

UNIVERSITY OF PORT HARCOURT

**A CLINICIAN/CLINICAL LECTURER
IN A NON-CLINICAL COMMITTEE**

A VALEDICTORY LECTURE

BY

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PROGRAMME

- 1. GUEST ARE SEATED**
- 2. INTRODUCTION**
- 3. THE VICE-CHANCELLOR'S OPENING
REMARKS**
- 4. CITATION**
- 5. THE VALEDICTORY LECTURE**

The lecturer shall remain standing during the citation. He shall step on the rostrum, and deliver his Valedictory Lecture. After the lecture, he shall step towards the Vice-Chancellor, and deliver a copy of the Valedictory Lecture and return to his seat.

- 6. CLOSING REMARKS BY THE VICE-
CHANCELLOR**
- 7. VOTE OF THANKS**
- 8. DEPARTURE**

DEDICATION

This valedictory lecture is dedicated to my dear wife, Dr. Ijeoma O. Ihekwaba, our children, and my siblings who nudged me on with filial love, to deliver this lecture; and to my late parents, who inculcated in us the virtues of higher morals and constantly advised us to be honest in our dealings in maintaining the integrity of the family name. We salute their efforts in reminding us (the children) that a good name is better than riches.

ACKNOWLEDGEMENTS

I wish to express my profound gratitude to the Almighty God who has kept me well and focused in attaining the Biblical three scores and ten years and has blessed me with excellent health and great family, I also wish to thank the Acting Vice-chancellor Prof. Steve A. Okodudu for granting me permission to deliver this lecture.

I am particularly grateful to Professor SJS Cookey, the second Vice Chancellor who graciously employed me in 1989; to Professor CO Anah, who ‘dragged’ me away from the then Anambra State University of Technology when I was about commencing duty as a Lecturer/Consultant in the Departments of Pharmacology and Medicine, and brought me to the University of Port Harcourt; the subsequent Vice Chancellors who appointed me into the various administrative positions, and assignments with sundry committees.

I also wish to acknowledge the immediate past Pro-Chancellor of the University, Professor Mvendega Jibo, whom while interacting with me, taught me how to preside over a meeting of persons with diverse backgrounds and dispositions.

To my colleagues in the Department of Medicine, who were always willing to oversee my Clinical Unit whenever I was away from the University.

I shall not fail to recognize the role played by the Administrative Staff at the University and the affiliate Teaching Hospital, particularly one of the Directors of Administration: Mr. Eric Awhorabi, whom I interacted closely in the course of carrying out my administrative responsibilities.

To all my siblings, both those living and those who passed on after 1989 and to Dr Zerry Ihekwaba for proof-reading and making useful corrections.

A CLINICIAN OR CLINICAL LECTURER IN A NON-CLINICAL COMMITTEE

A valedictory lecture is akin to a formal salute to signal the end of a glorious academic career, delivered in the presence of peers and academia, and in keeping with its Latin root antecedent, *valedicere*, which means "to say farewell."

It is a momentous epoch at which the lecturer seizes the opportunity to share his/her experiences with his/her co-workers, a chance to place on the record, notable recollections of the time and accomplishments working with them, in the evolving search for the truth.

The first ever recorded valedictory lecture was delivered by Prophet Samuel in the ancient land of Israel, when he opined:

“And now behold the king walketh before you: and I am old and gray-headed: and, behold my sons are with you; and I have walked before you from my childhood unto this day.

Behold, here I am: witness against me before the Lord, and before his anointed: whose ox have I taken? Or whose ass have I taken? Whom have I oppressed, or of whose hand have I received any bribe to blind mine eyes therewith? And I will restore it to you.” 1st Book of Samuel, Chapter 12, verses 2 - 3.

It is not mandatory that every retiring academic should deliver a valedictory lecture, but it appears to be becoming the rule, the norm, and the expectation rather than the exception.

Available records indicate that nineteen professorial valedictorians have stood by this lectern to deliver their lectures, four of whom retired from the College of Health Sciences – and with humility and love, I step out today as the fifth from the College, and the second from the Department of Medicine.

Today and its formality is a testament of my signature humility, a submission to family and to peers in their coordinated nudge to reverse a personal desire to quietly disengage and walk away on the 19th of July 2021. The intervention of these allied forces ably led by my dear wife and our children, supported by a few of my colleagues, prevailed on me to avail the community the benefit of my experiences and challenges of tenure while serving the university and the teaching hospital.

Some of my colleagues had wanted me to present a compilation of idioms and proverbs that I frequently used in describing and decoding situations in the course of our interactions in our professional WhatsApp forum, but I felt that in the overriding interest of the university community, and with the challenge of character in the pursuit of learning, I should share my experiences in performing my professional cum administrative duties as a committee chair and member.

Definitions.

According to the Oxford Advanced Learner's Dictionary

- i. **The Clinician:** is a doctor who has direct contact with patients.
- ii. **Clinical:** relates to the examination/treatment of patients and their illnesses.
- iii. **Academic:** connected with education especially in schools, colleges and universities.

At my inaugural lecture in 2011 titled, “**Eat right, live right that your liver may be right,**” I took the audience through an aspect of my sub-specialty in Internal Medicine, that is Gastroenterology and Hepatology – which focused on the study of the digestive system and the Liver; but this time I shall be making references to a tiny part of my specialty - the **Stomach** - which may impact on human behaviour, one way or the other.

The Stomach is a part of the digestive system that lies within the upper part of the abdomen and situates directly underneath the left rib cage. It is frequently described as J-shaped but its exact size, form and position can vary from person to person, and with posture and with breathing. These variations in size and shape may explain why certain people tolerate bigger amount of food than others. Typically stomach emptying occurs after four hours of eating.

When the stomach is empty, your blood sugar will drop resulting in a cascade of changes stimulating hunger and this can affect your mood, behaviour and decision making. As a matter of fact, hungry people are difficult to deal with; hence the popular cliché that a hungry man is an angry man. According to psychiatrists, anger is little madness, and the Holy Bible says that ‘anger rested in the bosom of fools’ as reflected in the Book of Ecclesiastes, Chapter 7, verse 9.

Stomach infrastructure - this was introduced into the Nigerian political lexicon by erstwhile Governor Ayodele Fayose of Ekiti State, implying that it was the secret behind partisan electoral victories. He identified a secret paradigm for success at the polls: that a hungry voter had no business coming out under the sun and the elements to cast a vote, but can be made to do so if the right inducements are procured to

satiate the stomach! It was a recycling of that ancient Igbo proverb that “*afo di nkpa*”, that the needs of the stomach are impliedly the needs of life!

Mr. Olisa Agbakoba (SAN) once captured an aspect of life that relates to the stomach succinctly, when in his contribution at the Platform in 2020, said that Devolution of Power was not the cause of Nigeria’s problem, but hunger.

To crown it all, Biblical history recorded that it was hunger that made Esau sell his birthright to his brother, Jacob as narrated in the Book of Genesis, Chapter 25, verses 31 - 34.

The Greek philosopher and polymath, Aristotle knew the importance of the stomach, hence he admonished us that an ‘empty stomach is not a good political adviser’.

When the stomach is empty, it affects virtually all parts of the human body directly or indirectly, and death may result eventually; hence ‘Starvation as a legitimate weapon of war was touted as a preferred tactics in recent history. It was used frequently during the Biblical times as a weapon of war. (The Second Book of Kings, Chapter 6, verses 24 – 25; The king of Syria warring against Samaria).

Thus, an empty stomach can impact on the character and integrity of any person, the academic inclusive.

Who is the Clinical lecturer or an academic medic?

A medical doctor who desires to teach in the university medical faculty is expected to have undergone a four to eight years of postgraduate specialized training depending on the specialty after the National Youth Service (NYSC) programme. After being certified as a specialist, it is only then

will he/she be allowed by the relevant professional regulatory body (Medical and Dental Council of Nigeria, MDCN) to join in the training of medical doctors during their clinical years. Such faculty is also appointed a consultant by the affiliated teaching hospital.

Only the faculty that **attend** to patients will be called a Clinician.

It is of note that the medical doctor, upon graduation, must swear to the *Oath of Hippocrates* that is in place at the time, before he/she is registered to practice as a doctor. The Oath prescribes belief in the efficacies of several **healing gods and goddesses**, and to uphold specific ethical standards, as depicted below:

I swear by Apollo Healer, by Asclepius, by Hygieia, by Panacea, and by all the gods and goddesses, making them my witnesses, that I will carry out according to my ability and judgment, this oath and this indenture.

To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to indentured pupils who have taken the Healer's oath, but to nobody else.

I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to

them. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly I will not give a woman a pessary to cause abortion. But I will keep pure and holy both my life and my art. I will not use the knife, not even, verily, on sufferers from stone, but will give place to such as are craftsmen therein.

Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free.

And whatsoever I shall see or hear in the course my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.

Now I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I break it and forswear myself, may the opposite befall me'' (Greek Medicine - The Hippocratic oath).

However, when I graduated from University of Lagos in March 1978, I swore to a modified version as shown below:

‘I solemnly pledge myself to consecrate my life to the service of humanity. I will give to my teachers the respect and gratitude which are their due. I will practice my profession with conscience and dignity. The health of my patient will be my first consideration.

I will respect the secrets which are confided in me. I will maintain by all means in my power the honour and the noble traditions of the medical profession. My colleagues will be my brothers. I will not permit considerations of religion, race, party politics or social standing to intervene between my duty and my patient.

I will maintain the utmost respect for human life from the time of conception; even under threat, I will not use my knowledge contrary to the laws of humanity.

*I make these promises solemnly, freely and upon **my honour**".*

As at today in 2021 another modified Oath is currently being used. Fortunately, for the latter doctors, who swore to the modified oath, the gods and goddesses were no longer witnesses; and this may explain why many doctors allegedly do not keep to all the tenets of the oath in the practice of the profession.

It is expected that the Clinician shall be guided by this oath in all that he/she does both in and ex-practice of the profession. Some suggest that this oath, in its original formulation and rendition, may be responsible for the old adage that it is to your priest and doctor only that one ought to confide to and reveal the inner-most secrets of life; the doctor in the oath is enjoined to **"respect the secrets which are confided in me"**.

When a Clinician is appointed to chair a committee or a panel, it is my considered opinion that he should be guided by the opening sentence, and the closing phrase of the Hippocratic Oath, that is that – ***"I solemnly pledge myself to consecrate***

my life to the service of humanity”, and *‘upon my honour’*”, respectively.

The University operates a culture of committee system, some statutory and others non-statutory. For instance, in the Faculty of Basic Medical Sciences of the University, there are sixteen committees, whilst in the Faculty of Clinical Sciences there are seven. In each of these committees, membership is between four and eight academic staff implying that many academics are likely to serve in more than one committee.

For the Clinical teacher, he will also be saddled with other responsibilities in the teaching hospital. Many a time ad-hoc committees are set up to handle issues as they arise, and it is the same persons that will be appointed to serve in these committees.

In the course of my service in the University (from 1989 to 2021) my commitment and contributions to knowledge and service to the university culminated to my being elevated to the Chair and Professor of Medicine in March 2007. Some of these contributions have been itemized in the 80th Inaugural Lecture of 2011.

I also had the opportunity of serving the University and its affiliate Teaching Hospital in different capacities, such as, but not limited to the following positions and committees, namely:

1. ***Coordinator***, Mental Health Department, University of Port Harcourt, 1990
2. ***Head***, Department of General Out-Patient, University of Port Harcourt Teaching Hospital, 1990 - 1991
3. ***Acting Head***, Department of Medicine, University of Port Harcourt, 1993 - 1997

4. **Head**, Department of Medicine, University of Port Harcourt Teaching Hospital, 1993 - 1997
5. **Associate Dean**, Faculty of Clinical Sciences, University of Port Harcourt, 2002 - 2006
6. **Acting Head**, Department of Medicine, University of Port Harcourt, October 2006 - March 2007
7. **Head**, Department of Medicine, University of Port Harcourt Teaching Hospital, October 2006 – 2009
8. **Professor and Chair**, Department of Medicine, University of Port Harcourt, March 2007 - September 2009.

I also served in the following statutory boards and Committees of the University:

1. **Senate Representative** on the board of the School of Post-graduate Studies, 2003 - 2005
2. **Senate representative** on the Board of the University of Port Harcourt Demonstration Primary School, 2005
3. **Member** of College of Health Sciences (CHS) Academic Board, University of Port Harcourt
4. **Member** of CHS Academic Assembly, University of Port Harcourt
5. **Member** of CHS Post- graduate Committee, University of Port Harcourt
6. **Chairman** of the Internal Medicine Revolving Fund Committee of UPTH, 2006 - 2009
7. University of Port Harcourt **Senate Representative** on the Board of UPTH, 2006 - 2007
8. University of Port Harcourt **Senate Representative**, University of Port Harcourt Governing Council, 2017-2019

Some of the assignments in Ad-hoc Committees and Panels were as follows:

1. **Chairman** of panel on an alleged case of examination malpractice in Physiology at the 2nd MB, BS exams, 1990
2. **Chairman**, panel of enquiry on an alleged case of forgery of signature by a 4th year medical student, 1996
3. **Member**, Panel of enquiry on allegation of assault by an Academic staff on a colleague in the Department of Haematology
4. **Member**, Panel of enquiry on an alleged case of alteration of marks by a Senior Academic staff in the Department of Pharmacology
5. **Chairman** of an Investigative panel on a case of insubordination of the Hospital Cashier in UPTH, 2005
6. **Chairman**, Merit Award Committee of the UPTH, 2007
7. **Member**, Senate committee on Criteria for Graduation of Students
8. **Chairman**, Panel of Inquiry on an allegation of sale of blood by a Medical Laboratory Scientist at UPTH
9. **Chairman**, Anti-Corruption and Transparency Unit, UPTH, 2006 – 2014.
10. **Chairman**, Council sub-committee on establishment of cooperation with the Kebbi State Government
11. **Chairman**, University Committee on Verification of Staff Credentials and Certificates, 2018 - 2019
12. **Chairman**, Panel of Inquiry on the insubordination and misapplication of funds by the executive of Association of Residents Doctors, UPTH - 2019
13. **Chairman**, Committee on Exploring Out-of-Court Settlement of Disputes in University of Port Harcourt, 2020 – 2021
14. **Member**, University council appeals committee.



(Visit to the Chancellor- the Emir of Gwandu, HRM.
Alhaji Mohammadu Ilyasu Bashar)

In the course of serving in these positions, I developed a deeper sense of understanding of the character of human beings and how people respond to different socio-economic stimuli. The committee work amply exposed me to several behavioural patterns and personality traits as well as the ability to deconstruct the practical meaning of the proverb that **‘the sound of the bitter cola in the mouth when being chewed is not a reflection of its taste’**.

The culture of committee system of administration that most universities operate gives all categories of staff a sense of belonging that they are all stakeholders who are invested in the institutional wellbeing, and that they are equally part of the decision-making process (Bampoh-Addo 2018). The advantages and disadvantages of this culture had been catalogued in an earlier valedictory lecture (Efieuvwevwere 2020).

Are there any issues that may confront you?

For the clinical lecturer, your remit is always burdensome, as you will be saddled with responsibility of not only teaching medical students, but also attending to patients in the affiliated teaching hospital. Additionally, you will be required to respond to or participate in various tasks assigned to you by the hospital administrative leadership.

When faced with clinical issues, it is usually a straightforward decision task that has a preset solution template. For instance, if a patient has headache, it is headache and not that it looks like it! But when the clinical lecturer is appointed to serve in committees or panels looking at non-clinical matters, the challenges of human nature surfaces and one may be tested like the proverbial fish out of water.

As one participates in committee assignments, you would come across people who may be working at cross-purposes or may have unclear, different agenda. Many a time, this can easily be observed especially when:

- i. The deliberations of the committee may be transmitted live through channels or organs of mass communication as some members may betray personal friendships; ingratiate themselves to the chief executive by exhibiting unalloyed loyalty (BJO Effiuvwevwere); play to the gallery; and or would simply want to do the bidding of the empaneling authority in order to protect team consensus or agenda.
- ii. The panelist(s) may be approached by interested third parties, accosted by *agent provocateurs*, or meet lobbyists seeking to influence the outcome of the work directly, through promissory inducements of career security, selfish interventions, phone calls, or via proxies.

As a trained professional, your response to all situations and at all times must be based on a clarity of higher purpose, thoughtfulness, strategic foresight, and an abiding commitment to a moral conscience. Specifically, when responding to the challenge of number (ii) above, you may have to consider either of two things - **compromising or standing firm** - and if the latter is your preferred choice, sticking to the truth you are at risk of any one or many of the following career impacts or burdens:

- i. Losing your friends - some persons want to be a ‘friend of everyone’.
- ii. Being victimized - subsequently and on some trivial issues or actions.
- iii. Receiving verbal threats from unknown persons.
- iv. Physical harm being visited on you or family.
- v. Warnings via proxies.
- vi. Promotion of primordial cleavages including ethno-religious appeals.
- vii. Challenge to future ambition and ability to win elections.
- viii. The worst experience is what I call ‘**’agha di n’ulo**’ (the war within the home) where familial fears are promoted or unseemly deployed by external influences.

In this circumstance, there is bound to be division or disharmony among committee members resulting in process delays, conscious refusal to be factual, indecisiveness, hung juries, or plain old inconclusiveness in finalizing on the committee work. In such cases, any attempt by the chairperson to encourage work progress by stamping his feet down and move the meeting on, is bound to result in disaffection within the committee membership. The danger in the latter circumstance is that quorum will be adversely affected in subsequent meetings as members begin to prefer constituent loyalties in frustrating the process.

Some other untoward behaviour include:

- i. Some committee members might develop a fake ‘sleeping sickness’ that is selective amnesia or the habit of feigning obliviousness during meetings even as they are very much alert and aware of every detail of the deliberations.
- ii. Deliberate absenteeism or infrequent attendance to meetings without any cogent reasons resulting in unnecessarily delaying the finalization of the process and the submission of reports.
- iii. Development of a sudden and temporary disease of the prostate gland (constantly visiting the rest room) when decisions are to be taken.

The question to ask is why this strange behaviour?

The jury is still out in discerning the *raison d’etre* for the countervailing habit and nonchalance to committee mission by anyone. But certain committee member(s) perfunctorily would find a convenient alibi and excuses to offer to persons they might have given word that he/she could be helped, that an agenda of selfish survival or self-preservation will be promoted, or that he/she may be shopping for what to tell his/her constituency as mission accomplishment. And of-course there are those who are naturally enemies of progress whose motivation and stock-in-trade is simply to disrupt every venture.

Factors that may determine the outcome of panel/committee work?

The challenge of leadership in making committee assignments will hinge heavily on proper articulation of mission and in identifying quality talent and professionals of repute and faculty of unimpeachable character.

Some of these challenges that are.

- i. **The character of people appointed into the committee** - the appointing authority may not have an in-depth knowledge of the character and moral content of persons being considered for appointment into committees. The appointing authority may depend wittingly or unwittingly on sundry, unverifiable sources or interested parties, the advice of subordinates, or on previous experience of others in determining suitable persons to be appointed. Sometimes the appointing authority may nominate fellow old secondary school or university alumna, fraternal buddies, erstwhile roommates, or based on knowledge of previous assignments carried out by the staff.
- ii. **Stomach infrastructure** - this is the most dangerous reason. You suspect this when decisions agreed upon and passed at previous sittings are unexplainably reopened or raised at subsequent sittings, or when telling silence is maintained during discussions. A discerning committee member will easily suspect that the other member(s) have been visited by the spirit of compromise.
- iii. Unbeknownst to you, subtle blackmail may have been used on some committee members who have the proverbial 'skeletons in their cupboards'. Some people may have taken possession of compromised information of a committee member(s), or access to their personal files that contain kindred documents that have been altered (such as dates of birth, education records, professional vita, or marital misstatements, etc).
- iv. Promise of rewards – is a corruptive influence which may include the expectation of receiving appointments into statutory committees believed to be juicy or opportunities to transition into directors of centres, etc.
- v. Desire of staff to contest and win elections in future.

Even in these circumstances, there will be obvious conflict between wanting to do what is right or to remain the ‘good’ man and friend of everyone by maintaining silence or sitting on the fence when duty beckons, without realizing that keeping silent oftentimes is an indication of betrayal.

The above experiences and scenarios have led to the unfortunate circumstance where sometimes you find it difficult to understand the basis of certain committee recommendations that had no bearings with their findings of fact, learned footnotes, and other indices of scholarship.

The direct consequence of the strangeness of such committee process is that staff disciplined based on such incongruous committee recommendations, resort to alternative redress by seeking legal intervention with subsequent judicial pronouncements that are unpalatable to the system harmony and health.

Sometimes, the committees come to indefensible conclusions and make recommendations that are factually invalid as they are not in tandem with the extant laws and statutes, suggesting a miscarriage of justice and confirmation that something improper happened, a third-party intervened to derail it, unseen hands of self-interest may have tele-guided the process, and or that the result was pre-determined or even allegedly procured based on stomach infrastructure.

CONCLUSION AND RECOMMENDATION

Since every staff or faculty may at one time or the other serve in one committee or the other, what should one do, in a challenging situation?

- i. Staff may disagree with the recommendations and abstain from signing the report (which is short of writing a minority report which will be for the waste-paper bin). But you must realize that this will not invalidate the majority opinion or report.
There is no need signing a report and then granting a press briefing dissociating yourself from the contents of the report as was the case of a member of the Governing Council of the University of Lagos.
- ii. You may recuse yourself early enough, the moment you observe that the committee is toeing a pre-determined path, or the process is flawed or compromised.
- iii. You must always pray to God for wisdom and guidance if you are the chairperson because the committee is normally identified by your name. **‘How much better to get wisdom than gold, to get insight rather than silver’** as we are advised in the Book of Proverbs, Chapter 16, verse 16.
- iv. Since character cannot be purchased, you are either an instrument of bringing out the truth, or one for dealing with perceived enemies of the system. Remember the oath of Hippocrates- **‘neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course’ (I will not use my knowledge contrary to the laws of humanity’)**. You should present the facts and the hard truth as they are; and under certain extenuating circumstances, you may choose to recommend that justice be tampered with mercy in mitigation of the penalty but never subvert the truth.

- v. Do not baptize iniquity by taking the absurd position that you want to look at the issue with ‘the eye of an old man’.

We know of some elderly persons with a sense of unbalanced mission who claim that they see with one eye, hear with one ear, and inevitably tend to have lost their voice when it matters most, or will embellish the report with series of idioms and proverbs such as that: **“the palm wine tapper never discloses all he sees while perched at the top of the village palm tree”**. Such compromises tend to promote iniquity.

With a profound sense of joy and camaraderie, I must bid my colleagues and friends success and strong sail in their search for the truth, the very essence of calling academia home. May the fruits of your search remain your jewel and may thou find succour in your diligence.

In all circumstances, may your character shine like a star, ever so glowingly in all your committee assignments as you demonstrate quality and truthful dealings. Like my late father, Francis U. Ihekwaba, former Mayor of Port Harcourt (1961 – 1966) would always counsel: Be Honest.

One final thought and reminder to the faculty and staff who may be the subject of committee inquiry, please remember that **‘all smiles and laughter do not suggest friendship’**.

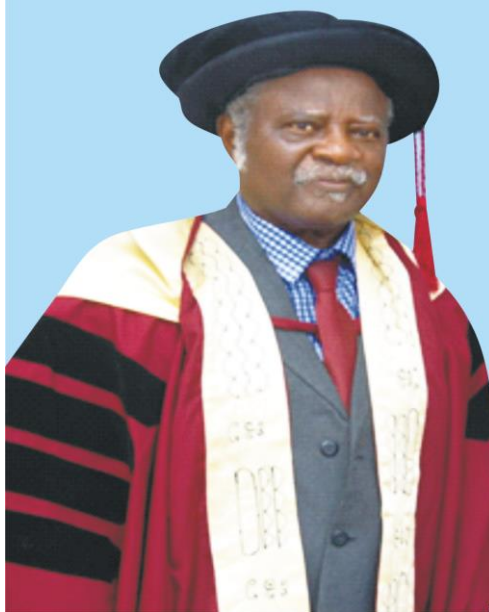
In closing, I feel fulfilled, and without sounding immodest, I must admit that I have run my race with dignity, distinguished myself with a diligent search for the truth, and finally, I have earnestly kept the faith with my late father’s counsel to always ‘be honest’.

Thank you for listening.

REFERENCES

1. Samuel's address to the people. I Sam. 12: 2-3.
2. The Thompson Chain-Reference Bible, Fifth improved edition. 1996
3. Oxford Advanced Learner's Dictionary, 19th edition. OUP 2020
4. Ihekweba, A.E. (2011). Eat Right, Live Right that your Liver will be Right. No 80 Inaugural Lecture Series of the University of Port Harcourt.
5. Clinical: A review of applied anatomy for clinical students. 5th edition. Blackwell Scientific publishers 1974.Oxford. London
6. 'Wisdom is compared with folly' Ecclesiastes; or the Preacher 7:9 The Thompson Chain-Reference Bible. Fifth improved edition, King James Version. Hilson publishers.
7. Olisa Agbakoba (2020). Devolution of Powers; Channels Television Platform.
8. 'Esau sells his birthright' Genesis 25: 27-34. The Thompson Chain-Reference Bible. 5th improved edition. King James Version.
9. Aristotle- The Britannica guide to the 100 most influential Scientists. Running Press Book publishers 2008.
10. Elisha and the Siege of Samaria. 2 Sam 6: 24-25 the Thompson Chain Reference Bible. 5th improved edition. King James Version.
11. Hippocrates of Cos (1923). The Oath. Classical Library 147:298-299. Retrieved 6 Oct 2015
12. University of Port Harcourt, College of Health Sciences, Faculty of Basic Medical Sciences. Faculty Handbook. 2016-2018.

13. University of Port Harcourt. College of Health Sciences, Faculty of Clinical Sciences. Faculty Handbook. 2016-2018
14. Ogbomodina, A.H. Obano EJ, Emmanuel OO. 2013. Utilization of committee system in the administration of Nigerian universities. Academic Research international 4(4) 392-399.
15. Effieuvwevwere BJO. 2020 Reflections on university culture: the existence, criticisms and cautious optimistic sustainability. Valedictory lecture series no. 18
16. Book of Proverbs, Chapter 16, verse 16



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VITA

Professor Anele Ihekwaba was born on July 19, 1951, at the then General Hospital, that later became the temporary site of the University of Port Harcourt Teaching Hospital, Port Harcourt, to Mr. Francis U. Ihekwaba and Mrs. Esther N. Ihekwaba. His father was the Deputy Mayor of Port Harcourt, (when Ambrose Allagoa was the Mayor), and subsequently became the Mayor of Port Harcourt from 1961 to 1966.

He started school in 1956 at the Wesley Methodist School, Harbour Road, and went on to complete his elementary education at Banham Memorial School, Aggrey Road in December 1963. He was among the last set of pupils that took the Standard Six examinations in the then Eastern Nigeria after which elementary schooling was reduced from 8 to 6 years.

He gained admission into Saint Augustine's Grammar School, Nkwerre, in present Imo State but was affected by the civil war of 1967-1970, causing his late admission into the University of Lagos at the age of 21-years and in company of teenagers as classmates with him.

Though he lost his father in 1971, that did not stop him from continuing with his education. He was a proud recipient of scholarship courtesy of A.G. Leventis Group of Companies from his secondary Class 2 till his second year in the University, when 'a Pharaoh that did not know Joseph' (a Nigerian) took over as the Director of Administration from a Greek Cypriot. The new helmsman with his bias questioned why Professor Ihekweba and his sibling who were not children of AG Leventis staff happened to be on the company scholarship notwithstanding that their scholarship was due to their academic excellence and in recognition of their late father's business success as one of the few franchise owners in the Eastern Nigeria.

Fortunately, the same year Anele Ihekweba secured the East Central State Scholarship and a year later the Federal Government National award for exemplary performance at the Second MB, BS Professional examination, having had Distinction in Anatomy and Physiology.

At the Final MB, BS examination, he distinguished himself and was recognized with prizes in Medicine, Pathology and Therapeutics at the University of Lagos.

He decided on an academic career quite early in life. He started with an internship at the Lagos University Teaching Hospital (6 weeks), and a subsequent twelve-month placement at the University of Benin Teaching Hospital, Benin.

After his National Youth Service (NYSC) in Minna, Niger State with the One Brigade, Nigeria Army, he headed home to work as a Medical Officer with the Imo State Health Management Board.

He proceeded to the University of Nigeria Teaching Hospital, Enugu to train as a Physician, and concurrently studied at the same period for a Master of Science degree in Clinical Pharmacology and Therapeutics under the doyen of Clinical Pharmacology in Nigeria (late Professor G. Onuaguluchi).

On completion of his training, the then Anambra State University of Technology hired him to help start the Pharmacology Department for its newly established Medical School. Hardly had he gone to Nnewi to assume duty, than Professor CO Anah sent a Macedonian call to him to come over to the University of Port Harcourt as the Medical School was about to lose its accreditation on account of insufficient number of suitably qualified staff in 1989.

Three years after joining the University of Port Harcourt, he wrote a proposal for the establishment of the Gastroenterology Unit at the hospital. This unit has since been established and has trained specialists in this field for the Braithwaite Memorial Specialist Hospital, Port Harcourt; the Federal

Medical Centre, Yenogoa; the Federal Medical Centre, Owerri; University of Calabar Teaching Hospital, Calabar; Delta State Specialist Hospital, Warri; and the Nnamdi Azikiwe University Teaching Hospital, Nnewi.

He has been an External Examiner to the following Universities: University of Lagos, University of Benin, University of Nigeria, Niger Delta University, Nnamdi Azikiwe University Nnewi, Abia State University, Imo State University and Madonna University Elele.

Prof. Ihekwaba was an Examiner to the West African Postgraduate College of Physicians, and the National Postgraduate Medical College of Physicians. He was a past Chairman of the Gastroenterology subspecialty and was recently awarded the Doctor of Medicine (MD) degree by the National College. He has published several scientific papers and served in the Editorial Board of the professional journals of his specialty.

The University and the Teaching Hospital found him worthy to chair committees and panels that looked into disciplinary and related matters and was for 8 years the Chairman of the Anti-Corruption and Transparency Unit of the Hospital. He was a member of the Board of the Hospital, later a member of the Governing Council of the University where he left an indelible mark.

His last major assignment was as Chairman of the Committee that explored out-of court settlement of several disputes/Court cases involving the University.

He was called different names in the course of his assignment in the university. His clinical students referred to him as 'Ultimate Warrior' for not relenting when demonstrating clinical skills and the students appeared not to understand or imbibe what was being taught them.

His resident doctors call him 'Mr Protocol', for his insistence that any document requiring his attention must be factual, without any alterations and must not be back-dated.

Professor Ihekwa has been married for 41-years to only one wife, Dr. Ijeoma Ihekwa, a former Acting Head of the Department of Nursing Sciences, and together they have six children and several grandchildren.

Professor Ihekwa does not hold any other title, traditional, cultural or otherwise, than being a child of God.

Professor Owunari A. Georgewill
Vice-Chancellor