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# THE ROLE OF STRUCTURAL ETHICS IN RESTRAINING “JAPA” AMONG CLINICIANS

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*Ikechukwu Monday Osebor*

**Abstract:** Globally, inequity is ingrained in every sector, and health-care is no exception. The need for medical justice is not only for patients but also for medical personnel. Structural injustice is the denial of infrastructure and the avoidance of responsibilities. Underrepresentation, marginalization, inadequate working environment, poor remuneration, fatigue, overstress, and economic adversity are structural injustices. The structural injustice becomes a source of worry for the clinicians, coupled with the challenges of treating 4000 patients per doctor in Nigeria. Despite the efforts of governments to stop Japa, it has persisted. The moral implication of Japa include dreadful medical standards, withdrawal of medical services, indiscriminate deaths of patients caused by push and pull factors. The Japa syndrome may be good and healthy for economic reasons, but it has done more harm than good. Using the method of philosophical analysis, this study maintains that structural injustice is the major cause of Japa among clinicians and has provided rigid foundations for the classical management of the health sector. This study suggests the application and implementation of structural ethics to overhaul structural injustice and reduces the shortage of medical personnel in Nigeria.

**Keywords:** *Japa, doctors, structural ethics, death, patients, medical injustice*

## INTRODUCTION

Etymologically the Sanskrit word Japa is a derivative of the root Jap-, meaning “to utter in a low voice, repeat internally, mutter” (Apte, 1890). It can be additionally defined as *ja* to destroy birth, death, and reincarnation and *pa* denotation to destroy one’s sins (Ashley, 2006). In other words, ‘Japa’ is Nigerian slang for emigration (Chinagorom, 2023). Japa originates from two Yoruba words: Ja, which means to run, and Pa, which is used to overstress any verb in the Yoruba language. It also means to run quickly out of a dangerous situation (Urban Dictionary, n-d). The term Japa takes a firm root in the aspirations of young Nigerians who leave the country for good (greener pastures) although that may not be case in some circumstances (Bernard, n.d.). Consistently, the Japa of young Nigerians is due to frustrated minds caused by structural injustice. Oyetoun (2022) maintains that despite Nigeria being one of the developing countries with prospects in the African continent and beyond, it has a very poor structure for human development. Clinicians feel that poor salaries structure in Nigeria cannot be matched with what they earn abroad. We maintain that physicians who have migrated abroad, lured mainly by higher wage structures or salaries and entitlements are the major cause of brain drain in the developing countries. The implementation of structure ethics in the healthcare sector would lie largely on closing the wage gaps between technologically advanced countries and unindustrialized countries to constrain Japa (Ogaboh et al., 2020). The structural injustice causes politicians to receive higher wages than physicians, and this has led to the brain drain of many talented Nigerians (Jenny and Committee on Child Abuse and Neglect, 2007). Unemployment is very high in Nigeria, and those that are employed are either underpaid or managing their jobs with the intention of japping out of the country at any given opportunity. This absurd situation has created room for deep philosophical reflection among citizens and stakeholders to fathom the rationale for the mass exodus of doctors in Africa, Asia and beyond, with the intention of proposing a solution for the challenges of Japa around the world.

The depletion of physicians is due to migration in search of a better working environment (Jenny et al., 2007). A worker’s fundamental right is to work in a safe workplace. Unfortunately, there is not always a guarantee of pleasant working circumstances in establishments that are owned by the government, especially so in Nigeria. Employees are fre-