partnership efficiencies."

donate share to prevent ethnic

Of poison narratives and accountability

Somewhere between the funeral gathering and the journey back home, many deaths in our communities stop being explained medically, death is rarely accepted at face value. When someone dies after illness, the question is often not what disease killed them, but the whispers of who poisoned them.

The explanation usually comes quickly and, once introduced, it becomes widely accepted. This is especially common in situations where the course of illness was not clearly understood.

In that state of uncertainty, the narrative of poison easily fills the gap. While such explanations should not simply be dismissed, because of lived experiences, fears, and the ways communities interpret suffering and loss, there is another important issue that often receives far less attention at the community level: the question of accountability within the healthcare system.

When illness progression and death become overshadowed by alternative narratives, healthcare system accountability becomes increasingly less visible to trace at a community level. The conversation gradually moves away from critical questions that should ordinarily be asked whenever a patient deteriorates or dies after seeking care. Questions regarding timely assessment, treatment, effectiveness of referral systems,

Communities must actively demand medical explanations and accountability whenever illness or death occurs...

Paul Omagor
Health care

and availability of emergency interventions often receive little attention at community level and shifts toward explanations that sit outside the health system itself.

It is important to recognise that many illnesses do not present dramatically at the beginning. A person who seemed relatively stable may worsen unexpectedly and die within a short period of time, leaving relatives shocked and searching for alternative explanations. It is within this space of uncertainty that poison narratives frequently emerge, often strengthened by existing tensions within communities.

At community, focus moves away from system performance and toward explanations that place responsibility elsewhere.

In order for us to improve our health systems, the community has a very important role to play. Healthcare accountability cannot remain the responsibility of professionals and government institutions alone. Communities themselves must actively demand medical explanations and accountability whenever illness or death occurs within healthcare settings.

When communities fail to ask questions, the feedback loop between poor outcomes and system improvement weakens considerably. Preventable failures may continue unaddressed, not because they are entirely unknown, but because they are not consistently examined, or acted upon.

Communities also have the power to challenge broader system limitations that continue to affect patient outcomes across many parts of Uganda.

Questions can be raised about staffing levels, availability of medicines, diagnostic capacity, emergency response systems, ambulance services, referral delays, and distribution of specialised healthcare services.

These are not hostile questions; rather, they are necessary questions for a society seeking to improve healthcare delivery and patient outcomes.

Paul Omagor, emergency physician

nce will be given to insightful articles rather than generalised polemic observations. Attach a portrait and send to editorial@ug.nationmedia.com