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Nketa's foetal evacuation in Esiaba Irobi's. The Colour of Rusting Gold: Therapeutic or aborticide?

Blessing Adjeketa[1], Theophilus Adjeketa[2]*

[1] *Dennis Osadebay University, Department of Creative Arts, Bonsaac, Pantor drive Asaba, Delta State, Nigeria*

[2] *Delta State University Teaching Hospital, Department of Obstetrics and Gynaecology, Otefe Road, off Benin-Warri Express Way , Oghara, Nigeria*

**Correspondence concerning this article should be addressed to Blessing Adjeketa blessing.adjeketa@dou.edu.ng*

Abstract

This paper evaluates foetal evacuation in Esiaba Irobi's *The Colour of Rusting Gold*. Medical doctors and herbalists frequently encounter complications from induced abortions. In Nigeria, some women survive with interventions from doctors and herbalists, but many lose their lives. Some doctors, particularly herbalists, have violated professional ethics to save women with post abortion complications. These practitioners have experienced emotional and psychological distress for violating professional ethics. This paper employs textual analysis and subjective interpretation to study the text. This paper argues that women will always find reasons to pursue induced abortions. When it results in a situation between the life and death of the mother, especially when the foetus is no longer active, medical doctors should not be condemned for saving the mother's life through therapeutic foetal evacuation. This suggests that when medical reports confirm the foetus is no longer viable, doctors should be permitted to perform therapeutic evacuation to stop bleeding and save the mother's life. To prevent aborticide, there is an urgent need to raise awareness among herbalists about their limitations in healthcare practice. There should be widespread public education on the importance of seeking medical care in orthodox hospitals. Television and radio stations could facilitate this through agenda-setting strategies.

Keywords: Abortion, abortion laws, creative works, Esiaba Irobi, ethical guide

Introduction

Creative artists have put great effort into the representation of abortion. Joan Micklin Silver's *Private Matter* (1992), Cary Solomon, and Chuck Konzelman's *Unplaned* (2019), and *If the Walls Could Talk* (1996), are some western creative works on the subject. Omobowale's *The President's Physician* (2004) and Esiaba Irobi's *The Colour of Rusting Gold* (2014) are Nigerian literature that also extensively dealt with the subject of abortion. The considerable efforts of creative artists over the years have aided medical and therapeutic processes, and as well, provide a substantial role in medical education (Jones, 1990; Oyebode, 2009; Stephen, 2021; Blessing, 2025). Stephen Kekeghe further affirms that as medical practice evolved, literature has also emerged as a powerful tool for humanizing it (Stephen, 2021). Literary and medical scholars have recognized the importance of literary knowledge in clinical or medical settings. Whether intentionally or inadvertently, films and literature have raised awareness of human health by making medical issues and treatments the main subject.

In the general fields of health and illnesses studies in Nigeria, Blessing Adjeketa and Stephen Kekeghe have extensively researched the causes of mental illnesses and treatment preferences in Nigeria, using Nollywood films and Nigerian literature as case studies, respectively (Stephen, 2020; Blessing, 2021). Blessing has also used documentary films to evaluate the state and effect of diabetes and cancer among people in Nigeria (Blessing, 2025). However, studies of abortion, as it affects medical practitioners in the arts, particularly Nigerian literature, are limited. While scholarship about abortion and ethical consideration in film is widely represented, it is poor in dramatic texts. The reason is that there are more films on the subject for scholars to x-ray than dramatic texts. Nigerian dramatic texts, particularly plays, focus more on politics, economics, and religion than on health and illness and ethics.

As mentioned before, films and literary texts are available on the subject of induced abortion. However, films and drama texts in recent years are tailored towards an attempt to discredit induced abortion by representing post-abortion complications more often, leaving ethical consideration undiscussed. Characters were also made to face restrictions like no access to clinics and doctors to carry out the procedure, and the representation of lack of parental consent and the stigma associated with abortion (Abortion Onscreen, 2020). This, however, some writers have termed "consistent patterns of misrepresentation" (Raluca Andreescu, 2022). According to Herold and Sisson, (2020), films portray characters involved in abortion to be younger

and better in social and economic standing than the real-life abortion patients. Also, on-screen fictional depictions and television portrayals tend to exaggerate the medical risks associated with abortion. The fact is that there were more characters in their teen engaging in abortion in cinema than in real-life situations (Abortion Onscreen, 2020). No careful evaluation has been done on the motive of the medical personnel involved in the act of these creative works. The case is even worse in Nigeria scholarship where a handful of studies if any are available that focus on the doctor's motives and intentions in engaging in foetal evacuation.

One issue that is a cankerworm gradually eating deep into the fabric of the Nigerian nation is that of abortion (Results from 2018-2020 PMA abortion surveys in Nigeria). The rate at which young people engage in criminally induced abortion assisted by some 'health practitioners' (patent medicine store dealers) in Nigeria is alarming. Young people aged 15–31 often report having undergone at least one abortion (Blessing, 2025). Many young women have lost their lives due to post-abortion complications. To save some, few doctors and traditional herbalists have disregarded the ethics of the profession, hence, many doctors have been accused of a felony. The death of many arises from complications of using herbs and over-the-counter medication(s) for induced abortion. Some who survived, do, by the intervention of medical doctors in orthodox hospitals. Post-abortion complications particularly bleeding are responsible for the death of many young girls. Medical practitioners, particularly those in the private sector, receive post-abortion complicated cases frequently, requiring foetal evacuation to save the mother's life. Many argue that medical practitioners who engage in foetal evacuation in complicated instances of induced abortion to save mothers' lives commit aborticide. However, few argue that the act is therapeutic because the attempt is to save the mother's life. Each case is subjective in analysis. Circumstances surrounding a case, like, the status of the foetus, at the time of complication, the condition of the mother, the patient and patient's relative's consent, and the qualifications of the health care provider must be looked into. While this issue has been widely represented in the cinema (Raluca Andreescu, 2022), drama texts have also x-rayed the subject. Moreover, most scholarship and discussions on abortion focus on women as key actors, with less attention given to healthcare practitioners, particularly doctors.

This study uses content and subjective analysis, to read foetal evacuation in Esiaba Irobi's *The Colour of Rusting Gold*. The study depends on the ethical guide for health care practitioners particularly doctors. The main

thrust of this study centred on the issues surrounding the evacuation of Nketa's foetus. To arrive at a well-informed conclusion and recommendation, the following question is relevant. Did Otagburuagu abort Nketa's foetus or he evacuated the foetus?

Ethical Guide for Doctors and Herbalists

The commitment nature of health practice demands that practitioners need an ethical guide in practicing the profession. These guides are in the oath usually taken by new medical doctors during induction into the profession. Oath taking by health care workers, especially medical personnel has been in existence for long. Hippocrates, the Greek physician and father of medicine, proposed the Hippocratic Oath, which is the first written statement of medical ethics in the Western world. During their entrance into the medical field, new doctors make this pledge, which outlines a patient-centred approach to practice (Stephen, 2021). Schiedermaye (1986) added that to uphold the ethical norms of the medical profession, it is customary for new medical personnel's to take an oath from the claimed healing gods like Apollo, Aesculapiu, and all healing gods and goddesses. The Hippocratic Oath has largely formed part of modern-day medical ethics which refers to a set of moral guidelines that enhance the practice of clinical medicine (Beauchamp, 2013; Berdine, 2015; Weise, 2016)

Herbalists, particularly, in traditional African societies also have and follow an unwritten but strong ethical code of the profession (Ezedike et al., 2019). This code is built within the framework of standard of morality in patient care. Although not written, the professional ethics are like that of the Hippocratic Oath. It can be asserted that the Oath though a written guide for medical doctors, falls in line with the unwritten code of ethics guiding traditional healers. Notably, some essential ethics that are highly helpful in the patients' care highlighted in the Hippocratic Oath (Stephen, 2021) are in the unwritten code for herbalists. Hence, Doctors (herbal practitioner included) who treat patients are bound to uphold these ethics. The doctor's duties to the patient are determined by the wordings in the oath, part of which states that he will only recommend treatments that are useful based on his skills and judgment, abstain from inflicting injury or hurt, and lead an excellent personal and professional life (Dam Augusty, 2025). Also, they are to serve to benefit the patient, not getting involved in voluntary harmful practices or corruption, not wilfully taking someone's life even when asked to do so, not getting involved in abortion, keeping patients' health matters secrets, abstaining from abusing the bodies of man and woman,

and practicing the trade in good faith, pure and holy.

African traditional morality, which underpins healthcare ethics, holds that an herbalist who contributes to a patient's death may face misfortune, including illnesses such as mental disorders or even death. When he lies or steals or supports lies or stealing, the gods weaken his powers and knowledge of the use of herbs leading to disrespect from the people he serves. Whether called by the gods to serve humanity or trained as herbalists, the traditional moral principles are there as a guide (see Emilio 2016). Whether orthodox or traditional, working closely by the professional ethics yield "respect by all men, in all times". However, when there are a trespass and violation of the ethics, the doctor is deemed to lose the respect of the people and possibly surfer.

Abortion as a National Issue in Nigeria

Approximately 3–5% of women of reproductive age undergo abortions annually, equating to 1.2–2.0 million abortions in Nigeria (PMA, 2020). Recent years in Nigeria have seen a high number of young women die because of widespread, careless abortion. This is because lower-level public and private healthcare facilities typically do not handle abortion cases, most of which are complicated. Therefore, only public tertiary facilities provided post abortion care and safe abortion services to save a woman's life in Nigeria. The report also stated that there were approximately 33 abortions per 1,000 women aged 15 to 49 in Nigeria in 2012. It concluded that most of these abortions would be considered unsafe and many lost their lives. A 2012 study indicates that women in rural areas, younger women, those with no education, and economically disadvantaged women are most likely to undergo unsafe abortions, often seeking care at health facilities only after complications arise (Ibid).

For this study, a survey of 41 women (12 from South-South Nigeria, 10 from Western Nigeria, 13 from Eastern Nigeria, and 6 from North Nigeria) living within Delta was conducted among health care assistant workers, working in secondary care services (private hospitals). The survey reveals that medications used for induced abortions, which often cause post-abortion complications and death, are purchased from patent medicine stores over the counter and backstreet abortion clinics, as registered private healthcare facilities do not perform criminally induced abortions. It was also found that, in the worst cases, herbalists administer liquid herbal medicines made from plants and roots for either induced abortion or foetal evacuation (Blessing, 2025). The perpetrators according to the survey fail to recognize that the foetus is a human being with all the potentialities of all people and that

killing it is murder, which is only acceptable in the most desperate situations where the mother's life is in direct danger (Cosgrove et al., 2016).

Due to the nature of its duties, the medical field in Nigeria (and health care services in general) is and has remained a highly ethical organization fighting against illegal abortion. Thousands of Medical men have been fully trained with a strong sense of ethical duty regarding abortion in Nigeria. Beginning from the medical school, students are given ethical instructions on the subject. Beyond ethics, the law in Nigeria is not silent on the issue of abortion.

Nigeria's abortion regulations are outlined in sections 228–229 and 230 of the penal code. It is stated that a doctor who causes a woman to miscarry faces a felony charge and would serve a jail term of up to 14 years. The law is not only directed towards medical practitioners. Article 232 mentions 'anyone'. It specifies that anyone who willfully causes a woman with a child to miscarry, without doing so to save the mother's life, also faces a maximum 14-year prison sentence (C R R, Nd). Further, a felony is committed by anyone who gives a lady poison or anything else toxic with the aim to induce miscarriage. Importantly, any woman who, with intent to procure her miscarriage, unlawfully administers to herself any poison would serve a seven-year jail term. The law is direct on the subject. However, despite the strong ethical training and explicit laws on abortion, illegal abortion is still dominant in Nigerian society. Not only in Nigeria but around the world. The reasons why women engage in abortion have been widely studied (Akinrinola et al., 1998; Fatima, et al., 2015; Neema Mamboleo, 2012).

Considering the above, scholars like Amade Roberts Amana have advocated for legal reform to liberalise access to abortion services. He draws on the fact that restricting access to abortion services, other than in cases of the endangerment of maternal health, has led to an increase in maternal mortality. He argued that a prohibitor regime is counter-productive because women who seek abortion, but cannot legally access it, resort to backstreet abortion clinics, with attendant risks. In his conclusion, he stated that although the Nigerian abortion law was derived several decades ago from England and Queensland in Australia, it has not undergone any review. He advocates that reform is imperative to bring the legal regime in tandem with the realities in the country (Amade, 2022).

Scholars like Amede believe that women would always find reasons to participate in abortion. "When individuals are not able to terminate foetus in their comfort region, they will travel to get it terminated" (Raluca Andreescu, 2022, p.123). When they do not find a professional medical doctor to terminate

the pregnancy, some locate herbal home to help in the termination of the foetus. However, when complications arise, “they seek evacuation at orthodox hospitals. One of the commonly referenced reasons for seeking to abort foetus is “the wish to save the malformed child from a life of misery” (Akademisk, 1975, p.5). Akademisk, further stated that the choice to undergo an abortion is rarely made for a single reason. Induced abortion, may appear to be quite acceptable and desired in rape cases, but if one is a Roman Catholic ‘or a Jehovah's Witness’, does the foetus, despite being the product of violence, have the same human status as the mother, and abortion is forbidden? (Exodus 21: 22-23). This shows that besides the medical ethical principles and the Nigerian law prohibiting abortion, there are also moral and religious dimensions on the subject.

The survey conducted by Blessing in 2015 mentioned earlier also agrees with Akademisk (1975) on the motive why some women in Nigeria engage in criminal abortion, some of the factors include being too young to give birth, not wanting to give birth out of wedlock, giving birth would cause hindrance to academic progression, poor relationship with partner, pregnancy not for the husband (infidelity), having a less than a year old baby (too short a time between pregnancy). Denial of the pregnancy by the man, the partner has no source of income to cater for a baby, etc. Of interest, these yardsticks are not adequate to break medical ethics, religious morals, and the law of the land.

Why the Herbalist Place a Choice of Treatment Place in Africa?

Since the world's beginning, people have been experiencing one form of illness or the other. Severe diseases such as cancer, diabetes, and hypertension have claimed millions of lives across the continent, particularly in sub-Saharan Africa (Blessing, 2025). Such illnesses as cholera and malaria are not taken seriously and have also taken more lives especially that of children than the termed serious ones like cancer and diabetes (Yuxin Wang, 2022). Causes of children's death resulting from malaria and cholera in Africa are a result of lack of care and attention to the illness after diagnosis (Konji, 2016). Individuals, organizations, and governments have employed several machineries to combat these diseases. Primary, secondary, and tertiary healthcare services have been established to cater to ill health in many communities around Africa. While these hospitals are spread across the towns and villages, the inadequacy of doctors and the high cost of medications and treatment have prevented many from visiting these facilities. They rather prefer traditional healers and herbal homes like the herbalists who are experts in using

herbal remedies for treatment and care. Because their treatment is cheap and, in most instances, allows payment after services. The people prefer to visit a place where small money would be collected only after “when the illness is totally cured” (Irobi, 2014, p.62). This account for the reason women seeks their services for abortion.

The situations above also apply to antenatal services where pregnant women go to the herbal home and traditional physiotherapy centres for treatment. This wide practice has been represented extensively in artworks, particularly films and play texts. Esiaba Irobi’s *The Colour of Rusting Gold* (2014), featured an herbalist who is vast among other care services, including antenatal services. However, Irobi’s (2014) feature of a woman (Nnenna) visiting an herbalist for antenatal care, is not because orthodox medical facilities were absent or because they were too expensive, but because she trusts the services of the traditional healer (Blessing, 2024). By implication, people in Africa and other parts of the world are not only familiar with the potency of Traditional African Medicine (TAM), which is thought to be the oldest type of traditional medicine in existence, but have a measure of trust in their potency. Also, many people have unwittingly profited from this age-old knowledge by using herbal items that have their roots in African folklore and herbalism. While the potencies of the herbs are doubtless, leading to high patronage, the practice of usage of the herbs, when to use it and on who to use it for needs keen attention. Many herbalists and herbal homes seem to indulge in criminal care services because they know the herbs and roots to remedy a particular health situation they are not licensed to carry out. Yet, many are not aware of their limitations and, hence, proceed with critical health cases like foetal evacuation that could lead to the death of patients. This present study is focused on one of such cases. The one presented in *Esiaba Irobi’s The Colour of Rusting Gold,* where an herbalist carried out a foetal evacuation on a seven-month-old pregnant woman, breaking the code of conduct of his profession.

Materials and Methods

This study utilizes textual analysis and subjective interpretation to explore themes within Isiaba Irobi's "The Colour of Rusting Gold." To complement the textual analysis, the research incorporates insights from a survey of 41 women working in secondary healthcare in Delta State, Nigeria (Private Hospitals). The participants were selected to represent the three major regions of Nigeria: South-South (12 women), West (10 women), and East (13 women), with a smaller representation from the North (6 women). The survey, conducted

orally over five months, aimed to gather perspectives that were then subjectively interpreted in relation to the literary text.

Informed Consent

All human participants in this study gave full consent for participation**,** and all human names (individuals interviewed) in the article has been anonymised.

Consent to Publish

Recorded Verbal Informed Consent for participation for the study was obtained from participants for their oral interview and opinions to be published. The audio record is with the author and would be made available on reasonable request

Results

Textual Analysis and Discussion

Nketa, "a social kangaroo (Irobi, 2014, p 4)" terminates her seven months old pregnancy. She is rushed into an herbal (private) facility managed by Otagburuagu, an herbalist, by Nanimgaebi, a member of Parliament. Nketa is bleeding heavily, panting and gasping. Some medical doctors (patent medicine store dealers) had complicated her case. Members of the family of Nketa including Nanimgaebi plead with Otagburuagu to remove the fully formed foetal to save the mother's life. Against his professional ethics, Otagburuagu agrees to save the mother by placing a root between Nketa's legs to expel the inactive foetus. Four years later, Nanimgaebi, accused Otagburuagu of aborticide because he refused to kill a political opponent for him to succeed in the coming elections.

Medical doctors and traditional herbal practitioners serve to assist the human creation made by the Supreme Being, the divine, God almighty, in their capacity. For Otagburuagu, his work is that of "helping the creator Chukwu…" (Irobi, 2014, p.50) to cure illnesses and to save lives. Because of the nature of his profession which deals with human health- protecting human life from dying by all possible means, the need to gain patient and patient relative's trust is imperative. Greatly aided by the moral code of the profession due to the hallowed nature of the job, professionalism is needed to achieve the fit. He needs to be faithful to the ethics of the profession because he has a name to protect.

According to Otagburuagu:

"I have a name that resounds, Otagburuagu! First and foremost, I am a medicine man: a man who lives in the spirit world; a man who bridges the gap between the shrine of the spirits and the mud-walled world of men.... There are many men who have children but would never have names. I have a name. Go into the house of the rich and the poor in this land and mention Otagburuagu. They will say yes, he is

our father…I have a name…go and ask questions… how many barren wombs have I given children? How many impotent genitals have I resurrected? …How many?" (Irobi, 2014, p49-50)

Because of the sacredness of the name, defiling the reputable name is detestable to him. As such, he worked hard to maintain the good name he had built over the years and known for. Maintaining and protecting that name requires that he follow the rules outlined in the moral code or the unwritten moral code that all traditional herbalists in Africa are aware of. Protecting the name comes with benefits. Importantly, he gains the respect and trust of the people. It is the moral ethics with its pseudo-sacred undertone that moderates his psycho-moral disposition as a health practitioner (Kekeghe, 2012). As an herbalist, working under the code of conduct of his profession, Otagburuagu is obligated to be responsible to his patients. He would not collect money from patients until the patient is fully recovered. His patients are more important to him than money and himself. He values his reputation over financial gains.

"Ogidi: The mad boy's mother wants to know if she can go" (Irobi, 2014, p. 62).
Otagburuagu: Yes she can, she will pay when the boy is totally cured" (Irobi, 2014, p. 62).

It is evident that Otagburuagu is not ignorant of the canons and ethics of health care practice especially as it relates to herbal practitioners who are called by the gods to serve the people. This moral code has helped to moderate his professional activities over the years. This is further revealed in his utterances. "I do not procure abortions!…" (Irobi, 2014, p11). Awareness of this moral ethical code "is supposed to foster a psychosocial import, especially, as it helps to humanize physicians and clinicians. As any who breached the ethics, lives with a fierce sense of guilt and mental torture" (Kekeghe, 2021, p.179). While Ogidi, his apprentice reminds Otagburuagu of the affluent life medical doctors live, he is committed not to breaking the code of ethics of his profession. He however relates the illustrious life of these young doctors to a breach of the code of conduct of the profession- procurement of abortions.

Further, Herbalist Otagburuagu, in his years of practice understands that when a gravid mother is in distress and not duly attended to it will further result in maternal distress and in such case the evacuation or removal of the foetus is non-negotiable, if the foetus is more than 24wks of gestational age, as the case of Nketa, the foetus might survive in an incubator with comprehensive care, however, in this case, there is no such provision. Comprehensively, the bottom line is, that whether there is equipment or comprehensive care to handle

the early evacuation of the foetus of Nketa, the foetus must be evacuated in other to attend to the mother properly which Otagburuagu did.

The condition of Nketa, when she arrived, is a dire one that need emergency and swift intervention. Nketa is bleeding heavily, possibly gasping and panting, showing server hemorrhage that can lead to shock which could also lead to the foetus dying. The situation Otagburuagu finds Nketa makes it very difficult for him to allow her to die. As an herbalist assisting Chukwu (God), his obligation is not only to be concerned about the lives of patients but to put their interests first which is a requirement in the moral code. Part of rescuing Nketa is the evacuation of the foetus. Otagburuagu knows that the foetus is like a parasite that collects blood, oxygen, and food from the mother, and in Nketa's situation, she no longer has the capacity to supply such again. Since it is established that the evacuation of the foetus is inevitable, and Nanimgaebi and the other patient relatives have given consent to evacuation, the attending herbal doctor, Otagburuagu, acted by placing a root in-between her legs and the foetus is evacuated to save the mother. In this case, the patient's relatives were the ones who gave consent to remove the foetus. Also, the people trust that he can save Nketa. Therefore, Otagburuagu ensures that Nketa is kept alive no matter the severity of her health condition. Though resisted saving her life at first, he saw the need to do so after much pleading from the patient relatives. He made sure the patient was alive and healthy. For Otagburuagu, his job at that point in time was made easier by Nketa's relatives who made him forget the cultural and moral ethics guiding his profession. He acted to save Nketa's life.

From this line of thought, Nanimgaebi reminding Otagburuagu of an unethical practice he begged him to engage in four years (4 years) after, is a clear case of blackmail. In another sense, the moral code of conduct permit the patients to choose treatment by themselves. However, when the patient cannot make choices for themselves, the patient relative makes the choice by giving consent to the physician.

"Otagburuagu: ... remember how you pleaded for four hours. That girl would have died. She was panting to death, and bleeding too. You all besieged me and pelted me with all the please, please, and please. One of the women you invited to beg said I should remove the child and save the life of the mother instead of washing two souls die. What could I do? I placed the root, she ejected it. You were the midwife, Nanimgaebi. Why did you now turn to accuse me?" (Irobi, 2914, p52).

Nanimgaebi succeeded in making Otagburuagu feel guilty. His guilt is based on the

fact that he completed an abortion process-a fully formed foetus. An act he had always stood against. He thinks he has committed an unpardonable sin. This feeling of guilt by Otagburuagu, no doubt is triggered by his consciousness of the tenets of the unwritten moral code of ethics, which he vow to uphold as a physician (Kekeghe, 2021) when he was called by 'Chukwu'.

The strange voices of "you killed him" (Irobi, 2014, p. 66) which Otagburuagu begins to hear is a reminder of the unethical indulgences of medical practitioners, and the need to maintain the moral principles of the herbal calling. After constant reminders of the breach of the standard code of the profession's ethics, he said:

"Otagburuagu: ...that nymph, that wayward girl, that wilderness of lust is the cause of all these things. If I had not saved her life, no one would have dragged my feet into this swamp of shame, no one! How many wombs have tottered into the tomb trying to eject the tenant who lives for nine months in the womb...? Even kindness wants to ruin me. A man stays in his house, practicing his trade, a stranger walks in and forces him to do a thing against his will, against his conscience, against the rules of his trade, against the calling of his gods. He refuses. Then, the whole world begs him on... what one man can fight the entire world? Now the deed is done and I have to bear the guilt alone... globules of guilt hang on my chest like gold hang on the neck of the rich (Irobi, 2014, p. 64-65)".

Otagburuagu expresses his disgust over the violations of his professional ethics, of which he is an accomplice. Like the character, Miguel in Emmanuel Babatunde Omobowale's play, The President's Physician (2004), Otagburuagu's whole being, was gradually drawn into a vicious cycle of destruction. Although he detested what he was doing he had no choice but to do the will of the patient's relatives and to save the life of Nketa.

Another dimension to the discussion is whether Otagburuagu is involved in the termination of the foetus (aborticide). Nketa has tried to terminate her seven-month-old pregnancy. In this case, Nketa's foetus may have been dead on arrival (IUFD - intrauterine foetal death) and she is bleeding. Therefore, as mentioned before, Nketa's condition is a dire situation that needs emergency intervention because she might go into Hemorrhagic shock. In this instance, Otagburuagu thinks that part of the intervention to save Nketa will be to evacuate the foetus. There is evidence that Nketa had already terminated the foetus with the assistance of abortion clinic doctors, or with over-the-counter medications, and she is in this emergency because of complications arising from the termination of the foetus. Hence, the relative pleaded with

Otagburuagu to break the ethics of his profession and expel the foetus in other to save the life of Nketa. In a sense, the only way Otagburuagu can proceed with the evacuation is with the consent of the patient's relative which he got.

Although, foetal evacuation is not just the best option medically to save Nketa's life, it is part of the intervention that will be given to save her life. If not done within a reasonable time frame, it would lead to the demise of the host (Nketa). Nketa was bleeding when she arrived at Otagburuagu's place. She was not bleeding because she fell. She was bleeding as a result of the termination of the foetus, which is very common. Reasons for bleeding after termination (which is the real abortion), include a punctured uterus, lacerated placenta, and retained product of conception. In this case, the causes for bleeding can't be handled properly without evacuating the foetus whether dead or alive. One could argue that, since Nketa had tampered with the foetus before arriving at Otagburuagu's facility, his intervention involved the expulsion of retained products of conception, which was therapeutic to save the mother's life. In this instance, Otagburuagu no longer commits aborticide. This is because he was not involved in the termination of the foetus in the first instance. He only expelled because the foetus was not active when Nketa arrived. Nanimgaebi only makes it seem that the two souls were alive on arrival to blackmail Otagburuagu to eliminate Ezenwoke in other to make him return to the parliament house unopposed.

But is it within Otagburuagu's jurisdiction as an herbalist to evacuate a foetus dead or alive? However, should he have allowed his patient to die when he could have saved her? The main question that needs interrogation at this point is whether Otagburuagu is qualified to carry out foetal evacuation.

Otagburuagu is an herbalist who diagnosed foetal demise using traditional methods. That he feels Nketa's foetus is inactive on arrival does not mean the foetus is dead. On the other hand, Nanimgaebi an enlightened man who was a member of parliament at the time deceived Otagburuagu, a perceived illiterate, to carry out an abortion on Nketa. Nanimgaebi is responsible for the pregnancy. He took Nketa to a patent medicine dealer referred to in the text as doctors who gave Nketa a medication to induce abortion. Obviously, Nanimgaebi was afraid of being exposed if he took Nketa to an Orthodox hospital as a likely diagnosis of abortion would be made and investigated.

Further, Otagburuagu acted on sentiment. The ethics of his profession disqualifies him from engaging in the act. Instead of directing them to an Orthodox hospital, he viewed himself as a saviour and completed an abortion

process. He played into the hand of Nanimgaebi whom he (Otagburuagu) thought was doing a favour. Nanimgaebi, and other relatives pleaded for the evacuation to be carried out to save Nketa's, thereby giving verbal consent. However, in this instance, one cannot be talking about consent to deliver an already dead foetus per vagina. The consent is likely to complete an abortion process which is a crime in their jurisdiction. Nanimgaebi is a key accomplice, and the relatives.

The actions of Otagburuagu are a classic case of an herbalist who doesn't recognize his limitations, plays heroic, acted on sentiments instead of following due process. This happens every day in Nigeria, where traditional bone setters would complicate bone fractures before referring them to the hospital, traditionalist who treat infertility by inserting herbs into their client's vaginal predisposing them to serious infections, those who diagnose a non-existing pregnancy and give herbal treatment to women who are not pregnant but probably has an ovarian cyst, those who take difficult deliveries blindly, perhaps on patients running away from cesarean sections thereby causing woes.

Conclusion

The study concludes that Esiaba Irobi's drama, *The Colour of Rusting Gold*, almost perfectly x-rays the everyday challenges medical personnel's face in their practice in Nigeria. And second, the unethical involvement in medical cases by herbalists. The study linked the rules of traditional herbal practice with the orthodox moral code built in Hippocratic Oath is indispensable in general health practice, whether traditional or orthodox. Irobi uses the text to set boundaries for herbalists in their healthcare practice, and, significantly to improve ethics in medical practice.

Esiaba Irobi uses the play to show the psychological dilemma Otabguruagu, an African herbal doctor faced in the bid to save the life of a woman who is bleeding due to incomplete abortion. Otabguruagu is faced with deciding to uphold the ethics of his profession versus terminating a seven-month-old foetus to save the mother's life. Otagburuagu struggle in the face of guilt for not upholding the ethics of his profession. The text shows him defying his conscience and professional ethics to save the life of Nketa. Only to be accused of aborticide four years after by Nanimgaebi. This study highlights the difficulties and challenging decisions care providers, especially doctor's face and make daily to save lives. Many have suffered emotional and psychological trauma for defying the moral ethics of their profession. Others have been prosecuted for going against the law to save lives.

Limitations and Future perspectives

When all medical reports show that the foetus is no longer viable, it would be ethical for medical doctors to be allowed to consider therapeutic abortion to stop bleeding and save the mother's life. However, there is a need to raise awareness among herbalists about their limitations in healthcare practice through the art. Because people have over the years developed a measure of trust in herbalists, it would rather seem mean or impossible to recommend elimination. Concerning this issue, it should be the responsibility of representatives of specialized medical organizations to develop and provide a particular code of ethics for herbalists. There should be widespread public education on the importance of seeking medical care in orthodox hospitals. Television and radio stations could facilitate this through agenda-setting strategies.

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