

THE PATIENT AS A CONSUMER: EVALUATING THE ROLE OF THE FEDERAL COMPETITION AND CONSUMER PROTECTION COMMISSION IN PROMOTING MEDICAL LIABILITY AND ACCOUNTABILITY IN NIGERIA*

Abstract

The emergence of the Federal Competition and Consumer Protection Commission (FCCPC) as a regulatory actor in Nigeria's healthcare sector marks a significant shift toward recognising the patient as a consumer entitled to legal protection under the Federal Competition and Consumer Protection Act (FCCPA) 2018. This paper evaluates the FCCPC's evolving role in promoting medical liability and accountability through the enforcement of consumer rights within the healthcare context. It examines the Act's key provisions that extend consumer safeguards to patients, ensuring the right to information, fair treatment, and quality service delivery. The study analyses the Commission's collaboration with the Federal Ministry of Health and professional bodies in developing and implementing the Patients' Bill of Rights (PBoR) 2018, as well as its investigative interventions in medical negligence cases. However, challenges such as jurisdictional overlap with professional regulatory bodies like the Medical and Dental Council of Nigeria (MDCN) and limited patient awareness of their role and function continue to impede functionality. The paper recommends strengthening collaboration between the FCCPC and these professional regulatory bodies, as well as increasing awareness campaigns to sensitize patients on FCCPC complaint mechanisms. It concludes that such coordinated efforts are essential to institutionalizing patient protection and enhancing the accountability of healthcare institutions, which will, in turn, strengthen public confidence in Nigeria's healthcare system.

Keywords - Patient rights, Medical liability, Consumer protection, FCCPC, FCCPCA 2018

1. Introduction

Over the years, reports of medical negligence,¹ physical injury, and wrongful deaths have been on the rise in Nigeria.² Medical practitioners and healthcare institutions continue to offer below-par treatment and display a general lack of respect for the rights of patients who approach them for care. Many patients have suffered avoidable harm and untimely death due to professional incompetence, lack of diligence, and disregard for ethical standards in medical practice.³ The prevalence of preventable deaths and breaches of patient rights makes it difficult to deny that negligence and rights violations are common features in both public and private healthcare institutions across the country. Indeed, the very idea that patients possess enforceable rights remains relatively unfamiliar in many healthcare establishments in Nigeria. This persistent disregard for patient welfare has contributed to the rise of medical tourism, as Nigerians increasingly seek medical treatment abroad to avoid the risks associated with domestic healthcare. As patients opt for foreign treatment, attention and investment are diverted from strengthening the domestic healthcare system, resulting in underdeveloped medical infrastructure, limited technological advancement, and an overall decline in the quality of healthcare services in Nigeria.⁴ In this context, strengthening the mechanisms for medical accountability and patient protection has become a national imperative. In recent times, one of the measures adopted by the Nigerian government to stem the rising tide of medical liability cases was the launching of a Patient Bill of Rights (PBoR) in 2018.⁵ The PBoR was launched to improve the quality and delivery of healthcare services. This step has been lauded by the Nigerian Medical Association (NMA) and the Consumer Protection Council (CPC).⁶ It is relevant to note that the PBoR was produced by the Consumer Protection Council,⁷ in conjunction with the Federal Ministry of Health and multiple healthcare professional associations led by the Nigerian Medical Association (NMA). The PBoR lists the primary rights that should, as a matter of policy, be accorded to all patients. The rights protected under the bill include but are not limited to the right to confidentiality, patient dignity, and access to quality medical care without prejudice, the right to informed consent to treatment options, the right to refuse treatment and the right to redress where these rights are breached.⁸ Notwithstanding these efforts, the framework for enforcing medical liability and protecting patient rights remains weak and fragmented. While professional bodies such as the Medical and Dental Council of Nigeria (MDCN), Nursing and Midwifery Council of Nigeria (NMCN), and Pharmacists Council of Nigeria (PCN) oversee professional conduct, their disciplinary procedures are often slow, opaque, and

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¹ Negligence in law ordinarily implies a failure to do some act, which a reasonable man in the circumstance will do. In this context, negligence involves the failure of a medical practitioner in treating his patients. The concept will be examined more broadly in subsequent chapters.

² Chuka Uroko and Others 'Costly Negligence: Story of Avoidable Deaths, Tears in Public Hospitals' *Business day* (2016) <https://businessday.ng/uncategorized/article/costly-negligence-story-of-avoidable-deaths-tears-in-public-hospitals/> Accessed 3rd April 2023; Jamiu Basit 'Nike Babajide Walked into General Hospital Apata to Evacuate a Miscarriage. It Led to Her Death' *Foundation for Investigative Journalism* (2022) <https://fij.ng/article/nike-babajide-walked-into-general-hospital-apata-to-evacuate-a-miscarriage-it-led-to-her-death/> Accessed 3 April 2023.

³ Enoch Ibu and Others, 'Appraisal of the Liability of Health Care Practitioners and Facilities for Medical Negligence in Nigeria: A Case Study of Plateau State, Nigeria' [2023] (4) (2) *ICRRD Journal*; 207-224.

⁴ Wapmuk Sharkdam and Wapmuk Agatha Eileen and Gbajabiamila Titilola Abike, 'Medical Tourism and Nigeria-India Relations' [2015] (12) (1) *Journal of Tourism Research*; 46-66.

⁵ Zuwaira Hashim, 'Patient Bill of Rights: Making Health a Human Right in Nigeria' *PREMIUMTIMES* (14, April 2019) <<https://www.premiumtimesng.com/news/headlines/325291>> Accessed 22 January 2025.

⁶ Now known as the Federal Competition and Consumer Protection Council.

⁷ Now the Federal Competition and Consumer Protection Commission.

⁸ Globally, patient rights are often not explicit and so the composition of rights differs from country to country.

inaccessible to patients.⁹ Moreover, Nigeria lacks a comprehensive Patient Rights Act that explicitly defines patients' legal entitlements and guarantees effective remedies for violations. Additionally, patients who have had their consumer rights violated or have suffered harm due to a breach of the physician–patient duty of care often face challenges that hamper their ability to seek justice through litigation. Issues such as high burden of proof,¹⁰ difficulty in obtaining medical expert testimony to establish causation, stemming from the so-called 'white coat wall of silence'¹¹ often practiced among doctors, further impede their pursuit of justice. Indeed, many victims of medical negligence encounter significant challenges in seeking redress due to institutional inertia, limited awareness of rights, and the high cost of litigation.¹²

Against this backdrop, the Federal Competition and Consumer Protection Commission (FCCPC), established under the Federal Competition and Consumer Protection Act (FCCPA) 2018, has emerged as a pivotal institution in bridging the gap between consumer protection and healthcare accountability. As Nigeria's central consumer protection authority, the FCCPC is empowered to safeguard consumers from unfair, deceptive, and exploitative practices across all sectors,¹³ including as this paper argues, the healthcare sector. By interpreting patients as consumers of healthcare services, this paper argues that the Commission maintains the capacity to provide regulatory oversight of healthcare delivery in Nigeria by providing a platform through which individuals can seek redress for medical negligence, unethical practices, or substandard treatment. This evolving role situates the FCCPC as a critical player in the broader discourse on medical liability and patient protection in Nigeria.

2. Medical Liability in Nigeria

Medical liability refers to the legal responsibility of healthcare providers for harm caused to a patient, typically due to their actions or omissions during medical care.¹⁴ It involves medical negligence, malpractice, breaches of patient rights, fraudulent medical practices, pharmaceutical and product liability claims, claims related to informed consent and battery, and other forms of professional misconduct.¹⁵ According to Nikšić, medical liability is liability for damage inflicted to a patient by a health service provider.¹⁶ The author notes that this liability will arise only if there is causal connection between the act or omission of a health service provider on one side and damage inflicted to a patient on the other. The act or omission of the health service provider must be wrongful, meaning contrary to either rules of medical practice or statutory provisions of law. Authors, Mandilara and others, note that medical liability arises when an undesirable medical outcome results from a violation of established medical standards, rules of practice regulating doctor-patient interaction as well as actions or omissions that breach the duty of care imposed on healthcare providers.¹⁷ The authors observe that medical liability claims do not always stem from physical harm suffered by patients. In some cases, claims arise from violations of patients' legal rights during medical treatment. The concept includes both civil (tortious), criminal and regulatory liability, depending on the nature of the misconduct.¹⁸ The emphasis of this paper, however, is on the regulatory dimension of medical liability specifically the role of the FCCPC in promoting accountability and protecting patients as consumers of healthcare services in Nigeria.

3. Legal Framework for Patient Consumer Protection in Nigeria

The legal protection of patients in Nigeria is shaped by a blend of statutory, regulatory, and policy instruments that collectively define the standards of care and accountability in healthcare delivery. Central among these is the Federal Competition and Consumer Protection Act (FCCPA) 2018, which repealed the Consumer Protection Council Act 2004 and established the FCCPC as the primary agency responsible for safeguarding consumer rights across all sectors of the Nigerian economy,¹⁹ including healthcare. The Act also established the Competition and Consumer Protection Tribunal (CCPT).²⁰ According to Section 32 of the FCCPA, a consumer is 'an individual, who purchases, uses, maintains or disposes of products or services.' It is argued that this definition is broad enough to encompass patients who seek, receive, or pay for medical treatment. One of the objectives of the FCCPA is to protect the rights of consumers in the marketplace. Hospitals and healthcare facilities provide services to consumers who in this case are patients. The Act established mechanisms for handling consumer complaints and seeking redress for harm suffered due to substandard goods or services. This gives effect to patient right to redress as they are afforded avenues to address grievances related to the quality of care or any violations of their rights as consumers. Section 114 of the FCCPA which deals with a consumer's right to information, guarantees patients the right to clear and accurate information about treatments, costs, and potential risks before consenting to healthcare services.²¹ The FCCPA also prohibits misleading

⁹ Richardson Ajayi, 'Strengthening Healthcare Regulation in Nigeria' Medium (Jul 31, 2023) <<https://richardajayi.medium.com/strengthening-healthcare-regulation-in-nigeria>> Accessed February 16 2025

¹⁰ Babafemi Odunsi, 'Medical Negligence and Its Litigation in Nigeria' (2023) (14) Beijing Law Review; 1090-1122.

¹¹ Graham Brooks, *Healthcare Corruption: Causes, Costs, Consequences and Criminal Justice* (Palgrave Macmillan, 202) 20.

¹² Olawunmi Ojo, 'Medical Negligence in Nigeria; The Legal Remedies' *SSRN Electronic Journal* (2022).

¹³ Titilola O. Adegbile, Examining the Role of Federal Competition and Consumer Protection Commission (FCCPC) in Regulating the Medical Profession in Nigeria (2022) (2) *RUNJJIL*.

¹⁴ Boumi MMI and Elias CE, *The Law of Medical Liability in a Nutshell* (West, 1995).

¹⁵ Kirsten Peremore, 'What is Medical Liability?' PAUBOX (May 06, 2024) <<https://www.paubox.com/blog/what-is-medical-liability>> Accessed 27 February 2025.

¹⁶ S Nikšić 'Understanding Medical Liability in Beran R (eds) *Legal and Forensic Medicine* (Springer, 2013).

¹⁷ P Mandilara and S P Galanakos and G Bablekos, 'A History of Medical Liability: From Ancient Times to Today.' [2023] (15) (7) *Cureus*.

¹⁸ Ewoud Hondius 'The Development of Medical Liability' (Cambridge University Press, 2014).

¹⁹ s3 (1) FCCPA 2018.

²⁰ s39(1) FCCPA 2018.

²¹ s114 FCCPA 2018.

advertising²² and unfair trade practices.²³ In healthcare, this is relevant in ensuring that medical practitioners provide accurate information to patients about treatment options, potential risks, and expected outcomes. Patients have the right to receive clear and truthful information to make informed decisions about their healthcare. The FCCPA also includes provisions for fair treatment,²⁴ protection from hazardous products,²⁵ and the right to seek redress for any forms of exploitation or unfair practices.²⁶

Section 124 of the FCCPA by implication requires that health facilities or individuals acting on their behalf must not employ certain prohibited practices, such as physical force, coercion, undue influence, or harassment, in various aspects related to the provision of goods and services.²⁷ This section suggests that agreements related to the supply of healthcare goods or services should be negotiated, executed, and enforced without resorting to unfair tactics or undue pressure on the patient. The prohibition on coercion and undue influence aligns with the concept of obtaining voluntary and informed consent from patients before any medical treatment or procedure. Additionally, the section implies that patients should not be subjected to harassment or unfair tactics during the collection of payments for medical services. Section 130 also guarantees the right of a patient to receive quality and timely delivery of medical services and treatment.²⁸ The section enforces the patient's right to receive healthcare services in a manner and quality that reasonable persons are generally entitled to expect. This implies that healthcare providers should deliver care that meets acceptable standards, including adherence to medical best practices and maintaining a level of quality consistent with professional standards. Section 130 (c) implies that patients have the right to expect that medical equipment, products and devices used in treatment are free of defects and of a quality that meets general expectations. This indirectly covers patient safety by requiring healthcare providers to maintain acceptable standards of hygiene, competence, and equipment. Lastly, patients can claim compensation for unfair practices like excessive charges,²⁹ misleading advertising,³⁰ or signing unfair, unjust or unreasonable contract terms that require them to waive any of their rights as patients or assume any unjust obligation.³¹

Complementing the FCCPA are other key legal and policy instruments. The National Health Act (NHA) 2014 provides the overarching legal framework for the regulation, development, and management of Nigeria's health system. It outlines the duties of healthcare providers, the rights of users, and the mechanisms for quality assurance in service delivery. Importantly, Section 1 of the NHA affirms the right of every Nigerian to access basic minimum healthcare, while other provisions emphasize informed consent, confidentiality, and non-discrimination-principles that align with the consumer protection ethos embodied in the FCCPA. Building on these statutory foundations, PBoR 2018 represents a policy innovation developed through a collaborative partnership between the FCCPC and the Federal Ministry of Health. The PBoR consolidates patients' rights to information, privacy, safety, dignity, and redress, effectively translating the consumer protection principles of the FCCPA into a healthcare-specific framework. Although the PBoR is not a statute, its authority derives partly from the FCCPA's mandate to protect consumers from unfair practices and ensure quality service delivery. During one of the consultative meetings between the FCCPC and the NMA, the then director general of the FCCPC noted the importance of the PBoR, observing that 'people need to know their rights as nothing improves standards more than consumers demanding it and asking questions.'³² Consequently, in the healthcare sector, the FCCPCA helps ensure fair competition among healthcare providers and protects consumers from unfair practices, such as price fixing and false advertising.³³ The FCCPC contributes to the protection of patient rights by addressing issues such as deceptive advertising, unfair pricing, and ensuring that consumers have access to accurate information. The FCCPC invariably protects patients from being exploited by healthcare providers. The FCCPC can investigate complaints of healthcare fraud, negligence, and other abuses.³⁴ Its oversight helps protect patients from fraudulent or unethical practices by healthcare providers or institutions.

²² s123 FCCPA 2018.

²³ s125 and s140 FCCPA 2018.

²⁴ s124 FCCPA 2018.

²⁵ s131 FCCPA 2018.

²⁶ s146 FCCPA 2018.

²⁷ s124 (1) An undertaking or any person acting on its behalf shall not use physical force, coercion, undue influence or pressure, harassment, unfair tactics or any other similar conduct against any person in connection with- (a) marketing of any goods or services ; (b) supply of goods or services to a consumer ; (c) negotiation, conclusion, execution or enforcement of an agreement to supply any goods or services to a consumer; (d) demand for, or collection of, payment for goods or services by a consumer; or (e) the conduct of a legitimate business transaction.

²⁸ s130(1) (a) (b) (c) When an undertaking agrees to perform any service for or on behalf of a consumer, the consumer has a right to -(a) the timely performance and completion of those services, and timely notice of any unavoidable delay in the performance of the services ; (b) performance of the services in a manner and quality that reasonable persons are generally entitled to expect.(c) the use, delivery or installation of goods that are free of defects and of a quality that persons are generally entitled to expect, if the goods are required for the performance of the services.

²⁹ s127 (1) (a) FCCPA 2018.

³⁰ This is usually the case when dealing with the field of cosmetic surgery.

³¹ s127 (1) (c) FCCPA 2018.

³² Federal Competition and Consumer Protection Commission, Official Website (June 27, 2017), <https://fccpc.gov.ng/fccpc-nma-to-develop-patients-bill-of-rights-for-consumer-protection-raise-joint-standing-committee-for-collaboration-to-enhance-standards-care-of-patients/> Accessed 2nd October 2025.

³³ Titilola O. Adegbile, Examining the Role of Federal Competition and Consumer Protection Commission (FCCPC) in Regulating the Medical Profession in Nigeria (2022) (2) RUNJJIL.

³⁴ Nsikak Nseyen, 'Peju's Death: Premier Hospital Clashes with FCCPC Panel as Doctors Stay Away from Hearing' *Daily Post* <https://dailypost.ng/2021/06/15> Accessed 2nd May 2025.

Given that the PBoR was created in partnership with the Commission, it is only appropriate that patients can file complaints with the commission, which may investigate and take actions against healthcare providers who violate any of the rights identified in the PBoR. By grounding patient rights in the language of consumer protection, the FCCPC has extended its oversight to the healthcare sector, providing patients with a practical avenue for accountability and redress. This synergy between the FCCPA, NHA, and PBoR reflects an evolving recognition that patient protection is integral to consumer justice and that effective healthcare regulation requires both professional oversight and robust consumer enforcement mechanisms.

4. The FCCPC and Its Oversight Role in Healthcare Delivery

As noted above, the FCCPC was established by the Federal Competition and Consumer Protection Act, 2018.³⁵ The Commission protects consumers by enforcing competition and consumer protection laws in all sectors of the Nigerian economy, including the healthcare sector. The FCCPC enforces laws that investigate consumer complaints, and ensures that businesses comply with consumer protection laws. By virtue of Section 2(1), the Act applies to all undertakings and all commercial activities within, or having effect within Nigeria, which includes healthcare facilities, pharmaceutical institutions, and health insurance providers. Sections 17 and 18 of the Act outline the Commission's functions, which include protecting consumers from unfair, deceptive, or unconscionable practices and ensuring that goods and services meet established standards of safety and quality.³⁶ Through these provisions, the FCCPC is empowered to investigate complaints, impose sanctions, and provide redress for harm caused by substandard services or unethical practices within the health sector.³⁷ For example, the commission is empowered to seal premises or facilities where goods or services are suspected to be unsafe or substandard.³⁸ This provision implies that healthcare institutions may be subjected to regulatory closure or operational suspension where investigations reveal practices, equipment, or service delivery standards that endanger patients or fail to comply with established professional and safety requirements. Beyond its investigative role, the FCCPC performs a critical educational and advocacy function under section 17 (o).³⁹ It is mandated to create public awareness through seminars, workshops, and campaigns and to organize activities capable of promoting increased public and private consumer awareness. In the health sector, this translates to patient sensitization on their rights to safety, information, and redress. The Commission's Consumer Education Unit has been instrumental in carrying out these functions,⁴⁰ ensuring that patients are informed of their entitlements under both the FCCPA and the PBoR.

Furthermore, Part XVII (Sections 146–153) of the Act empowers the FCCPC to enforce consumer rights through complaint investigations, issuance of compliance notices,⁴¹ and obtaining written assurances from offending entities to refrain from harmful conduct.⁴² These provisions collectively establish the Commission as a key mechanism for medical liability redress, allowing patients to lodge complaints and obtain remedies for negligent or substandard healthcare practices without resorting to full judicial proceedings. Under section 146, the Act empowers consumers to enforce their rights through direct complaints to the Commission.⁴³ Patients who experience harm, wrongful treatment, or denial of adequate care may file complaints for investigation and redress. Upon receipt of a complaint, the FCCPC may either refer the matter to the relevant sector regulator, investigate the complaint through its inspectors, or issue directives for corrective measures as provided under section 148(3).⁴⁴ The FCCPC also has authority to issue compliance notices under section 150, requiring erring hospitals, diagnostic centres, or health management organizations (HMOs) to take remedial action within a specified time frame.⁴⁵ Persistent non-compliance may result in administrative penalties or referral for prosecution. These processes, together with the Commission's power to obtain written assurances from service providers to desist from harmful practices, provide an alternative to costly and time-consuming litigation.⁴⁶

In recent years, the FCCPC has exercised these powers in notable healthcare-related interventions. A key example is the July 2023 investigation into Mayfield Specialist Hospital, Suncity Estate, Abuja, following complaints about the hospital's alleged refusal to treat an injured accident victim who later died.⁴⁷ The Commission found that the hospital was proximate and appropriate for emergency intervention but failed to provide timely care as expected under the PBoR 2018 and sections 130(a)–(c) of the FCCPA, which guarantee consumers the right to fair, safe, and quality service delivery.⁴⁸ Another significant case

³⁵ s3 FCCPA 2018.

³⁶ s17 and 18 FCCPA 2018.

³⁷ Ibid.

³⁸ s18 (f) FCCPA 2018.

³⁹ s17 (o) FCCPA 2018.

⁴⁰ Federal Competition and Consumer Protection Commission, Official Website, <https://fccpc.gov.ng/about-us/departments-units/> Accessed 2nd October 2025.

⁴¹ s150 (f) FCCPA 2018.

⁴² s153 (f) FCCPA 2018.

⁴³ s146 (f) FCCPA 2018.

⁴⁴ s143 (3) FCCPA 2018.

⁴⁵ s150 FCCPA 2018.

⁴⁶ s153 FCCPA 2018.

⁴⁷ Federal Competition and Consumer Protection Commission Official Website, Possible Violations of Patient Consumer Rights Under the Federal Competition Consumer Protection Act 2018 and Extant Laws in Providing Appropriate Emergency Urgent Intervention and Continuing Medical Attention, July 7, 2023 <https://fccpc.gov.ng/possible-violations-of-patient-consumer-rights-under-the-federal-competition-consumer-protection-act-2018-and-extant-laws-in-providing-appropriate-emergency-urgent-intervention-and-continuing/> Accessed 2nd May 2025.

⁴⁸ Ibid.

that reinforced the FCCPC's role in medical accountability is the Inquest into the Death of Mrs Peju Ugboma (2023). Following her death after undergoing a surgical procedure at Premier Medical Center, Victoria Island, Lagos, the Commission launched an investigation to determine whether there were consumer protection issues related to the duty and standard of care owed to her.⁴⁹ The Lagos State Coroner's findings validated the FCCPC's intervention, concluding that Premier Medical Center failed to exercise due diligence before the procedure and provided substandard or suboptimal care. The Commission noted that the coroner's conclusions infringed Right 11 of the Patients' Bill of Rights (PBoR), which guarantees every patient the right to quality care in accordance with prevailing professional standards and relevant provisions of the FCCPA 2018. The FCCPC further observed that Premier's failure to maintain proper patient documentation and to conduct timely reassessments contributed to the patient's death.

In a more recent intervention, the FCCPC opened an investigation into the death of Ms. Greatness Olorunfemi at Maitama District Hospital, Abuja in September 2023.⁵⁰ The victim, reportedly attacked and thrown out of a moving vehicle, was transported to the hospital by bystanders but allegedly denied prompt treatment. The Commission, acting under Sections 17(a), (e), (h), (l), (s), (t), and (y) of the FCCPA, expressed concern that her death may have been linked to violations of the Patients' Bill of Rights, particularly those guaranteeing the right to emergency care without undue delay. The FCCPC immediately launched an inquiry and engaged with the FCT Administration's Office of the Secretary for Health Services and Environment, commending its decision to institute a transparent investigation and coroner's inquest. By investigating these incidents, the FCCPC not only validates its statutory mandate under sections 17(g), 17(l) and 18(d) of the FCCPA to eliminate unsafe and deceptive practices and protect consumers from substandard goods and services but also sends a clear message that hospitals and healthcare institutions are subject to public-interest oversight where their operations compromise patient safety. These investigations underscore the FCCPC's readiness to interpret medical negligence through the lens of consumer protection law, enforcing patient safety and accountability as core elements of service quality.

Overall, as reflected from the functions and active steps taken by the FCCPC on patient consumer complaints, the FCCPC has become a central player in Nigeria's evolving medical accountability framework. Its interventions illustrate how consumer protection law can complement professional regulation in safeguarding patients from negligence, exploitation, and unethical conduct.

5. The FCCPC in Collaboration with Other Relevant Agencies

In discharging its mandate, the FCCPC operates within a regulatory ecosystem that includes professional and sectoral bodies such as the MDCN and the National Agency for Food and Drug Administration and Control (NAFDAC). The FCCPA recognizes this multiplicity of oversight mechanisms and, under section 105(2), expressly provides for concurrent jurisdiction between the FCCPC and other government agencies in matters affecting competition and consumer protection, with the FCCPC maintaining precedence where overlap occurs⁵¹. To promote synergy with other government agencies and institutions, section 105(4) of the FCCPA 2018 provides that:

...the Commission shall negotiate agreements with all government agencies whose mandate includes enforcement of competition and consumer protection for the purpose of coordinating and harmonizing the exercise of jurisdiction over competition and consumer protection matters within the relevant industry or sector, and to ensure the consistent application of the provisions of this Act.⁵²

This provision underscores the legislature's intention to foster cooperative regulation and avoid jurisdictional conflicts among agencies, particularly in sectors like healthcare where multiple bodies share overlapping responsibilities for professional conduct and quality of healthcare delivery. Indeed, the FCCPC has relied on this mandate to enter into collaborative partnerships, notably with the Federal Ministry of Health and the NMA, in developing and implementing the PBoR 2018.⁵³

Despite the above provisions, the FCCPC has encountered significant opposition regarding its regulatory role in instances where patients have filed complaints. The MDCN has on several occasions contested the FCCPC's intervention, viewing it as encroaching on the statutory mandate of the Council.⁵⁴ This is because, as noted above, the MDCN is the statutory body responsible for regulating the professions and practice of medicine and dentistry in Nigeria and it is well known that the medical profession is adamant on self-regulation.⁵⁵ It is submitted that the conflict between these two institutions is counterproductive

⁴⁹ Federal Competition and Consumer Protection Commission Official Website, Possible Violations of Patient Consumer Rights Under the Federal Competition Consumer Protection Act 2018 and Extant Laws in Providing Medical Attention/Urgent Care, May 10, 2021 <https://fccpc.gov.ng/possible-violations-of-patient-consumer-rights-under-the-federal-competition-and-consumer-protection-act-and-extant-laws-in-providing-medical-attention-urgent-care/> Accessed 2nd May 2025.

⁵⁰ Federal Competition and Consumer Protection Commission (FCCPC), 'Criminal Attack on Ms. Greatness Olorunfemi and Subsequent Medical Attention and Fatal Outcome (Re: Maitama District Hospital)' (Press Release, 30 September 2023) <https://fccpc.gov.ng/criminal-attack-on-ms-greatness-olorunfemi-and-subsequent-medical-attention-and-fatal-outcome-re-maitama-district-hospital/> accessed 2 November 2025.

⁵¹ s105 (2) FCCPA 2018.

⁵² s105 (4) FCCPA 2018.

⁵³ Zuwaira Hashim, 'Patient Bill of Rights: Making Health a Human Right in Nigeria' *PREMIUMTIMES* (14, April 2019) <<https://www.premiumtimesng.com/news/headlines/325291>> Accessed 22 January 2025.

⁵⁴ Joseph Jibueze, 'MDCN stops doctors from appearing before FCCPC' *The Nation*. June 17, 2021 <<https://thenationonline.net/mdcn-stops-doctors-from-appearing-before-fccpc/>> Accessed 11th February, 2025.

⁵⁵ Shima K Gyoh 'Malpractice and Medico-Legal Issues' [2005] (3) (1) *Annals of Ibadan Postgraduate Medicine*; 9-12.

to the patients' rights protection mandate. Instead of working collaboratively to ensure accountability in medical practice, the ongoing disputes between the FCCPC and MDCN risk leaving patients without a clear avenue for redress. This conflict undermines patient rights advocacy efforts by delaying or obstructing investigations into medical negligence, ultimately weakening public confidence in the healthcare regulatory system.

6. Challenges Facing the FCCPC in Addressing Medical Liability

Despite the significant progress made by FCCPC in expanding the boundaries of consumer protection to include healthcare services, several institutional, legal, and practical challenges continue to hinder its effective role in addressing medical liability and patient accountability in Nigeria. The most persistent obstacle to the FCCPC's effectiveness in the health sector arises from jurisdictional overlap and regulatory tension between the Commission and professional oversight bodies such as the MDCN. The MDCN was established under a separate enabling statute to regulate the professional conduct, licensing, and discipline of medical and dental practitioners.⁵⁶ Consequently, they often interpret the FCCPC's intervention in cases of alleged medical negligence or misconduct as an encroachment upon their statutory mandate.⁵⁷ While section 105(2) of the FCCPA 2018 provides for concurrent jurisdiction between the FCCPC and other sector regulators in matters of consumer protection and competition, it further clarifies that the FCCPC shall have precedence in such instances of overlap. However, this statutory precedence has not translated into seamless cooperation. Instead, recent developments reveal increasing friction, particularly with the MDCN. This clash was exemplified in the 2023 investigation involving Mayfield Specialist Hospital in Abuja, where the FCCPC initiated proceedings over an alleged refusal to treat an injured patient who later died. The MDCN reportedly viewed the FCCPC's public inquiry as an overreach, asserting that professional negligence must be assessed through its disciplinary tribunal.⁵⁸ Similarly, the jurisdictional tension between the FCCPC and the MDCN over regulatory authority in the health sector was recently tested and clarified in the case of *Federal Republic of Nigeria v. Dr. Anuoluwapo Oluwafunmilayo Adepoju & MedContour Services Ltd.*⁵⁹ In that landmark decision, Justice A. M. Liman convicted Dr Adepoju and her clinic on five counts of obstructing the FCCPC's investigation into alleged consumer-rights violations, rejecting the defendants' argument that only the MDCN possessed jurisdiction over medical practitioners. The Court held that under Section 2(1) of the Federal Competition and Consumer Protection Act 2018, the FCCPC's authority extends to 'all undertakings and all commercial activities' in Nigeria, including healthcare services, thereby affirming its concurrent and overarching mandate to protect patients as consumers. This ruling not only reinforced the FCCPC's statutory powers to investigate and sanction consumer-rights breaches within the medical profession but also provided judicial clarification of the Commission's competence vis-à-vis the MDCN, signaling that professional regulation does not exclude consumer-protection oversight in matters of medical liability and patient welfare.

The institutional rivalry between these two agencies highlights a lack of clearly defined collaboration mechanisms, resulting in duplication of efforts, inconsistent outcomes, and, ultimately, diminished protection for patients. This issue of institutional rivalry is largely attributed to the fact that there persists a deep-rooted culture of professional self-regulation within the global medical community. Since early in the 13th century, accountability in the health profession has been predominantly a matter internal to the professionals themselves.⁶⁰ Their choice to self-regulate was protected for centuries because society felt that this was for the common good. This arrangement survived the industrial revolution.⁶¹ It is only in recent decades that conditions have arisen to change the comfortable nature of accountability in the health profession.⁶² The medical profession, historically governed by internal disciplinary bodies, tends to perceive external regulation as an intrusion into professional autonomy. The Medical and Dental Practitioners Act⁶³ (Cap M8 LFN 2004) grants the MDCN authority to regulate 'professional conduct and ethics,' a mandate that some within the medical establishment interpret as exclusive. This attitude as noted has manifested in instances where doctors and hospital administrators have resisted cooperation with FCCPC investigations, often under instructions from professional associations such as the NMA. Another significant challenge noted in this research is the low level of public awareness regarding the FCCPC's complaint mechanisms and its applicability to healthcare-related grievances. Many patients and their families remain unaware that they can lodge complaints about medical negligence or denial of care directly to the Commission under section 146(1) of the FCCPA⁶⁴. The absence of sustained public sensitization campaigns, particularly in rural and low-literacy areas, limits the accessibility of the FCCPC's redress framework.⁶⁵ Consequently, a large number of potential medical liability cases remain unreported or unresolved, perpetuating impunity and eroding trust in both healthcare institutions and consumer protection mechanisms.

⁵⁶ Okoh Christiana Oyoh, 'The Role of the Medical and Dental Council of Nigeria in Regulation of Medical Practice and Curbing Negligence in the Health Sector' (2010) (10) *Benue State University Law Journal*; 544-562.

⁵⁷ Joseph Jibueze, 'MDCN stops doctors from appearing before FCCPC' *The Nation*. June 17, 2021 <<https://thenationonline.ng.net/mdcn-stops-doctors-from-appearing-before-fccpc/>> Accessed 11th February, 2025.

⁵⁸ *Ibid.*

⁵⁹ Unreported HC/L/CR/125C/2020.

⁶⁰ Stanley J Matek, 'Accountability: Its Meaning and Its Relevance to the HealthCare Field' (Department of Health, Education and Welfare, 1977).

⁶¹ *Ibid.*

⁶² *Ibid.*

⁶³ The Medical and Dental Practitioners Act (Cap M8 LFN 2004)

⁶⁴ Titilola O. Adegbile, Examining the Role of Federal Competition and Consumer Protection Commission (FCCPC) in Regulating the Medical Profession in Nigeria (2022) (2) RUNJJIL.

⁶⁵ *Ibid.*

7. Conclusion and Recommendations

Through its broad consumer protection mandate, the FCCPC provides an additional and accessible avenue for addressing issues of medical liability in Nigeria. Its powers to investigate, impose sanctions, and collaborate with professional councils enhance institutional accountability and complement the self-regulatory mechanisms of medical professional bodies. However, effective realization of this role requires sustained cooperation between the FCCPC and sectorial regulators, as envisaged under section 105(4) of the FCCPA 2018, which calls for negotiated agreements and coordinated enforcement between agencies to prevent duplication of functions and jurisdictional conflict. Despite this progress, Nigeria's medical liability framework remains weak and fragmented. The healthcare system faces significant institutional, regulatory, and administrative challenges that hinder the effective enforcement of patient rights and accountability for breaches. Oversight responsibilities are spread across multiple bodies—the MDCN for doctors and dentists, the NMCN for nurses and midwives, the PCN for pharmacists, and the FCCPC for consumer rights protection. In theory, each regulator has a distinct mandate, yet in practice; their functions often overlap, creating gaps, duplication, and conflicts in enforcement. The effect of this fragmentation in regulatory oversight is that patients and families often face confusion about where to lodge complaints as well as inconsistent responses from regulators.⁶⁶ Complaints of breach of patient consumer rights might be taken to any of the regulatory bodies, yet there is no unified channel or referral system. For instance, a patient's family might report an incident to the National Human Rights Commission (NHRC) as a rights violation or to the FCCPC as a consumer abuse, or directly to the MDCN as professional malpractice – with each body potentially working in isolation. This fragmentation has been noted as a weakness in Nigeria's regulatory framework.⁶⁷ Additionally, there is an implicit tension between the consumer-rights approach and the professional self-regulation approach. The FCCPC for example, focuses on whether service providers respect patient rights and provided acceptable healthcare services,⁶⁸ while bodies like the MDCN focus on professional ethics and standards. Without coordination, a hospital or practitioner might be cleared by one body and simultaneously sanctioned by another, sending mixed signals. Indeed, protecting patients requires a joint effort across the entire healthcare value chain.⁶⁹ Consequently, it is recommended that in order to promote coordinated enforcement and minimize jurisdictional conflicts, the Commission should work in structured collaboration with existing regulatory bodies. This partnership would allow the Commission to harmonize its activities that deal with healthcare service delivery with other relevant institutions dealing with the same subject matter, ensuring a unified and consistent approach to healthcare accountability. This is in line with section 105(4)–(6) of the FCCPA 2018 that envisages inter-agency cooperation through negotiated agreements.

The FCCPC should therefore initiate the formal negotiation and signing of Memoranda of Understanding (MoUs) with these institutions to clearly delineate regulatory boundaries, establish referral procedures for medical complaints, and ensure joint handling of investigations involving allegations of professional misconduct and consumer rights violations. Such frameworks would prevent duplication of functions, enhance efficiency, and foster a unified approach to medical accountability that balances professional self-regulation with consumer protection oversight. An example can be seen from the MOU entered between the Commission and the Nigerian Communications Commission this year.⁷⁰ At the signing ceremony, the Executive Vice Chairman and Chief Executive Officer of the FCCPC, Tunji Bello observed that ‘...by aligning their efforts, the FCCPC and NCC aimed to eliminate duplicative processes, reduce consumer challenges in dealing with multiple agencies and streamline regulatory oversight in the telecoms sector.’⁷¹ A second and equally crucial recommendation involves improving public awareness of the FCCPC's role as a platform for patient redress. Many patients and families remain unaware that they can report cases of negligence, unethical conduct, or denial of care directly to the Commission under section 146(1) of the FCCPA 2018. To bridge this gap, the FCCPC should embark on sustained public enlightenment campaigns through hospitals, health centres, professional associations, and community outreach programmes. Information about complaint procedures, patients' rights, and available redress mechanisms should be visibly displayed in healthcare facilities in line with the PBoR 2018. Strategic use of radio, television, and digital media will further help demystify the complaint process and empower patients to demand accountability.

All in all, the integration of consumer protection principles into Nigeria's healthcare regulation through the FCCPA 2018 marks an important evolution in the country's medical accountability landscape. The FCCPC's mandate to protect consumers from unfair, deceptive, and unsafe practices offers a viable framework for enforcing patient rights and addressing medical liability outside the conventional judicial route. Yet its effectiveness depends on overcoming institutional rivalries and enhancing collaboration with professional councils that oversee the healthcare sector. By strengthening cooperation among regulators and intensifying public awareness of available complaint mechanisms, Nigeria can move closer to achieving a coordinated and responsive patient-protection system. Such synergy will not only advance the objectives of the FCCPA 2018 but also reinforce public confidence in the healthcare system, ensuring accountability for incidents amounting to medical liability. Ultimately, this will ensure that patient welfare remains at the heart of medical practice and healthcare service delivery in Nigeria.

⁶⁶ Olawunmi Ojo ‘Medical Negligence in Nigeria; The Legal Remedies’ (2022) *The Legal Remedies*.

⁶⁷ Richardson Ajayi, ‘Strengthening Healthcare Regulation in Nigeria’ *Medium* (Jul 31, 2023) <<https://richardajayi.medium.com/strengthening-healthcare-regulation-in-nigeria>> Accessed February 16 2025.

⁶⁸ Titilola O. Adegbile, Examining the Role of Federal Competition and Consumer Protection Commission (FCCPC) in Regulating the Medical Profession in Nigeria (2022) (2) *RUNJJIL*.

⁶⁹ Nigeria Health Watch ‘Patients’ Bill of Rights; Game Changer or Another Policy Paper?’ *Nigeria Health Watch* <<https://articles.nigeriahealthwatch.com/patients-bill-of-rights-game-changer-or-another-policy-paper/>> Accessed 18th Feb 2025.

⁷⁰ Guardian Nigeria, ‘FCCPC, NCC sign MoU to Protect Consumers, Bridge Regulatory Gaps’ *The Guardian* (5 January 2025) <<https://guardian.ng/business-services/business/fccpc-ncc-sign-mou>> Accessed February 16 2025.

⁷¹ *Ibid*.