**WOMEN ANAESTHETISTS IN WEST AFRICA - CHALLENGES AND ACHIEVEMENTS**

**LES FEMMES EN ANESTHESIES EN AFRIQUE DE L'OUEST - DEFIS ET REALISATIONS**

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**ABSTRACT**

The entry of women into medicine was late compared to men. The number of women entering medical schools has increased worldwide in recent years. This increase in female medical graduates has led to a gradual increase in the number of women specialising in various fields. Anaesthesia as a specialty has not been popular with medical graduates, a situation which seems to be changing all over the world.

Women in anaesthesia in West Africa have broken through the “glass ceiling.” This paper will show how they have progressed through academia, and gained entry into “local politics” by occupying various positions in administration. Their involvement and achievements in the various Postgraduate Medical Colleges is highlighted. Their interest in various societies and associations, their roles and achievements are also highlighted in the paper.

The results of a questionnaire administered to some female anaesthetists of the Department of Anaesthesia, Korle Bu Teaching Hospital, concludes this paper.

**Key words: Women in medicine, Women in anaesthesia, Anaesthetic workforce, Academic anaesthesia, Postgraduate Medical Colleges**

**INTRODUCTION**

The University of Ghana Medical School (now the School of Medicine and Dentistry) at its inception in 1962 had very few female students in the classes for a long time. The pioneering class which graduated in 1969 had only three females with over thirty males. The class of the author had five females and fifty males, a ratio of 1:10. This scenario is not surprising as the entry of women into medicine and later anaesthesia was slow even in the United States. The first modern physician, Elizabeth Blackwell received her degree in 18491. The number of female students has increased over the years. The University of Cape Coast School of Medical Sciences achieved about 40% female student intake a few years after its inception.

With the above scenario, it is reasonable to assume that more women will specialise in anaesthesia. Anaesthesia as a specialty was not popular even in the developed countries until recently. In the United States, men did not want to specialise in anaesthesia even though they were in the majority because of low status and low pay1. In the author’s postgraduate anaesthesia class in the University of Liverpool, there were more foreign doctors than United Kingdom (UK) nationals and fewer females still.

Is the low enrolment of females in anaesthesia the same in the West African sub-region? This paper seeks to answer this question and also to highlight the progress of women in anaesthesia in the sub-region in academia and other areas, such as national and international organizations, societies and associations. The ranks and positions held by these female anaesthetists, their contributions to anaesthetic manpower development and various societies and associations will also be discussed. The author knows a number of female anaesthetists in Franchophone West Africa. However this paper is on women anaesthetists in Anglophone West Africa.

**METHODOLOGY**

E-mails were sent to the Heads of Departments (HODs) of Anaesthesia of various University Teaching Hospitals (UTH) in Nigeria as well as some individuals in Nigeria, including the Chairman, Dr I K Kolawole and Secretary, Dr O.R. Eyalade of the Faculty of Anaesthesia of the West African College of Surgeons (WACS). The UTHs contacted were University College Hospital, Ibadan; University Teaching Hospitals of Lagos, Benin, Jos, Calabar, Port Harcourt, Ilorin, Maiduguri Teaching Hospitals; Ahmadu Bello Zaria, Amino Kano, Kano, Obafami Awolowo, lle-Ife, Usmanu Danfodio, Sokoto Teaching Hospitals and the National Hospital Abuja. Individuals contacted included Prof O. A. Soyannwo, Prof E. O. Elegbe, Prof S. D. Amanor-Boadu, Prof F. Faponle, Prof C. Mato, Dr A. A. Sanusi, Dr E. Ogboli-Nwasor, Dr E. S. Isamade and Dr Q. Kalu. Follow up emails and text messages were used where appropriate. The Heads of Departments of Anaesthsia of the two Teaching Hospitals in Ghana, Korle Bu and Komfo Anokye were also contacted.

The information requested was as follows: Heads of the department since its inception; any administrative or any other position(s) which has/have been occupied or currently being occupied by a female anaesthetist in the hospital, the main University or nationally; the number of female fellows of both WACS, National Postgraduate Medical College of Nigeria (NPMCN) or Ghana College of Physicians and Surgeons (GCPS); female residents in the department; the total number of fellows and residents in the department. Major General (Dr) ’Shina Ogunbiyi provided information on the Critical Care Society of Nigeria (CCSN).

An internet search was done using phrases such as ‘women in anaesthesia’, ‘women in academic anaesthesia’, ‘anaesthesia in the USA and the UK’, ‘names of the various postgraduate medical colleges in the UK’ and elsewhere and ‘names of anaesthetic societies and associations’.

Finally, a simple questionnaire was anonymously administered to 22 female anaesthetists of the Department of Anaesthesia at the KBTH after one of their morning meetings. The results were analysed using SPSS 20 and included in this article.

**THE TREND IN MEDICAL EDUCATION OF WOMEN**

The number of females entering medical schools has increased over the years. One report from the US indicated that the number of females in medical schools increased from 44% in 1998-9 to 48% in 2008-92. Has this increase in the number of females in medical schools reflected in the number of females entering residency training programmes? The above report also indicated that there was an increase in the number of female residents from 36% in 1998-9 to 45% in 2008-9, as well as an increase in those doing anaesthesia from 3.0% in 1998-9 to 4.2% in 2008-9.

A similar trend can be seen in Ghana and Nigeria, with increasing numbers of medical graduates specializing in various areas including anaesthesia. The establishment of postgraduate medical Colleges in West Africa has contributed immensely to the increased numbers seen. This increase in numbers is not uniformly seen across all specialties. The figures from the Ghana College of Physicians and Surgeons shows that as at September 2017 there were 163, 166 and 44 with the Membership qualifications in Surgery, Obstetrics/Gynaecology and Anaesthesia respectively. Anaesthesia is therefore 26-27% of the more popular specialties.

**HISTORY OF MODERN ANAESTHESIA**

The beginning of modern anaesthesia is credited to W.G.T. Morton who on 16th October 18463 publicly demonstrated the use of ether as an anaesthetic agent. This was for the removal of a jaw tumour at the Massachusetts General Hospital. The name of the patient was Edward Gilbert Abbott and that of the surgeon was Dr John Collins Warren. Further development of anaesthesia was rather chequered. In the UK and Ireland, General Practitioners gave most of the anaesthetics resulting in a lack of respect by other specialists and poor pay4.

The Association of Anaesthetists of Great Britain and Ireland was established in 1932 by Dr Henry Featherstone who became its first President4. A number of positive things happened to the specialty subsequently. These included the introduction of the Diploma in Anaesthesia (DA) programme in 1935, the establishment of the Faculty of Anaesthesia of the Royal College of Surgeons of England in 1947. The Faculty of Anaesthesia became a fully-fledged College in 1988 and received the Royal Charter in 1992. Its patron is the Princess Royal. The association ensured consultant status for anaesthetists at the establishment of the National Health Service in the UK in 1948.

**HISTORY OF WOMEN ANAESTHETISTS IN WEST AFRICA IN ANAESTHESIA**

In the 19th century men in the US avoided anaesthesia as it offered minimal pay and status1.This however offered an opportunity for women in the US. Dr Isabella Herb from Chicago and Dr Mary Botsford from San Francisco pioneered the development of anaesthesia at the turn of the century. In 1916, 19% of the members of the American Association of Anesthetists (AAA) were women1. Dr Mary Burnell from Australia and Dr Margaret Smith from New Zealand may be considered as pioneering women in anaesthesia in their respective countries5.

**THE TRAINING OF WOMEN ANAESTHETISTS IN WEST AFRICA**

Before the establishment of the postgraduate medical Colleges in West Africa, women anaesthetists were trained abroad mainly in the UK and Ireland in the 1960s and 1970s. These included the late Prof D. J. O ffoulkes Crabbe and Dr A. E. E. Mensah, Dr M. N. K. Nelson, Professors Elegbe, Akpan. Umeh, Drs E. Lamptey, B. Phillips, D. Lassey and the author.

With the establishment of postgraduate medical Colleges, most of the training has been done locally. Some senior residents from Ghana and Nigeria did attachments in hospitals abroad for varying periods of time. These hospitals included Alder Hey Children’s Hospital in Liverpool, Walton Centre for Neurology, Neurosurgery and Pain Management, Bristol Royal Infirmary and Great Ormond Street Children’s Hospital in London.

One of the biggest advantages of the localisation of the training programme is the high retention rate which has led to increasing numbers of anaesthetists in West Africa. This is in contrast to the previous situation where many doctors sent abroad for specialization never came back, thus depriving the sub-region of much needed specialists. The establishment of Accra as an examination centre by WACS and Ghana College of Physicians and Surgeons has further increased the number of females doing anaesthesia in Ghana. This has made it easier for expectant and nursing mothers to do their examinations without the additional stress of travelling to Ibadan, Nigeria. The addition of Abuja, Enugu, Freetown, Monrovia and Kumasi will make it easier still for female doctors who want to take the primary examinations of WACS. The DA, the Membership and the Fellowship certificates are awarded by the various Colleges.

**THE DISTRIBUTION OF WOMEN ANAESTHETISTS IN WEST AFRICA**

Most of the anaesthetists in West Africa are in Ghana and Nigeria. Sierra Leone has one female anaesthetist with fellowship qualification. There is currently no qualified female anaesthetist in The Gambia though there are however two female medical officers who want to specialise in anaesthesia. Liberia does not have even one physician anaesthetist at the moment.

There is inequality in the distribution of specialists including anaesthetists in West Africa. This means a large proportion of the population do not have access to specialist care. For example in Ghana almost all the female qualified anaesthetist work in Accra. There is one female fellow in the Western Region of Ghana and another with membership in Kumasi. The situation in Nigeria follows a similar pattern with most of the female specialist anaesthetists working in the southern half of the country with only two in the entire northern half of the country. The distribution of residents in anaesthesia at all levels follows a similar pattern.

**PROGRESS OF WOMEN IN ANAESTHESIA IN WEST AFRICA**

It is the desire of every human being to make progress in whatever field of endeavour they find themselves. There is the desire to progress socially, economically and academically if one is in academia. The rate of progress in academia may be smooth and fast, or slow and bumpy leading to giving up altogether. External and internal factors may contribute to the above two scenarios.

For women in anaesthesia, for that matter, in academia, a number of factors have been identified as having either a negative or a positive effect. One of the biggest challenges facing women in anaesthesia is how to strike a balance between the profession, being a spouse and a mother. In most cases, one or two limbs of this triangle will suffer. Additional factors include nervousness, depression, financial limitation and drug experimentation6.

**THE GLASS CEILING EFFECT**

The glass ceiling effect is “the invisible barrier that prevents women and minorities from rising to the highest rank in an institution7.” This term was heavily used in the 1980s. In the 1970s and early 1980s, when large numbers of women entered the workforce. They found out that they could not go beyond a certain level on the management ladder. The irony of the situation was that because the ceiling was glass, one could see through it. Interestingly, Asian men who found themselves in the minority in most companies call it the “bamboo ceiling.” Have women in anaesthesia in West Africa experienced this glass ceiling effect in their lives? In addition to this glass ceiling effect, other contributing factors have been identified. These include traditional gender roles in society, sexism in the work place and lack of effective mentors.

**THE MOMMY TRACK PHENOMENON**

The term ‘mommy track’ was also used in the 1980s to describe women of child bearing age. The thinking behind this was that those women are less motivated, will take time off to have their babies and time off when their children are not well8. Even though the extended family system in West Africa is not as it used to be, it is better than what pertains in the developed countries. However, mothers in the developed countries have the opportunity to work part-time after delivery. This is currently not available in West Africa.

Women in anaesthesia in West Africa have succeeded in their chosen fields of endeavour. As far as the author knows all the female Professors and Readers are married or have been married before, and some of them even have grandchildren. This clearly shows that the “mommy track” phenomenon did not affect their academic progress. Perhaps this is due to the fact that as anaesthetists we are supposed to have many eyes whilst in theatre. We observe the operation field, the suction machine for blood loss, we monitor the heart rate and blood pressure of our patients, watch the flow meters of the anaesthetic machine and the cardiac monitors - all in our effort to ensure the safety of our patients. Has this experience at our workplace enabled us to maintain a relatively good and healthy balance between being professionals, spouses and mothers?

**THE ECONOMIC HARDSHIPS IN THE 1980s**

West Africa experienced very harsh economic conditions in the late 1970s through to the 1980s. A large number of health professionals left the sub-region for greener pastures in Europe, the Americans and the Middle East. This mass exodus of health professionals, most of whom were males, opened a window of opportunity for women in anaesthesia. The women occupied important places in academia, national and international arenas and continue to do so.

**PROGRESS MADE BY WOMEN IN ANAESTHESIA IN WEST AFRICA**

The first female indigenous anaesthetist was the late Prof D. J. O. ffoulkes Crabbe. She joined the Department of Anaesthesia, College of Medicine, and University of Lagos as lecturer in 1968. She became the first female professor of anaesthesia in 1978 at a time when anaesthesia was hardly known by most lay people. That department has produced two more female professors. There are a number of female professors in Nigeria. Even though a couple of them have retired, they are still very active. One of them aptly put it: “I am retired but not tired.” Table 1 gives the details of their names and institutions. This situation is in great contrast to the past where most of the professors in anaesthesia in West Africa were males.

In addition to these professors, there are a number of female anaesthetists who are Readers in their various institutions, These include Dr AA Sanusi, Dr P T Sotunmbi at the College of Medicine, University of Ibadan and Dr E. Ogboli-Nwasor of Ahmadu Bello University. Some of the women in anaesthesia are Senior Lecturers, Lecturers or consultants at various institutions in the sub-region.

**PROF DJO ffoulkes CRABBE**

This article will not be complete without devoting a section entirely to the late Prof DJO ffoulkes Crabbe9 who was affectionately called “mama” or “mama anaesthesia” by most of us. Prof ffoulkes Crabbe was a pace setter, paving the way for many to progress in the specialty. She did her undergraduate degree at the Royal Free Hospital in London and specialised in anaesthesia in the UK. Being the first female lecturer in the Department of Anaesthesia, College of Medicine and University of Lagos, one wonders how she managed to rise to the top without any immediate mentors. She trained a number of diplomates and fellows some of whom are today professors and consultants. She was very committed and passionate about anaesthetic manpower development in West Africa.

Prof ffoulkes Crabbe was interested in “medical politics.” This she took well beyond the borders of Lagos University into the West African College of Surgeons (WACS) and the World Federation of Societies of Anaesthesiologists (WFSA). In the WACS, she held a number of positions including member, Chairman/Chief Examiner, Internal Assessor of the Faculty of Anaesthesia. She also served on the Council of the College, and eventually becoming the first female and the 16th President of the College in 1991. It is interesting to note that the second female President of the College, Prof O.K. Ogedengbe took office two decades later in 2011.

When she retired from the Lagos University after thirty-one years in 1999, she moved to Accra, Ghana. This gave her an opportunity to be actively involved in the initial stages of the formation of Ghana College of Physicians and Surgeons (GCPS). She brought on board her rich experience from WACS and the University of Lagos to help the Faculty of Anaesthesia draw up its curriculum. We even had one meeting on a May Day holiday to expedite the process. When the GCPS was inaugurated in 2003, she became the first Internal Assessor of the Faculty of Anaesthesia.

Prof ffoulkes Crabbe was a founding member of a number of anaesthetic societies including the Society of Anaesthetists of West Africa (SAWA) in 1965, Nigerian Society of Anaesthetists (NSA) in 1979 and Ghana Anaesthetic Society (GAS) in 1996. She played a very active role in all these associations, giving advice and encouragement when necessary. She was instrumental in the transition of SAWA to the West African Confederation of Societies of Anesthesiologists (WACSA) in Warri, Nigeria in November 2002.

On the world scene, Prof ffoulkes Crabbe played a very active role in the WFSA where she promoted anaesthesia in West Africa. Her participation at the world congresses of the WFSA encouraged some female anaesthesiologists to follow in her steps. The author had the privilege to attend her first world congress at The Hague, the Netherlands in 1992 where she was introduced to some of the politics of the world body. Prof ffoulkes Crabbe was elected to the Education Committee of the WFSA at The Hague. Her membership of this committee contributed immensely to the establishment of the Diploma in Anaesthesia training programme in Accra in 1999. This programme had financial support from the American Society of Anesthesiologists (ASA) for the first five years. The author was the first coordinator of that programme. The main objective of the programme was to train Diplomates for all the ten regions of Ghana and other Anglophone West African countries including Nigeria. This programme was one of the most successful programmes to be run by WFSA.

The WFSA has regional sections for Europe, Asia and the Americas. Prof ffoulkes Crabbe had attended the third Asian-Australasia congress in Canberra, Australia in 1970. She was the only African delegate. At the world congress in 1996 in Sydney, Australia, Prof ffoulkes Crabbe led some of the African delegates to request the world body to give Africa its own section. After a series of “small meetings,” the WFSA arranged a meeting with the African delegates. A second meeting was held at the congress after which an interim council of the Africa Regional Section (ARS) was formed. The Chairman of this council was Prof ffoulkes Crabbe. The author also served on this council. In 1997, the first ARS congress was held in Harare, Zimbabwe. The ARS holds its congresses every four years like the world body. The 6th ARS congress was held in Abuja, Nigeria in November 2017.

Prof ffoulkes Crabbe did not only publish a number of scientific articles herself, she also encouraged others to do so. The author can cite three articles where Prof ffoulkes Crabbe invited her to submit for publication. Two of these papers were presented at scientific meetings where she was present. Her profound interest in scientific publications contributed to a large extent in the establishment of the African Journal of Anaesthesia and Intensive care in 1989. This is the official journal of the anaesthetic societies of East and West Africa. The purpose of this journal was to provide a medium for the dissemination of original work in anaesthesia and intensive care in Africa and worldwide10. Prof ffoulkes Crabbe was the first Editor-in-Chief of the journal, a position she held for almost a decade.

Prof ffoulkes Crabbe was an excellent teacher, a motivator and a great orator. Her perfect Queen’s English was admired by all. She handed over the baton to us and we dare not fail her and the specialty.

**POSITIONS OCCUPIED/HELD BY WOMEN IN ANAESTHESIA IN WEST AFRICA**

**Heads of Department**

Women anaesthetists have been appointed as Heads of Department (HOD), Acting Heads or as Coordinators in a number of institutions in the sub-region. The situation in Nigeria follows the previous comments on the differences between the northern and southern halves of Nigeria. Of the five institutions contacted in the northern half of the country, only two have had a female HOD namely, Prof S Eguma at Ahmadu Bello University, and Prof Anita Orji a British anaesthetist started the department of anaesthesia at Jos. Since then two more females, Dr Michelle Ikwuagwu and Dr E. S. Isamade have served as HOD; Dr Isamade served a total of ten years as head of department. The other three departments have had only male HODs.

The picture in the southern half of Nigeria is different as far as HODs are concerned. The department of anaesthesia at UCH, Ibadan represents a good example of the effects of the mass exodus of professionals inidcated earlier. The first HOD was Dr Phyllis Edwards an expatriate. After her were four male HODs. These included Prof S. A. Oduntan, Prof J.A.O. Magbagbeola. A dramatic change took place in 1986 with the appointment of the then Dr E. Elegbe as the HOD. From 1986 to 2016, a period of three decades, all the HODs in UCH have been females. They are Prof O.A. Soyannwo, Prof S.D. Amanor-Boadu, Dr P.T. Sotunmbi (who was HOD on five different occasions), Dr A.A. Sanusi and Dr O.R. Eyalade. The current male HOD Dr B.B. Osinaike, was appointed in 2017. Have the women in anaesthesia broken through the glass ceiling?

The Department of Anaesthesia, University of Lagos started with three male HODs. There have since been three female HODs: Prof ffoulkes Crabbe, Prof O.T. Kushimo and Prof Ronke Desalu. Dr Okeke was a co-ordinator and Acting HOD. At the University of Calabar, six out of the nine HODs or Acting HODs have been females. These are Prof S.G. Akpan and the current HOD, Prof S. Eguma. Prof A.I. Eshiet, Prof I.U. Ilori, Dr Teresa Edentekhe and Dr Q. Kalu have all acted as HODs in the past. Prof N.O. Edomwonyi, the current HOD of University of Benin has previously held that position. The other HODs have all been males.

With regard to University of Port Harcourt, the headship has been equally split between females and males. The previous female HODs are Prof C.O. Mato and Dr B. Onjin-Obembe. The current female HOD, Dr B. Alagbe-Briggs is doing her second term. Prof F. Faponle has been the HOD at Obafame Awolowo University, Ile-Ife on more than one occasion. Dr Fidelia Akpa has been the only female out of seven HODs in National Hospital Abuja. University of Ilorin has had only male HODs since its inception. Dr Tinu Majekodunmi, another female anaesthetits, is currently the coordinator of the department in Lagos State University Teaching Hospital.

Ghanaian women anaesthetists have been and are currently HODs in various institutions. The late Dr A. E. E. Mensah, Dr M.N.K. Nelson were both acting HODs at the Korle Bu Teaching Hospital (KBTH). Dr E. Lamptey was HOD at the KBTH for two terms; Dr C. Tetteyfio Koney has been the HOD at the 37 Military Hospital in Accra for almost a decade; Dr V. Mensah is the current HOD at Efia Nkwanta Hospital, Sekondi in the Western Region of Ghana; the author was the HOD at KBTH for two terms and also the first HOD of anaesthesia in the fourth medical school of Ghana at the University of Cape Coast School of Medical Sciences (UCCSMS) for two terms. Until recently, Dr H. Tettey was the HOD of anaesthesia at the Police Hospital in Accra.

**Other positions held by women in anaesthesia in West Africa**

Women in anaesthesia in West Africa have occupied other positions in the Universities. Over the years, anaesthetists kept themselves busy in theatre and were not interested in what was happening at the University or even in the hospital where they worked. We were not interested in local politics. What we did not realize was that decisions taken by others affected our patients and our future. Prof Jennifer Hunter, a Professor of Anaesthesia at the University of Liverpool has realized the importance of the representation of anaesthetists in both local and national hospital administration11.

Prof. B.U. Umeh was a former Provost, College of Medicine, Nnamdi Azikwe University and currently Prof. C.N. Mato is the Provost, College of Medicine, University of Port Harcourt. Prof. F. Faponle has been Deputy Provost College of Health Sciences, Obafemi Awolowo University.

Prof Mato and Kalu are both former Chairman of Medical Advisory Committee (CMAC) in their various institutions. Prof Soyannwo has been Dean of Clinical Sciences, College of Medicine, University of Ibadan while Prof Desalu has been a Sub -Dean, Faculty of Clinical Sciences, University of Lagos and Deputy CMAC. Dr P.T. Sotunmbi has served as Deputy (CMAC), Theatre and ICU at UCH, Ibadan. The author was the first Vice Dean of the UCCSMS and later the Acting Dean of the same institution.

The highest political appointment held by a female anaesthetist is Commissioner of Health for Enugu State, which was held by Dr Fidelia Akpa between 2012 and 2015. Some other positions held by female anaesthetists are listed in Table 2.

**SOME ACHIEVEMENTS AND CHALLENGES ON POSITIONS HELD**

Though the achievements are many, one did not have the opportunity to get all the information. Some of the achievements include the provision of office space, mannequins and staff recruitment for the department. Others are the installation of oxygen pipelines for all service areas of the hospital. The donation of thirty Lifebox kits was facilitated by one of the CMACs. The author was very much involved in the clinical phase of UCCSMS. This included the recruitment of part time lecturers, the mentoring of new lecturers and the supervision of all examinations.

Our colleagues experienced some challenges. These include the problems of inadequate funding for the institution, inadequate experience in management which featured in the initial stages and which was overcome by learning from experts.

**DEVELOPMENT OF SPECIAL INTERESTS**

Most of the women after obtaining their fellowships from the various Colleges were “generalist.” However, as time went on we develop our own areas of interest. This is seen in the number of interests which have been developed by female anaesthetists in the sub-region. These sub-special areas include: paediatrics, obstetrics, neurosurgery, pain, palliative care, resuscitation and intensive care. The interests in these areas have led to the development of these “sub-specialties.”

**Paediatric and Obstetric Anaesthesia**

Lagos University Teaching Hospital has developed a special interest in paediatric anaesthesia. Both Prof Kushimo and Prof Desalu are known as paediatric anaesthetists. This has led to the department being chosen as the WFSA Paediatric Anaesthesia Fellowship Programme training centre which is starting in July 2018, in collaboration with the department at UCH. The head of the programme is Prof Desalu. The author’s area of special interest is also paediatics anaesthesia. Another WFSA Fellowship Programme in obstetrics is also going to start in July 2018 at Ahmadu Bello University Teaching Hospital. The head of this programme is Dr Ogboli-Nwasor.

**Critical and Intensive Care**

Another important area of interest is critical care/intensive care medicine. The Royal College of Anaesthetists has a Faculty of Critical Care Medicine. The interest in critical care has led to the establishment of the Critical Care Society of Nigeria (CCSN). The Critical Care Society of Nigeria is a non-profit, non-governmental association comprising of all Consultant Anaesthetists with post-Fellowship training and those who are involved, or with an interest, in Critical Care Medicine. It was formed in 2013 and is affiliated to the World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM). The foundation President of the CCSN (2014-2016) was Dr AA Sanusi, Ibadan. The Foundation PRO was Dr. Busola Alagbe-Briggs, the current HOD of University of Port Harcourt Teaching Hospital.

**Pain Management**

Pain relief has been championed by anaesthetists in West Africa. Female anaesthetists have led the pack in many spheres. Notably among this group is Prof Soyannwo whose passion for pain relief has gone beyond the borders of West Africa. She has worked tirelessly to disseminate the message of pain relief to all health professionals. In line with this passion, Prof Soyannwo co-founded the Society for the Study of Pain, Nigeria (SSPN) in 1998. She became the foundation president from 1998-2007. The SSPN is very vibrant and holds regular scientific meetings. Even though the society is open to anyone who is interested in pain management, female anaesthetists have played and continue to play important roles in the society. The second President was Prof S.D. Amanor-Boadu and the current President is Prof F. Faponle. The SSPN is affiliated to the International Association for the Study of Pain (IASP). The SSPN is closely linked with the Federal Ministry of Health and the National Agency for Food and Drug Administration and Control (NAFDAC) on pain management issues, opioid availability and accessibility in Nigeria. The Pain Association of Ghana (PAG) of which the author was the first President, suffered an “early neonatal death.”

The author championed perioperative pain relief in KBTH, and educated both nurses and doctors on the importance of pain relief in the recovery pathway of surgical patients. She was actively involved in teaching residents nerve blocks and regional anaesthesia such as epidurals. She also facilitated the running of three Regional Anaesthesia workshops in KBTH with the help of overseas collaborators. These workshops included hands on sessions in theatre. A pain clinic has recently started in KBTH.

**Palliative care**

Closely linked with pain relief is palliative care. Here again Prof Soyannwo has been at the forefront. She has encouraged colleagues not only in Nigeria but beyond the borders of Nigeria, to embrace this important but often neglected aspect of patient care. Prof Soyannwo led her team in Ibadan to register a Not-for-profit-organization, Centre for Palliative Care Nigeria (CPCN), in 2005 that collaborated with the University College Hospital, Ibadan to establish the first palliative care unit at the hospital in 2007, the first of such in a tertiary institution in Nigeria. She was the pioneer head of this Unit which became a full Hospice and Palliative Care Department in 2016 offering hospital and home-based services, teaching of undergraduate and postgraduate students from Nigeria and other countries.

**Resuscitation**

Anaesthetists by their training have skills and competencies in the resuscitation of trauma victims and critically ill patients. Most anaesthetic departments teach medical students Basic Life Support (BSL) during their rotation in anaesthesia. Dr Sotunmbi has shown special interest in resuscitation over the years. This is clearly shown in her publications and her involvement in relevant societies such as: Chairman, Hospital Resuscitation Committee, UCH and President, Life Resuscitation Society of Nigeria. One of her publication is “Lecture Notes on Cardiopulmonary Resuscitation (BLS *Version*) For Health Care Providers.”

Awareness about resuscitation has led to the establishment of a number of resuscitation training centres in Nigeria12. The centres include those in Nnamdi Azikiwe University Teaching Hospital, National Orthopaedic Hospital Kano and LUTH. Prof Desalu was the co-ordinator of the centre in LUTH from 2007 to 2014.

The author’s department in 1983 under the leadership of the late Prof K.A. Oduro organized CPR training for KBTH. The department had assistance from a consultant anesthesiologist and a critical nurse from Iowa, US. Two members of staff from every department were trained. The author and colleagues taught the students of University of Ghana Dental School BLS. The author supported an NGO called MedRelief about two decades ago. The main objective of the NGO was to teach BLS at the workplace.

**Safety issues in anaesthesia**

Anaesthesia is unique among the clinical specialties because whatever we do to our patients, results in an immediate change(s) in the patient. Unfortunately some of these changes can lead to morbidity or even mortality. Anaesthetists have championed perioperative safety issues over the years. Some protocols introduced include checking of the anaesthestic machine and other accessories at the beginning of an operating list.

About a decade ago, WHO in conjunction with other stakeholders which included anaesthetists, developed the WHO Checklist. This checklist can be modified to suit local conditions. Unfortunately its use in West Africa has not been successful, as most centres still do not use it. Prof Soyannwo championed the inclusion of the pulse oximetry on the checklist. Dr Onajin-Obembe also advocated for “Patient Safety” in Nigeria and Africa and signed the Helsinki Declaration on behalf of the Nigerian Society of Anaesthetists (NSA) in Berlin during the Euro-anaesthesia Conference in May 2015.

The author has a great concern about safety issues in anaesthesia as well. This has resulted in the publication of two papers: “Safety issues in Anaesthesia” and “Medication errors among Physician Assistants Anaesthesia” with some colleagues.

**PUBLICATIONS**

Women in anaesthesia in West Africa have written a number of full length articles, monographs and textbooks either as the only author or as co-authors. The published articles, some of which are multi-authored cover all areas of anaesthetic practice.

The acceptance rate of articles from low and middle-income countries is usually very low. The establishment of journals in West Africa and other African countries has helped in the rate of publication of articles written by academics from the sub-region. Some of these journals are indexed. The African Journal of Anaesthesia and Intensive Care has been indexed in African Journal on Line (AJOL) since 2009.

With the mentorship of our local journals through the “African Journal Partnership Program” (AJPP)13, it is expected that more of our local journals will achieve the indexing status. Mentoring journals under AJPP include the British Medical Journal, Annals of Internal Medicine and the Journal of the American Medical Association. The journals which have benefited from AJPP include the Ghana Medical Journal which is currently indexed in MEDLINE. The journal of WACS, Journal of West African College of Surgeons (JWACS) is indexed in PubMed.

**Publication of textbooks**

In addition to articles in scientific journals, some of the women anaesthetists have written textbooks. Prof Eguma has written a textbook on “Management of complications in Anaesthesia and Intensive Care;” Dr Sotunmbi has also written a book on intensive care titled: “A Handbook of Intensive Care.” Dr Ogboli-Nwasor has written two books, co-authored two books and edited another one. Some of her books include: “Total Intravenous Anaesthesia,” “A handbook on Pain Management in Palliative Care” and “Introductory Anaesthesiology for Medical Students, Residents and Doctors in Combat” which she co-authored with Dr E.M. Usuagwu. The author wrote the foreword of this book. The author has co-authored a textbook titled: “Textbook for the Perioperative Nurse.” The foreword of this book was written by the late Prof ffoulkes Crabbe. There may be other books in the system written by female anaesthetists which I may not be aware of.

**African Journal of Anaesthesia and Intensive Care:** The African Journal of Anaesthesia and Intensive Care (AJAIC) is jointly owned by the Societies of Anaesthetists of West Africa and East African Societies of East Africa10. It started publication in 1989 and as stated earlier, the first Editor-in-Chief was the late Prof DJO ffoulkes Crabbe. On her retirement, the late Dr Lawani-Osunde acted as the Editor-in-Chief for a couple of years until Prof S.D. Amanor-Boadu took over as the Editor-in-Chief in 2012. This means three female anaesthetists in a row have been the Editors-in-Chief of AJAIC. The Assistant Editor of AJAIC is Prof Desalu. Fifty percent of the Editorial Board and Editorial Advisors are females including the author10.

This is in great contrast to the British Journal of Anaesthesia (BJA), the official journal of the Royal College of Anaesthetists. The BJA was founded in 1923 and has had only one female Editor-in-Chief in the person of Prof Jennifer Hunter, Member of the British Empire (MBE)11. She was appointed in 1997, more than two decades ago. In addition she was the first female to serve on the BJA Board. Currently the BJA Board has only two females out of the seven- member Board14. The Ghana Medical Journal and the West African Journal of Medicine have not had a female Editor-in-Chief since their inception. The journal, Anaesthesia and Intensive Care is better in that regard. Even though the Editor-in-Chief is a man, the Executive Editor and the Assistant Executive Editor and one out five Editors are all females15.

The JWACS has a female as the Chairman of the Editorial Board. Six out of the twenty-five members of the Editorial Board are females which include the Editor-in-Chief of AJAIC, Prof Amanor-Boadu. Two female anaesthetists, Prof Soyannwo and the author are on the list of Editorial Advisers. Prof Soyannwo has served on the advisory editorial board of West African Journal of Medicine, Pain Management Journal and Annals of Health Research.

**HUMAN RESOURCE DEVELOPMENT IN ANAESTHESIA IN WEST AFRICA**

**Human resource development in Ghana and Nigeria**

Women in anaesthesia in West Africa have contributed to anaesthetic manpower development in Ghana, Nigeria, West Africa and beyond. In every situation their contributions have yielded remarkable results. Prof Elegbe has indicated that her passion is “manpower development in Anaesthesia.” Her statement has reflected in the number of institutions she is attached to and the number of residents she has supervised and continues to supervise. When the author became the HOD in KBTH her chief aim was human resource development in anaesthesia. The department in KBTH which had less than twenty members of staff has now over sixty. This includes fellows, senior specialists, members and residents at various stages of their training.

Apart from the training of residents in their own institutions, some fellows have served as Visiting Faculty or Adjunct Faculty to a number of institutions to help train residents and to mentor young Faculty. Prof S.G. Akpan moved from the University of Calabar to the University of Uyo to help establish that department. Prof B. Umeh also moved from Enugu to the Federal Teaching Hospital, Abakaliki, Nigeria while Prof Soyannwo has likewise helped the department of anaesthesia at Onabisi Onbanjo University.

Prof Eguma started the residency programme in Ahmadu Bello University. The department has produced twelve fellows. In 2002, Prof Eguma was invited by Prof Wali, the Chief Medical Director (CMD) of the Amino Kano Teaching Hospital to help them start the residency programme in Kano. Another invitation was extended to her by Professor B. B. Shehu, the CMD of Usmanu Danfodio Teaching Hospital, to start the residency programme in Sokoto. All these institutions are still training physician anaesthetists. The author is currently in the process of co-ordinating the training of physician anaesthetists for Liberia which does not have a single physician anaesthetist among the thirty specialists currently working in the country.

**Human resource development in other parts of West Africa and beyond**

Women anaesthetists have gone to other countries to help in capacity building in the provision of anaesthetic services. Prof Soyannwo was appointed a consultant anaesthetist to train two sets of nurse anaesthetists (part of a World Bank and other Donor-supported National Health Development Project/Essential Obstetrics Services) for the Ministry of Health/Royal Victoria Hospital, Banjul, The Gambia (1988 - 90, 1991- 93). Some of the nurses are still in the service of their country.

Prof Elegbe was appointed Professor of Anaesthesia Faculty of Medicine, National University of Malaysia, Kuala Lumpur, Malaysia from 1989 to1991 to train Residents in Anaesthesia, and was also appointed to the University of Ghana Medical School Department of Anaesthesia from 1992 to1997. Both appointments were through the Commonwealth Secretariat.

Prof Eguma was appointed by the World Bank as part of the Healthcare Reconstruction Project in post-war Liberia. She initially started the training with 9 nurses. After 12 months of training she admitted 17 more. The project started in September 2008 and ended in December 2011, by which time 26 nurse anaesthetists had been trained. These nurses were posted to the 15 county hospitals in Liberia and 4 were left in JFK Hospital in Monrovia. Those nurses provide anaesthesia for all surgical procedures even in their tertiary healthcare facilities.

One doctor from Sierra Leone and two from Nigeria were trained at the KBTH under the ASA/WFSA DA training programme. Dr Michael Koroma returned to Sierra Leone and has contributed immensely in the area of obstetrics anaesthesia. Dr Raji Bello, one of the doctors from Nigeria, went on to do the fellowship of WACS; he is the current HOD of the Federal Medical Centre in Yola, Adamawa State, Nigeria.

**The next generation of women in anaesthesia in West Africa**

It is important that women in anaesthesia in West Africa do not become extinct after this crop of women anaesthetists leave the scene. All the institutions that the author contacted have female residents at various stages of their training except University of Maiduguri Teaching Hospital. The number of residents in the southern half of Nigeria ranges from three in Obafame Awolowo to fifteen in University of Port Harcourt Teaching Hospital. There are six female residents in KATH, one of whom is the chief resident. Korle Bu Teaching Hospital tops all the hospitals with twenty-one residents. To keep the fire burning, women in anaesthesia must maintain the mentorship roles and actively encourage female medical graduates to specialise in anaesthesia. They should be prepared to go the extra mile.

**POSTGRADUATE MEDICAL COLLEGES**

As stated earlier, the establishment of the Postgraduate Medical Colleges: WACS, NPMCN and GCPS, has contributed to the increase in the number of medical graduates entering the various specialist training programmes. The Faculty of Anaesthesia of WACS has seen increasing numbers of examination candidates over the last two decades, with increasing numbers of female candidates. The fellowship examination in April 2018 had over twenty candidates compared to two to four some years ago.

A similar situation was experienced in Trinidad & Tobago when the number of anaesthetic specialists increased dramatically with the establishment of specialty training by the University of West Indies in 197416.

**THE INVOLVEMENT OF WOMEN IN ANAESTHESIA IN THE POSTGRADUATE MEDICAL COLLEGES**

The women in anaesthesia in West Africa have been actively involved in all the three Postgraduate Medical Colleges. They have served on the Executive Committees, the Faculty Boards, statutory committees and as examiners.

**The Executive Committees of the Postgraduate Medical Colleges**

The WACS had its female President in 1991 in the person of the late Prof DJO ffoulkes Crabbe. The NPMCN has never had a female President since its inception. The situation is similar to that of the Faculty of Anaesthesia of the Royal College of Surgeons which had its first female Dean, Prof Aileen Adams, Commander of the Order of the British Empire (CBE) after thirty-seven years17. The Faculty of Anaesthesia evolved into a fully-fledged College in 1988, receiving a Royal Charter in 1992. The above two colleges have done well compared to the Royal College of Physicians and Surgeons of Glasgow which just elected its first female President-Elect after 418 years!18.

The Honorary Treasurer position of WACS was occupied back to back by two female anaesthetists, Prof Soyannwo and the late Dr Lawani Osunde. Dr E. lamptey served on the Academic Board of the GCPS when she was the Chairman of the Faculty. No female anaesthetists have served on the Senate of the NPMCN.

**The Council of the Postgraduate Medical Colleges**

The author was the first female anaesthetist to be elected to the Council of WACS in 1999 at the conference in Guinea Conakry. Subsequently, Prof S.G. Akpan and Prof Soyannwo were elected to the Council of WACS. All Chairmen of the Faculty of Anaesthesia also served on the Council. The list includes Prof Elegbe, Dr Nelson. Prof Amanor-Boadu, Prof Eguma, the author and the late Dr Mensah.

**Statutory Committees of the West African College of Surgeons**

The WACS has a number of statutory committees. A number of female anaesthetists have served and are currently serving on some of these committees. Prof Soyannwo has been the Chairman of the Endowment Fund Board of Trustees (Nigeria) since 2010. The author has previously served on committees such as the Victor Anomah Ngu Lecturer committee and is currently serving on the Jim Nwobodo prize for graduating fellows and the West African Health Organization (WAHO) prize for trainees. Dr Ogboli-Nwasor has been a Mace bearer of WACS. The author was the Country Representative for WACS for many years until February 2016.

**Faculty Boards of the Postgraduate Medical Colleges**

Seven out of thirteen Faculty Board members of the NPMCN are women and the current faculty secretary, Dr E.S. Isamade is also a woman. Past women Chairmen of the Faculty were Prof Kushimo, Dr Sanusi and the late Dr Lawani-Osunde.

The situation at the WACS is dramatic. For almost three decades, from the early 1990s to 2017, women have been Chairmen of the Faculty. The list includes the late Dr Mensah, Prof Elegbe, Dr Nelson, Prof Akpan, Prof Amanor Boadu, Prof Eguma and the author. This is in contrast to the two biggest Faculties of WACS: Surgery and Obstetrics/Gynaecology, which have never had a female Chairman. The current Chairman of the Faculty of Anaesthesia is a male. Some women anaesthetists have been secretary of the Faculty. These include Prof Soyannwo, Dr Sotunmbi and Prof Eguma and the current one Dr Eyalade is a woman. Fifty percent of the current Faculty Board are women.

Dr E. Lamptey, Dr IOpai Tetteh and the author have served on the Faculty Board of the GCPS. Dr Opai Tetteh was the faculty secretary for almost ten years. She is currently the Chairman and the Chief Examiner, the first to hold the two positions simultaneously. Dr B Phillips is the immediate past Chief Examiner.

**Examiners of the Postgraduate Medical Colleges**

All the three Postgraduate Medical Colleges conduct examinations for their trainees twice in a year. The examiners are from the various Faculties. In the past the Faculty of Anaesthesia of WACS had more female examiners than males. The ratio seems to be changing now as fourteen out of twenty-nine examiners in the April 2018 examination were females. The GCPS has had more male examiners than females. The last two Internal Assessors of the Faculty were Prof Akpan and the author. The current one is Prof Elegbe making it three women in a row. The situation at the Royal College of Anaesthetists makes interesting reading. When Prof Jennifer Hunter11 applied to be an examiner at thirty-five, she was asked to go and re-apply when she was forty. Be it as it may, she was the first female clinician to be appointed as an examiner for the Part Two of a three-part examination.

**MEMBERSHIP OF PROFESSIONAL SOCIETIES AND ASSOCIATIONS**

Women in anaesthesia in West Africa are members of various professional societies and associations at national, sub-regional and international levels. They have occupied and are still occupying executive positions in these groups.

**National Professional Societies**

The national societies in Nigeria are the Nigerian Society of Anaesthetists (NSA), the Society for the Study of Pain Nigeria (SSPN) and the Critical Care Society of Nigeria (CCSN). Past Presidents of NSA include Prof Elegbe and the late Dr Lawani-Osunde. Dr Obembe has served as Public Relations Officer (PRO), General Secretary, Vice President and Acting President of NSA She is the current President of the society. Dr Ogboli-Nwasor has been the secretary of NSA and she is the current Vice President of the society. Dr Kalu is also a former treasurer and Vice President of NSA. Other secretaries of NSA were Prof N Odomwonyi and Prof Faponle. Dr Margaret Osakwe and Dr Tonia Onyeka were both PROs of the society. The current treasurer of NSA is Dr Morayo Salawu. Dr Osazuwa is the treasurer of the Medical and Dental Consultants Association of Nigeria, National Hospital, Abuja and Dr Elumelu is the national treasurer, Medical Women’s Association of Nigeria.

The foundation President of SSPN was Prof Soyannwo. Both Prof Amanor-Boadu who took over from Prof Soyannwo and the current President, Prof Faponle are female anaesthetists. Dr Ogboli-Nwasor is the current Vice President II whilst Dr Eyalade is a former secretary of SSPN.

The foundation President of CCSN was Dr Sanusi, whilst Dr Alagbe-Briggs was the first PRO. Other female anaesthetists who are active in the society include Prof Eguma, Dr. Ogboli-Nwasor, Dr. Affiong Elumelu, Dr. Irene Akhidenoh, Dr Bunmi Fatungase and Dr Tinu Majekodunmi. These women have represented the society and presented academic papers at various Critical Care Conferences in and outside Nigeria. Many more female Critical Care Physicians and trainees continue to join the society. The professional impact of these female members of the CCSN has continued to add value to its visibility, not only within the West African sub-region but also in the African continent and beyond.

Ghana Anaesthetic Society has not been very active for a number of years. No female has ever become the President of GAS. Dr Amanda Quarshie is a former treasurer and the current Assistant Secretary is Dr Lorraine Baffour Awuah.

**Regional Professional Societies**

These regional societies include the Societies of Anaesthetists of West Africa (SAWA) which transformed into the West African Confederation of Societies of Anaesthesiologists (WACSA) in Warri, Nigeria in 2002. Both Anglophone and Franchophone societies are members of WACSA. The late Prof ffoulkes Crabbe was one of the past Presidents of SAWA. It is interesting to note that the last three Presidents of SAWA were Prof Akpan, Prof Soyannwo and the author. Prof Edomwonyi was the first secretary of WACSA. The author was the first treasurer. She handed over to another female anaesthetist, Dr Lamptey. Other female anaesthetists have played active roles in both SAWA and WACSA over the years.

**MEMBERSHIP OF INTERNATIONAL SOCIETIES**

**The World Federation of Societies of Anaesthesiologists**

The World Federation of Societies of Anaesthesiologists (WFSA) is a professional body with membership throughout the world. Both the NSA and the GAS are members of WFSA. The WFSA holds world congresses every four years: the last one was held in the Special Administrative Area of Hong Kong in 2016.

Women in anaesthesia in West Africa have been actively involved in the activities of WFSA, attending the congresses regularly. They present papers and mount posters at these congresses. They have served and continue to serve on the various committees of WFSA. The author has attended three world congresses in a row. Some have attended more than that.

The late Prof ffoulkes Crabbe was elected to the Education Committee of WFSA at The Hague in 1992. Her presence on that committee contributed to the establishment of the Diploma Training Programme under the sponsorship of the American Society of Anesthesiologists and the WFSA. Dr Ogboli-Nwasor was co-opted to the Education Committee in April 2013 and was elected to the committee in 2016. Dr Onajin-Obembe traces her involvement with the WFSA to the 13th World Congress of Anaesthesiologists (WCA) in Paris, France in April 2004. Dr Onajin-Obembe has served on the WFSA Board and is currently a member of the council.

**The African Regional Section of the World Federation of Societies of Anaesthesiologists**

Preliminary discussions on the formation of the African Regional Section (ARS) of the WFSA took place at the world congress of the WFSA in Sydney Australia in 1996. After the WFSA granted the request from the African delegates, an Interim Council was formed. This council was chaired by the late Prof ffoulkes Crabbe with the author as one of the members. The first ARS congress took place in 1997 in Harare, Zimbabwe under the able leadership of another outstanding female anaesthetist, Dr Ruth Hutchinson.

The sixth congress was held in Abuja in November 2017, which was spearheaded by Dr Onajn-Obembe who was the then President of ARS. The importance of the African Union Agenda 2063 was reflected in the theme of the 6th All Africa Anaesthesia Congress, that is, “Solution for Africa”. In attendance was the WFSA President, Dr. Gonzalo Barreiro, who talked on the role of the WFSA in global surgery and anaesthesiology. Dr Onajin-Obembe has served on the board of the ARS and also as the secretary/treasurer.

**Other international societies and associations**

Women in anaesthesia in West Africa have been involved in other bodies such as the International Association for the Study of Pain (IASP). Prof Soyannwo served the IASP on the Developing Countries working group and Taskforce, Education Committee, International advisory panel and was a council member from 2002 to 2008. As a member of the African Palliative Care Association (APCA) she also served meritoriously on the Board of trustees from 2004 to 2010 and as Vice chairman of the board from 2008 to 2010. She has served as a member of the Institute of Medicine (IOM) of the American Academy of Science.

**Advocacy and Global Anaesthesia**

There is now a marked interest in surgery and anaesthesia with a convergence of various global bodies. Dr Onjin-Obembe has been actively involved in some of these initiatives. These include the WHO’s Global Initiative for Emergency and Essential Surgical Care (GIEESC) and the Lancet Commission on Global Surgery (LCoGS). She served as a Bellagio Commissioner and participated in the review of the publication, “Global Surgery 2030: evidence and solution for achieving health, welfare and economic development”. She is on the board of the Global Alliance for Surgery, Obstetric, Trauma Care and Anaesthesia (G4 Alliance) and is currently serving as the permanent council secretary (2018-2020).

In 2015, Dr Onajin-Obembe led an advocacy for ketamine, an intravenous anaesthetic agent when there was a move by some countries to classify ketamine as a scheduled drug. She made a presentation at the American Society of Anesthesiologists conference in San Diego. She lead the advocacy tagged “Anaesthesia is Medical Practice” for the WFSA and published articles on the relevance of ketamine in Low and Middle Income Countries.

**AWARDS AND RECOGNITION**

The hard and dedicated work done by women in anesthesia in West Africa has been recognized by national and international bodies. Prof Soyannwo has received several awards including the IASP distinguished Honorary Membership – the highest and life membership award for those who have made outstanding contributions in pain-related fields to advance the mission of the association. She is the only African on the list of awardees since inception. At the IASP award ceremony, she was referred to as the "grandmother of pain and palliative care" in Nigeria, and as "tirelessly and courageously" moving the field of pain forward "with dignity, grace, and humility."

Dr Sotunmbi received an award from the American Bibliographical Institute as one of the 21st century great women for her ground-breaking work on the use of ranitide instead of magnesium trisilicate as an antacid in obstetrics patients. Prof Amanor Boadu was honoured by the NPMCN by being asked to deliver the first “Ogunlesi Annual Lecture” of the College. The title of her lecture “Balancing the Analgesia in Anaesthesia” was delivered on 12th August 2015 in Abuja. Dr Ogunlesi was the first President of the NPMCN. The author has received two awards. The first was given by SAWA for her contribution towards the development of anaesthesia in West Africa and the second was a meritorious award by GCPS for her contribution towards the development of anaesthesia in Ghana and postgraduate education as a whole.

**National awards and recognition**

It is rather unfortunate that when it comes to national recognition no female anaesthetist in Ghana has received any award. The situation is worse when you consider the specialty as a whole. The late Prof Oduro, the first professor of anaesthesia in Ghana did not receive any award whereas a number of surgeons including four Past Presidents of WACS have received national awards. I am not sure if any female anaesthetist in Nigeria has received any such award.

Female anaesthetists in the UK face a similar situation as far as national awards are concerned. Prof Jennifer Hunter made very interesting remarks when she received the MBE award from the Queen11. These are some of her remarks: “That’s an example of where our specialty is… to get national recognition from the lay public we’ve still got a long way to go, the surgeons and physicians are getting Knighthoods and anaesthetists are getting the MBE, there’s still a long way to go there.”

**DEPARTMENT OF ANAESTHESIA KORLE BU TEACHING HOSPITAL**

The survey done at the department showed some interesting results. Twenty-two completed results were analysed. The age ranged from below thirty years to above sixty years. The number of years spent in the specialty ranged from below one year to over 20 years. Some have not taken any examination yet whilst some already have fellowship qualifications form various Colleges both in West Africa and the UK. Nearly 70% were married with between one and four children. The main focus of this survey was based on the following questions: give reasons for choosing anaesthesia; give the challenges and the obstacles you have encountered in the specialty; would you choose the specialty of anaesthesia if you were a new graduate; give reasons for the answer; what in your opinion should be done to encourage more women to choose the specialty. Some of the important answers to the above questions have been tabulated in Tables 3 to 6.

Even though 50% of the respondents indicated that they would not choose anaesthesia again as fresh graduates, no tangible reasons were given. The reasons were more or less re-stating those stated under the challenges encountered. Examples are the effect on family life and long working hours.

When asked to make additional comments, nearly 80% of respondents said they do not regret doing anaesthesia as it is a female dominated specialty so it makes it easier for females to join.

**CONCLUSION**

This paper has clearly shown that women in anaesthesia in West Africa have been very active and visible in many fields of endeavour. They have achieved academic progression in various institutions, they have also occupied very important as administrators and in the affairs of the various postgraduate medical colleges. It is very important that this flame is not allowed to go off by ensuring that the baton is handed over to able, faithful and dedicated women in anaesthesia to continue the race.

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**TABLE 1: Names of female professors and their institutions**

|  |
| --- |
| Institution Names of female professors |

College of Medicine, University of Lagos Prof DJO ffoulkes Crabbe

Prof OT Kushimo

Prof Ronke Desalu

College of Medicine, University of Ibadan Prof OA Soyannwo

Prof E Elegbe

Prof SD AmanorBoadu

University of Calabar Prof SG Akpan

Prof S Eguma

Prof AI Eshiet

Prof IU Ilori

University of Benin Prof NO Edomwonyi

College of Medicine, NnamdiAzikwe University Prof BU Umeh

University of Port Harcourt Prof CO Mato

ObafameAwolowo University Prof F Faponle

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**Table 2: Other positions occupied by women in anaesthesia in West Africa**

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| --- |
| Institutions Positions held |

University of Benin Hall Warden

Students Assessment of Lecturers Committee

Strategic Planning Committee, School of Medicine

Course adviser for the medical students

Chairman, Optometry Management Committee University of Benin

College of Medicine, UCH Ibadan Chairman, Hospital Resuscitation Committee Departmental Representative Postgraduate

Subcommittee, Faculty of Clinical Sciences

Member Renal Transplant Team

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**Table 3: Some answers to the question: give reasons for choosing anaesthesia**

|  |
| --- |
| Examples of answers given by respondents |

Taking care of the critically ill and patients perioperatively\*

Developed interest after being posted to the department without opting to be in the department

Gives me hands on experience

Allows me to work with patients from all age groups

Gives me the opportunity to pay attention to details

Prepares you for the future in whatever specialty you find yourself

It incorporates physiology, pharmacology and physics which were her favourite subjects

Draws on your knowledge from all other clinical specialties and also basic sciences

Pain and intensive care management of patients

It teaches you resuscitation skills

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**Table 4: The challenges and obstacles encountered in the specialty**

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| Examples of answers given by respondents |

Stressful time table which affects family life#

Extended and unpredictable working hours

Weekend duties followed by a normal working week

Lack of accommodation near the hospital

Effect on carreer progression career

Inadequate remuneration

Lack of appreciation by patients and surgeons

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**Table 5: Reasons given by those who would choose anaesthesia if they were fresh graduates‡**

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| Examples of answers given by respondents |

Interest in anaesthesia developed during rotation as a student

Ability to explore other areas

Ability to do extra work to enhance income

There is joy and fulfilment after a successful surgery

It sharpens your skills in other areas of medicine

It enhances critical and appropriate thinking

Anaesthesia is systematic leading to good results

Offers the opportunity to sub-specialise

Passion for the specialty

‡ Fifty percent of respondents

**Table 6: What should be done to encourage more women to choose anaesthesia**

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| Examples of answers given by respondents |

Active recruitment of medical students during their rotation in anaesthesia

Female anaesthetists should encourage female medical students

Disabuse the minds of the female students about the negative effects of anaesthesia on childbirth

Accommodation should be provided for all female anaesthetists close to the hospital

Baby care should be provided for nursing mothers

Flexible time table for pregnant and nursing mothers

Reduction in working hours

Exposure to anaesthesia in medical school should be increased

Women should be encouraged to join academia

Remuneration should be increased

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