
Interface of Law and Medicine in Clinical Legal Education:

Success story of the Women's Law Clinic
in improving the health of women and
ensuring women's access to Justice in
Nigeria*

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Specialist law clinics now operate both in the developed and developing world. The historical background of these specialist law clinics can be traced to the United States. They also abound in South Africa, Europe and are fast emerging in several African countries. It is however outside the scope of this paper to describe the wide variety of specialist law clinic models that exist in other countries.

At present in Nigeria, there are seven Nigerian Universities with law clinics. These law clinics in enhancing the social justice frontier have developed projects addressing specific problems; making them specialists in service delivery¹, but the Women's Law Clinic, is the only gender specialist law clinic.

Introduction of Clinical Legal Education to Nigeria

The objective of legal education in Nigeria is stated in the approved minimum academic standards in law for all Nigerian Universities as:

A law graduate must be able to use law as a tool for the resolution of various social, economic and political conflicts in society. The training in law is specifically aimed at producing lawyers

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1 Gbenga Oke-Samuel (2008) 'Clinical Legal Education in Nigeria: Development and Challenges' *Griffith Law Review* Vol. 17 No. 1 p.146

whose level of education would equip them properly to serve as advisers to governments and their agencies, companies, business firms, associations, individuals and families etc. The activities of governments, companies and individuals are expected to be carried out within the legal framework. Therefore, the output or end result of the law program should meet the needs of such agencies and institutions as international organizations, academic teaching and research institutions, federal, state and local government bodies, various industrial, commercial and mercantile associations and various social, family and domestic groups.²

David McQuoid-Mason and Robin Palmer argue that skills training and social justice work are fundamental to Clinical Legal Education.³ Clinical Legal Education is distinguished from traditional legal education because it goes beyond theoretical content of the law to give students the opportunity to acquire the necessary skills for legal practice in addition to inculcating values like involvement in pursuit of social justice and display of professional responsibility.⁴ Prof. Yinka Omorogbe, the director of the Women's Law Clinic has also noted that in Africa, the provision of legal services and access to justice for the people is the driving force for the establishment of the legal clinics.⁵

The need to improve legal education was the major focus of the Nigerian Association of Law Teachers Conferences in 1979 and 1986.⁶ In 2001 Nigeria hosted the first British Nigeria Law forum in Abuja which was sponsored by the British Council and the Department for International Development (DFID). A follow up legal education forum on the 29th – 31st January 2002 was also facilitated by the British Council.⁷

The result of the lattermost meeting was a general call by stake-holders that legal education be reformed in Nigeria and that law faculties, the Nigeria Law School and the National Universities Commission should begin to explore opportunities to introduce clinical legal education in their programmes.

A few faculties of law which are Faculty of Law University of Ado – Ekiti, Ekiti State, and Nigerian Law School Enugu campus took up the challenge leading to the British council-facilitated study tour of four clinics in South – Africa in April 2002.

In June 2003 the Open Society Justice Initiatives hosted the 1st All Africa Clinical Legal Education Colloquium in Durban and the Law Faculties of the following Nigerian Universities participated in the programme, namely: Nigerian Law School, Enugu campus, University of Ado – Ekiti and

2 Nigerian Universities Commission (Lagos), 1989). This was repeated in 2004 Draft Benchmark and Minimum Academic Standards of the National Universities Commission. The National Universities Commission is the regulatory body for university education in Nigeria. Its benchmarks provide a means for the academic community to describe the nature and characteristics of programs in a specific subject; they also represent general expectations about the standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate. (Paragraph 1.12004 NUC Benchmark for Academic Standards)

3 David McQuoid-Mason and Robin Palmer (2007) *African Law Clinicians Manual* (draft) p.10

4 David McQuoid-Mason and Robin Palmer (2007) *African Law Clinicians Manual* (draft) p.10

5 Yinka Omorogbe (2007) Welcome Address delivered at the Inauguration of the Women's Law Clinic, Ibadan, July 18. p.1

6 Adeniran Olu (2001) 'Benchmark-style Minimum Academic Standards in Law: Perspectives from Nigeria', paper presented at the Legal Education Forum, Abuja, 29 – 31 January

7 Ernest Ojukwu, (2007) NULAI Nigeria 2004-2006 *Activities Report*, 'Development Towards Introducing Clinical Education in Nigeria NULAI Nigeria' p. 5

University of Ibadan.

Nigerian delegates on return from the 1st All – African Clinic Legal Education Colloquium came together and formed the Network of University Legal Aid Institutions (NULAI) Nigeria to provide a vehicle to educate for the introduction and development of clinical legal education in Nigeria.

NULAI Nigeria in partnership with Open Society Justice Initiative, hosted the 1st Nigeria Clinical Legal Education Colloquium from 12th – 14th February 2004 at Abuja. At the end of the colloquium participants supported the introduction of clinical legal education in Nigeria and resolved as follows:⁸

- The introduction of clinical legal education in Nigeria should be informed by a coherent philosophy that addresses the needs of the faculties, the students, institutions and processes of governance, and the communities in which all these co-exist.
- Clinical legal education can reinforce the mechanisms for the delivery of primary legal needs and assistance in Nigeria. In this context it is necessary to be clear as to the nature of legal needs and services to which clinical legal education may be relevant. Clinic would be supervised by faculty lecturers who are legally qualified as lawyers.
- Clinical legal education should seek to give students skills in understanding the institutions of governance and equip them to learn as users of and interlocutors with these institutions. For this purpose it is necessary for Nigerian Law Faculties to consider introducing perfective courses into their curriculum.
- The introduction of clinical legal education in Nigeria should be preceded and supported by the development of a curriculum for clinical legal education and the skills of interested faculty through training and exchange with similar programs elsewhere.

This paper deals with the collaboration/partnership that exists between law and medicine in Nigeria with particular reference to the Women's Law Clinic of the University of Ibadan, and examines the following issues: (a) the background to the Women's law Clinic and an overview of her activities; (b); rationale for the collaboration between the law clinic and medical discipline; (c) the selection of target women's groups; (d) the objectives of the collaboration; (e) the benefit of the health-legal partnership to students; (f) the challenges encountered.

Background of the Women's Law Clinic, University of Ibadan

The Women's Law Clinic is a project of the Faculty of Law, University of Ibadan which was set up to totally transform and impact the teaching of law while increasing awareness of the rule of law and human rights in Ibadan and its environs. The Clinic is an initiative of the Consortium for Development Partnerships (CDP)⁹ and is under the CDP project on 'The Rule of Law and Access to Justice'. A planning conference was held in April 2005 to deliberate on issues militating against women's access to justice and the commencement of the Women's Law Clinic. The Clinic was

8 Ernest Ojukwu, (2007) NULAI Nigeria 2004-2006 *Activities Report*, 'Development Towards Introducing Clinical Education in Nigeria NULAI Nigeria', p. 7

9 The Consortium for Development Partnership (CDP) at inception in 2007 was co-ordinated by the Northwestern University, Illinois. It is now being co-ordinated by the Council for Development os Social Science Research in Africa (CODESRIA)

subsequently inaugurated on the 18th of July, 2009 amidst wide publicity at local and national levels, in print and electronic media.

The goals of the Women's Law Clinic are threefold. First, to train law students in the practice of law utilizing techniques of clinical legal education; secondly, to provide free counselling and legal aid to indigent women in and around Ibadan; and thirdly, to undertake research on women's access to justice and to collect and disseminate information in this and related areas.

Pruitt has rightly noted that the best lawyers are made not by legal education, but rather through the training they receive; they become the best lawyers by practising law.¹⁰ Law Clinics give the students exposure to the legal problems of their community and ultimately, help to make them more empathetic, responsible and rights-conscious citizens.¹¹

Women were specifically chosen as the target in the establishment of the law clinic because the majority of the poor worldwide are women, who remain at the bottom rung of the ladder. This is a recognized fact, and a reason why gender issues feature prominently in development programmes worldwide.

Women in Africa are generally grouped or fall into three categories¹²:

1. Women who don't know their rights at all.
2. Women who know their rights but don't know where to go to access justice.
3. Women, who know their rights, know where to go to access justice but don't have the means or financial capability to access justice.

A planning conference which was set up prior to establishment of the Clinic also noted that women face innumerable barriers in society, some of which are ostensibly for their protection, and identified the following as some of the issues affecting women's access to justice:¹³

Legal Barriers

The legal barriers include evidentiary requirements in rape, domestic abuse, inheritance and other such matters that make it difficult for women to prove their cases or defend against charges brought against them. It covers evidentiary requirements that favour men and discriminate against women and the customary laws that favour men and discriminate against women. The failure by courts and other adjudicatory tribunals to follow standards set forth by the international community on women's rights is also a note worthy barrier.

10 Lisa Pruitt (2002) 'No Black Names on the Letterhead? Efficient Discrimination and the South African Legal Profession' 545 (23) *Michigan Journal of International Law* 553 p.599

11 Yinka Omorogbe (2007) Welcome Address delivered at the Inauguration of the Women's Law Clinic, Ibadan, July 18. p.1

12 Elisabeta Olarinde (2005) Fundamental Observations on barriers to Women's access to justice at the Planning conference prior to the establishment of the Women's Law Clinic, Ibadan, Nigeria, April 24 – 25 p.25

13 Consortium for Development Partnership (CDP) planning conference towards the establishment of the Women's Law Clinic, Ibadan, April 2005

Institutional Barriers

Institutional barriers consist of the lack of enabling environments where women can seek redress for violations of their rights including lack of non adversarial fora and too many formalities in the available fora. It also includes the limited access to courts in rural areas and the failure of law enforcement agencies to enforce the rights of women in domestic, rape, or similar matters because of biases or due to a lack of funds or personnel.

Informational Barriers

Informational barriers touches on the lack of research and documentation of access to justice issues for women, lack of understanding of legal institutions and processes by poor women and the inadequate information for women about their rights.

Cultural, Religious and Traditional Barriers

The cultural, religious and traditional barriers includes the marginalization and feminization of issues affecting women, so that issues affecting access to justice are viewed as women's issues rather than societal issues. It also covers the stigmatization of women who raise claims, in particular those who confront their husbands or other male members of their community.

The activities of the Women's Law Clinic over the past two years include provision of free legal aid; organizing outreaches and sensitization drives which take place in various communities, markets, religious organizations and hospitals; establishment of mobile clinics at health centres and communities; organizing symposia and training workshops; media programmes; referrals and collaborations with other organizations.

The Rationale for the Collaboration between the Law Clinic and the Medical Discipline

Collaborations between Law Clinics and Health care givers are a very common phenomenon in the United states. Dr. Barry Zuckerman, a renowned paediatrician observed that his skills as a doctor were not enough to keep his patients healthy. He founded the Medical-Legal partnership in 1993 and then began bringing poverty lawyers into the medical setting to help families. He testifies to the results achieved thus: "We've seen the impact that lawyers can have on the health and well-being of the children and families we treat"¹⁴. He gave instances of areas addressed which have greatly improved his patients' health and well being when he rightly pointed out that:

"When lawyers secure improved housing conditions or access to food and utilities for patients, families are more likely to get and stay healthy. The expansion recognizes that integrating lawyers into health settings is a medical intervention that works in all clinical and disease populations"¹⁵.

14 Barry Zuckerman (2008) Chief of Paediatrics at Boston Medical centre and founder of National Centre for Medical-Legal Partnership viewed from site <http://www.hdadvocates.org/programpolicy/cmlpc/index.asp> accessed on May 28, p.1

15 Barry Zuckerman (2008) Chief of Paediatrics at Boston Medical centre and founder of National Centre for Medical-Legal Partnership viewed from site <http://www.hdadvocates.org/programpolicy/cmlpc/index.asp> accessed on May 28, p.1

In Nigeria, this collaboration is relatively new and is being championed presently by the Women's Law Clinic. The innovation was as a result of our first referral by the University College Hospital shortly after the Clinic's inauguration. The client visited the Clinic accompanied by her social worker. She was just recovering from a psychological and emotional breakdown which was a consequence of her matrimonial challenges. Her doctor noted that she may not completely get over her medical problems if the legal issues were not addressed. Our intervention gave her confidence and strength which led to her healing, regaining/ resuming her job, communication with her children which she had been denied and of course her total recovery.

This is the only referral received from the health profession in two years as it was observed that due to the high number of patients seeking medical care, doctors are unable to form close knit enough relationships with their patients which will allow them to recognise that their medical condition is as a result of unresolved legal problems.

This propelled the Clinic to reach out to women at the health centres. The first attempt was an outreach and sensitization drive which involved just speaking to the women, telling them about the existence, activities and areas of operations of the clinic. This yielded minimal results as we noticed that although the women were very enthusiastic, they cooled off on getting home, some of them not wanting to wash their dirty linen in public, and changed their minds from coming to the Clinic.

The Clinic then embarked on another approach- the mobile clinic approach. This involves taking the Law Clinic to the health centres and receiving clients on the spot. This made the enthusiastic women come out immediately for a case by case analysis of their various legal issues. The aim of the mobile clinic concept is also to enable women who for reasons of distance or lack of means of transportation would have been unable to benefit from the clinic. The clinic on a weekly basis takes mobile file cabinet, files and all other materials used in the clinic, to the health centre. The health centre on their part provides a make shift office space and allocates some time for a brief talk to the women before the commencement of medical consultation. Women receive counselling and free legal aid alongside receiving medical attention. Due to the high number, women who are expected to wait for their turn to see a doctor have the opportunity of receiving legal services first and vice versa.

The most common medical conditions resulting from unresolved legal issues are stress and/or high blood pressure. The clinic follows up case work regularly some of which could take between a few weeks to several months. In some cases this involves direct contact with the client's doctor in order to monitor improvement in the state of her health. In other cases, the testimony and medical report of the client helps us ascertain progress in her health condition.

The Aim of the Health- Legal Collaboration

Nigeria has a population of about one hundred and thirty million people with a life expectancy of 53.3 and a literacy rate of 55.6%. The infant mortality rate is 89.5 per 1000 births.¹⁶ This infant mortality rate is as a result of inadequate medical care mostly due to poverty, ignorance and cultural beliefs.

The aim of the Health-Legal collaboration is to reduce maternal and infant mortality through

¹⁶ Bruce Thom (1999) *Geographica: The Complete Illustrated reference to Australia and the World*, random House Property Ltd, Australia p.341

the use of a free legal aid scheme, improve women and children's health condition by securing adequate maintenance, welfare and child custody. It aims to "improve health outcomes by alleviating legal stressors".¹⁷

The Clinic employs a multidisciplinary and holistic approach to provide legal advocacy in a medical setting for clients. Many legal related issues can affect the health of low-income families and many of the problems that affect the health of children and families have legal remedies. The collaboration helps patients resolve problems that could adversely affect their health or access to healthcare.

To date about 90 clients have applied for legal aid at the law clinic out of which about 20% are as a result of the collaboration with the Community Health Centre.¹⁸ A majority of the cases are claims for maintenance and child welfare/custody. Others include landlord/tenant relationships, and employee/employer relationship. These claims are mostly by women who have no form of marriage under Nigerian law¹⁹ but have merely cohabited for over 10 years with the union producing 3-5 children. It is noteworthy that although domestic violence was present in most of these cases, the women never sought any form of legal action in this regard. Out of the over 90 cases brought to the Clinic, only one client sought relief in respect of domestic violence.²⁰

Lack of women's empowerment, poverty and ignorance have been identified as reasons for women's inability to care for their children. Many of these children lack medical attention, drop out of school and are malnourished as a result of wilful neglect and abandonment by their fathers. The Clinic employs the use of alternative dispute resolution mechanisms in addressing the legal issues. A letter of invitation is sent to the respondent in the first instance as the clinic upholds the principle of fair hearing. The Clinic then helps the parties arrive at a concrete resolution on the amount of monthly maintenance to be paid to each child, where it would be paid, when payment is due, custody of the children and what happens when either party defaults.

Clients receive a range of legal services, including legal advice, referrals, and representation in court. The result of the progress made on client's case work showed a remarkable improvement in the client's circumstances- children's health condition improved steadily and they were better taken care of, they went back to school and in most cases the clinic helped both parties reconcile their differences and re-unite. This also gave the children a better environment to grow and improve academically.

The Selection of Target Women Groups

The selection of women at health centres was prompted by the first referral and by the clinic's experience with other forms of outreach programmes. The health centres are about the only place where you can have a large audience of grass root women who come mainly for child related issues such as immunization, ante-natal and post-natal services. It is also one of the only few places

17 Wood (2004), The Law and Health project: Land of Lincoln Legal Assistance Foundation viewed from site <http://www.lri.lsc.gov/practice/healthdetail T107R1.asp> and accessed on May 28, 2009

18 70% of clients came as a result of media sensitization on both television and radio while 10% are referrals

19 Under Nigerian Law, three forms of marriage are recognized- Customary marriage in accordance with the various customs that abound in Nigeria, Islamic marriage, and Marriage under the Marriage Act otherwise known as Statutory marriage.

20 The bill on Violence Against Women is yet to be passed into law, therefore domestic violence is still regarded by the police as private family matter for which women are told to go back home to settle their differences

where women are seated orderly and are willing to learn from medical talks given by the clinic matron or other nurses on duty. Speaking to these women about benefitting from another kind of 'clinic' which may jettison the need to seek medical care, not only arouses their enthusiasm but also encourages them to come forward for a free legal aid which will in turn improve their health condition.

Benefit of the Health-legal Collaboration to the Students and the Medical Profession

It has been said that the best lawyers are made not by legal education, but rather through the training they receive; they become the best lawyers by *practising* law.²¹ The benefit of the health-legal partnership to students cannot be over emphasized. The role of students working in the law clinic is vital to the delivery of legal services to the less advantaged women who benefit from the access to justice scheme while at the same time promoting their medical health status and that of their children. According to David McQuiod Mason:

The well supervised use of law students will significantly ease limitations under which most of the general programmes in Africa work; it is only through student programmes that there is any possibility in the near future for legal services becoming widely available to the poor, among other landmark relevancies.²²

The students have not only acquired fundamental lawyering skills but have also mastered skills of effective communication, complex decision-making, problem-solving, ethical behaviour and more specific professional skills.²³ They also earn credits for participating in the Clinic and are assessed based on their performance.

Medical personnel learn to listen for non-medical information patients bring them and to better screen for potential legal problems. They also discover that this collaboration which improves health has helped to also achieve their objectives.

Challenges of the Health-Legal Collaboration

Ignorance of the Law

The generality of women who have no form of marriage are ignorant of its consequences.²⁴ The major consequence is that they have no legal remedy except as regards the children of such union. The Child Rights Act protects the best interests of the child and makes it an offence for a parent

21 Lisa Pruitt (2002) 'No Black Names on the Letterhead? Efficient Discrimination and the South African Legal Profession' 545 (23) *Michigan Journal of International Law* 553 p.599 as quoted by MA du Plessis (2008) 'University Law Clinics Meeting Particular Student and Community Needs' *Griffith Law Review* Vol. 17 No. 1 p.126

22 David McQuiod-Mason (2000) 'The Delivery of Civil legal Services in South Africa' 24 *Fordham International Law Journal* 5111 p.24

23 Anne Hewitt (2008) 'Producing Skilled legal Graduates; Avoiding the Madness in a Situational Learning Methodology' *Griffith Law Review* Vol. 17 No. 1 p.93

24 There are three types of marriage recognized under Nigeria law. The first is marriage under the Marriage Act which provides for a one man one wife relationship to the exclusion of all others. The second is marriage under customary law which varies from custom to custom and permits a man to marry more than one wife. The third is Islamic marriage.

or guardian who denies a child the basic necessities of life including food, shelter and education.

High Level of Illiteracy

The high level of illiteracy stems from the fact that culturally, women are seen as home makers rather than professionals. The consequence of this illiteracy is a lack of knowledge about their rights as highlighted in the earlier part of this paper.

Funding

Law clinics cannot function effectively without funding. Lack of funding leads to delay in expediting casework which may sometimes lead to denial of justice for clients. It also stalls staff development and hinders mobility to community health centres. This challenge greatly affected the Women's Law Clinic in 2008 and 2009.

Inability of Government to Domestic International Conventions

Although the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) has been ratified by Nigeria, it is yet to be domesticated. This can be attributed to various cultural and religious practices, and the complexities involved in domestication.²⁵

Unwillingness of the respondent to honour the Letter of Invitation

The Women's Law Clinic can only successfully handle casework if the respondent voluntarily and willingly honours the letter of invitation sent to him. Where he fails to do so, the Clinic cannot compel an appearance. This may prevent the client from getting justice on a particular matter.

Denying the Paternity of the Child

In child welfare issues, where a man denies the paternity of a child in a bid to shy away from his parental responsibility, the clinic's only option is to refer the parties for a DNA test. This may lead to delays and cost implications that may hinder access to justice.

Lack of Infrastructure

A legal-Health partnership can only function effectively with a well equipped law office located at the community health centre. It therefore poses a challenge where the health centres themselves have insufficient space and facilities for medical work itself before thinking of facilities for a law office.

Community Patronage and Support

Another factor that can pose a challenge to success of the Health-Legal collaboration is a lack of support and patronage from the community where the law clinic is based. The process of gaining the confidence of the community is not always easy. While law students are usually enthusiastic

²⁵ The procedure for domestication in the 1999 Constitution of Nigeria provides that, '*No treaty between the Federation and any other country shall have the force of Law except to the extent to which any such treaty has been enacted into law by the National Assembly*'. For a treaty to enacted by the National Assembly, it must be passed by a majority of the thirty-six Houses of Assembly in the thirty-six states of Nigeria.

about the introduction of law clinics at health centres, many observers sometimes react to them with scepticism. If clinics are able to hold out and justify their existence by rendering useful service to their communities, public support will only be a matter of time.

Capacity Building

The lack of trained and experienced clinicians is another challenge. This can however be overcome by sending members of the academic staff for training by institutions locally and abroad that have acquired experience and expertise in the delivery of clinical legal education. The opportunity to observe the actual operation of law clinics will go a long way in stimulating the interest of aspiring clinicians.

Conclusion

This paper has examined the linkage and synergy between the legal and medical profession through the instrumentality of Clinical Legal Education. Lessons drawn from the Health-Legal collaboration of the Women's Law Clinic, University of Ibadan can be applicable in law school clinics in any part of the world. This sort of collaborative effort helps to promote interdisciplinary study. It is important that law students be encouraged to participate in community service as students benefit from the experiential learning. It is hoped that other law clinics will take a leaf from the Women's Law Clinic's book, improving on our strengths and learning from our weaknesses.