention. In another instance of Alhaji Adamu's quackery, a young boy, the son of a mail carrier, who had been referred to a dentist in Jos for the extraction of a decayed tooth, instead opts for the services of the quack. Alhaji Adamu begins the procedure with the assistance of two accomplices. Joe, a motor mechanic, uses a pair of pliers to forcibly grip and extract the boy's decayed tooth. The boy screams in pain as the crude extraction causes significant damage to his mouth. Following the injury, he, again, is urgently rushed to Faith Medical Clinic (FMC) for immediate medical attention. The critical turning point in Alhaji Adamu's quackery occurs during an abortion he performs on Kudi Gidado, the daughter of the influential Alhaji Gidado. Kudi is brought to him by her boyfriend, Inspector Chike, to terminate her pregnancy. As with his previous procedures, Alhaji Adamu's lack of medical expertise leads to a tragic outcome, resulting in Kudi's death. Fearing retribution due to Alhaji Gidado's social and political standing, Alhaji Adamu goes into hiding.

The cumulative impact of such incidents prompts Dr. Abe to consider taking action against the quack. However, he is cautioned by Sister Martha, who highlights systemic corruption, stating, "The problem in this town, as you would soon find out, is that there is a collaboration among quacks, robbers, the police, and magistrates" (24). This statement signposts the challenges of addressing medical malpractice in a socio-political context rife with corruption and complicity. These condescending cases illustrate the dangerous consequences of unethical medical practices and the lack of accountability in the system.

Okediran also critiques the collusion between corrupt medical staff and law enforcement. Census, a theatre assistant to Dr. Saheed, the Senior Medical Doctor (SMD) at FMC, aids Adamu by pilfering drugs and equipment. This goes a long way to tell us that the quacks we have in society have close support directly or indirectly from some unscrupulous elements in government hospitals. Census, in his own way, is a thief and a quack who sees himself as a medical doctor. This scenario reveals the extensive entanglement between quacks and legitimate healthcare institutions. This situation highlights the convolution of addressing corruption in the healthcare sector, where certain medical professionals and staff engage in unethical practices.

The police force is depicted as another source of moral rot in society. When Kudi Gidado passes away, her father, Alhaji Gidado, exhausts all efforts to seek justice for her death. However, his pursuit is systematically thwarted due to a conspiracy involving the Divisional Police Officer (DPO) and the Magistrate, who collaborate to shield the perpetrators. Their corrupt actions include advising Alhaji Adamu, the quack responsible for Kudi's death, to flee, while arrangement is made for Inspector Chike, Kudi's boyfriend to travel overseas for a training program in India, effectively removing him to evade being arrested. This reflects the deeply entrenched corruption within the Nigerian police force and their complicity in aiding and abetting criminal activities.

Alhaji Gidado's quest for justice is further undermined by overt threats from the DPO, who warns him to abandon the case: "I want to warn you to desist from this case for your own sake" (145). When Gidado persists, the threats intensify, with the superintendent explicitly cautioning him about potential harm to his family and business: "That's what you think, you've forgotten that you still have many of your business and children scattered all over the state. … Don't underrate us. We can be mean if we want to" (145). The weight of these threats, coupled with a series of misfortunes—including a fire outbreak at his home and the inability to apprehend the culprits—ultimately forces Alhaji Gidado to relinquish his pursuit of justice. Again, Dr. Abe's efforts to uphold medical ethics are thwarted by the same corrupt DPO and other police officers, who manipulate the system to protect criminals. In a particular instance, the DPO orders Dr. Abe to falsify a medical report to cover up a rape case, but Abe refuses to comply, only to be framed by the police for drug possession. The intersection of medical malpractice and pervasive corruption within law enforcement and the judiciary demonstrates how systemic malpractice can obstruct accountability and perpetuate a cycle of injustice.

In *Strange Encounters*, sexual immorality also pervades the narrative, with several characters, including a Catholic priest and medical staff, engaging in illicit and free sexual activities. This includes the sexual abuse of altar boys by Father Robert Raleigh, and the affair between Dr. Abe, Sister Martha, and Dr, Saheed, showing how moral corruption infiltrates both the medical and religious institutions. The text implicitly exposes the prevalence of exploitative, unethical, and randy activities among medical personnel, particularly focusing on instances where patients are subjected to sexual abuse by healthcare practitioners. Most worrisome is the exploitation of vulnerable groups, such as pregnant women seeking antenatal care, who are often targeted by unscrupulous doctors. These actions represent a grave violation of medical ethics and highlight the pressing need for stricter oversight and deterrence within the healthcare profession. These depictions show that Okediran is peeved by the social and institutional failures in Nigeria, where corruption, ignorance, and unethical practices are normalized.

Conclusion

In conclusion, although medicine and humanities are two distinct disciplines that may seem not to have anything in

common, a lot seem to knit them, which is the beauty of interdisciplinary studies. Since literature represents life, biomedicine, mental health and all that concerns the medical profession, from medical ethics to patients' relationships with healthcare personnel, all these have enjoyed a great deal of narrative. Interestingly, Okediran as a physician writer has engaged his craft with much attention to the Nigerian healthcare system. His novels *Strange Encounters* and *The Weaving Looms* detail a satiric critique of unethical practices within the medical profession, conservatism, and the entrenched systems of corruption and moral decay. The portrayal of compromised medical practitioners in the novels reveals the profound impact of unethical behavior not only on individual lives but a systemic failure in the societal fabric. The metaphor of conservatism signifies resistance to change. Okediran through his craft, shows the necessity for a moral reckoning within the medical profession and a call to action for reform, suggesting that only through conscious effort and a commitment to justice can the true purpose of healthcare healing and human dignity be restored.

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