Interview with Dr. M. Oluwafemi Agbayewa

(Alumnus of the College of Medicine, University of Ibadan; Clinical Professor of Psychiatry--Retired)

DOI: https://doi.org/10.5281/zenodo.15230938

DOKITA: Okay, very lovely to see you Sir. I am Oloko Kofoworola, the current Editor-in-Chief, very nice to finally meet you Sir. And, I am Alabi Joshua, a member of the Board. Very lovely to meet you, Sir. For posterity's sake, I mean, we know who you are. We are very excited to see you. But for the sake of posterity, could you please introduce yourself for the record, Sir?

Dr. Agbayewa: It's my pleasure. I'm Dr. Femi Agbayewa. Well, my full name is Meshach Oluwafemi Agbayewa, but in my medical school days, everybody called me Femi, and most people now still call me Femi. So hardly anybody ever calls me Meshach – it's only a legal name. I'm a proud graduate, [an alumnus] of the University of Ibadan (UI), and, as you might say, I'm a great Ulte [a term for University of Ibadan students]. Do you still use that term? "Great Ultes"?

DOKITA: Yes, Sir. *Aluta continua!*

Dr. Agbayewa: Okay, great. Yeah, that's good, [*Aluta continua*]. Yeah, okay. I think I'll probably start with [the time] when I got into UI medical school. It was in fall, sometime in October of 1969, I think… yeah, obviously, I am that old. It was a fun time. And we were all, you know, doing our preclinicals in UI, where I was a great Bellite, [a student of] Sultan Ahmadu Bello Hall. I'm definitely not a Zikite [a student of Nnamdi Azikiwe Hall]. Then we moved over to [University College Hospital] UCH, following the preclinical years. Do you still do that?

DOKITA: Yes, Sir. We are currently in UCH, Sir.

Dr. Agbayewa: Oh, okay, yeah, of course. Alexander Brown Hall, yes. And after finishing my MBBS [Medical Degree] in June 1974… in fact, our 50th anniversary is coming up next year. 50 years. I can't believe it. I don't know what happened. I don't know what happened in between.

DOKITA: Yes, wow. It just flew by.

Dr. Agbayewa: Like, yeah. It just flew by. It flew by, real fast. But of course, I have very, very fond memories. Besides, somewhere along the line… I think when I got into UCH, there was Dr… he's probably Dr. [Akintola Bankole] Odutola. He was a couple of years ahead of me. So, he was the editor-in-chief of DOKITA at that time. And Dr. [Emmanuel Oly] Udezue, I'm sure he's probably a doctor, or a professor, whatever, but Dr. Udezue was the sub-editor; I was sub-sub-editor. So, in other words, yeah, that was what we used then. [I] understudied the guy and Dr. Odutola was editor-in-chief. That meant that in my fourth year, I became the sub-editor, [understudying] Dr. Udezue, who was the

editor-in-chief. Then in my final year, I became editor-in-chief, at that time.

[Initially, in the earlier years] we managed to publish about four times. Then, we struggled to publish two times. [Towards the end,] in fact, we almost didn't publish one year. I had to be running around. And then, you know, sometimes getting enough articles to publish, it was never easy. Sometimes, we had to lean on the professors, some of the consultants. Of course, [very] few of the medical students were interested in writing. They were just not interested. Is it still the same?

DOKITA: Yes, the apathy [is still] there. Actually, I think it's more like [they're hesitant to publish in] a journal that is not indexed yet, in PubMed, AJOL. And even still, the interest of the students, it's more like a niche group of students that want to publish. The rest of them, they just want to graduate and start practicing. So, we're trying to inculcate this spirit of research into the students.

Dr. Agbayewa: It was never easy. You know, even none of my friends published probably because we're more interested in the party part of life. I mean, in medical school, that's how you had fun. You work hard, you have fun, and then you graduate. Yeah, work hard, play hard, exactly. But we had… I think Professor Omigbodun, he is the [current] board chairman… we had [someone similar] who we sometimes usually leaned [sic] on to try get [his] colleagues to give articles. Then, because DOKITA was listed, that is, we had an ISBN number, which meant that you could technically quote the journal, yes, as a reference, right? Yes, that's important. It counts as a publication, which is important for the students to know. This is because if they want to pursue academic career in the future, anything they publish there will count as one of the publications for them, and it [indeed] does help if anyone is trying to get an academic position.

DOKITA: Thank you very much. Yeah, so I believe, so far, we know more about Dr. Agbayewa Femi. Moving on Sir, we would like to ask why you chose your specialty as a practicing doctor?

Dr Agbayewa: Ah, that's a very interesting question, because, for some reason, I've always been interested in people, you know, how people behave. People's behavior was always of interest to me. And, even when [we were] in preclinical times, there was a lady who came to give a talk as part of the medical sociology in preventive and social medicine. We had somebody give a talk on, you know, medical aspects of sociology, presumably things like, what defines a patient. You know the usual thing about sociology, how patients are defined… you have to present [with] your symptoms, [after which] we all recognize you then as a patient. Then you are entitled to things. So those things interested me. And then, of course, I was also kind of, I was probably not so much traditional, in a way, because I regard myself as a socialist. So even in those days, I've always thought of myself as a socialist. I still think I am.

It is important for students to know [to publish in journals]. This is because, if they want to pursue an academic cereer in the future, anything they publish there will count as one of the publications for them, and it does help if anyone is trying to get an academic position.

DOKITA: Even in the days of the USSR?

Dr Agbayewa: Yes, I was a member of the Nigerian-Soviet Friendship Association. I was a member of the Nigerian-Czechoslovak Friendship Association. After high school, before I went to [the] Federal School of Science, everybody went to British Council. Not me – I went to the Soviet Union Council. They had a library somewhere in Yaba. That's where you are more likely to have found me then. I read a lot about Karl Marx, the revolution, learning and so on. Yes, I had the Red Book, the Little Red Book. I carried it around.

DOKITA: You must have been called Comrade Femi.

Dr Agbayewa: I even read, for quite a long time, what's his name, the dead leader in Cuba, Fidel Castro. I memorized the speech he gave when he, you know, overthrew [Fulgencio] Batista. When I travelled to Cuba, I went around asking everybody, all the people I knew in Canada here, who had friends in Cuba. I was asking if I could meet him but what happened was,

when I arrived, the security people took me aside, so I never got to meet him, which was bad. That was, a major, important part for me. But it also meant that my interest in people was a large chunk of that [sic]. [Because] of reading that, then, I became interested in reading more about people in general. I remember reading as a medical student, first year [in] clinicals, I had read "Totem and Taboo" which was a book by Freud. I had read, yeah, "Interpretation of Dreams," you know, all of those things they were interesting. When I did my Obstetrics and Gynaecology rotation, in those days, we had to write a paper.

DOKITA: Yes, Sir, we still do. We still do that.

Dr Agbayewa: That's great. Yeah, what I wrote mine on, [was] postpartum depression. So, I was always interested. And the only thing that competed with Psychiatry was Neurology. Yeah, because we had the late Professor Osuntokun at the time. He was a very, very brilliant man. I thoroughly admired him. And, oh, there was a professor who worked in the same unit. He was a younger guy, then, obviously older than I was, but he was a younger guy, very bright, very brilliant. I admired them and those were the only two things. Well, I briefly considered Paediatrics, very strongly, because when I [was in school], I wasn't sure towards the end whether it was going to be Paediatrics or Psychiatry, because I felt that if I did Psychiatry, I will have to learn some Neurology. So, I didn't mind that, but I had to decide [between the two], because I felt that Paediatrics and mentally ill people were the two groups of people who could not speak for themselves. They didn't really have the power to express, to do the things they needed to do. So you might call them the "too oppressed" or the "non-powerful people." Which, as a socialist, will be of interest to me. So that's why, I split my rotation in my elective in the final year into two. I did half of it in… we used to go to Ilesha in those days for Paediatrics. Yeah, Wesley Guild Hospital, Ilesha.

DOKITA: Oh yes, Sir, in Ilesha. We don't use that currently. It is the students in [Obafemi Awolowo University] Ile-Ife that use the Ilesha hospital these days; we use the Oni Memorial Hospital.

Dr Agbayewa: Okay. So I split it, and then the other half, I went to Yaba [Psychiatric] Hospital. Yeah, Dr Marino, not the current Tony Marino, who is the gynaecologist. His father was a Psychiatrist. Yeah, so I did my elective with him, because I felt like I needed to weigh the two, and at the end, I chose Psychiatry.

DOKITA: Yes, Sir, and we can see how happy you are right now. Thank you.

Dr Agbayewa: Oh yeah, it's was the only way I could have [done medicine]. I have a joke. Professor Adekunle, the surgeon. I don't know if he's still around. Yeah, he was in General Surgery. When I did my housemanship, you had to do three rotations. I did Paediatrics, Surgery and Medicine. And I was… I remember how you struggle to assist so you can have all the experience. I was not particularly interested. I just did what I had to do.

DOKITA: Yes, just get the signatures and move on.

Dr Agbayewa: Exactly! Then, I remember him telling me, "you do all your lab work, all my preparations…" In those days you had to do your lab test, you know, the side lab. We had a side room where you did the microscopy, you examine your samples, you [measured] your own haematocrit yourself, you know, before surgery. I did all of those things. I was always on time. And he said, "So, why don't you assist?" "Assist?" He really wanted me to do more assists. I said, "I really don't want to, I'm going to Psychiatry anyway". He thought I was wasting his time, but he was very nice to me.

DOKITA: Yes. Thank you very much Sir. Now it's more like the residents first, before it even gets to the medical student.

Dr Agbayewa: Yes, because, they had just [started]. Actually, I was [among] the first set [of students], at least, the Psychiatry [Pathway] in the Fellowship of the Nigerian Medical Council, FNMC [Now, Fellowship of the National Postgraduate Medical College of Nigeria]. They [had] just started a graduate programme… First it was NMED, which was granted by the university. That was the first [medical] graduate programme in Nigeria. They then tried to merge it with the FNMC. Then, there was no Fellowship of the West African College. So, when I returned from my [Youth Corps Service], I went to Professor [Thomas Adeoye] Lambo's unit [in the Psychiatry Department] as a senior House Officer. There were two of us. I did my Part I, which is the Basic Sciences, of the FNMC [requirements] there… Yes, that was my first year, in

Psychiatry as a senior House Officer.

DOKITA: Thank you very much, Sir. I believe now we know why you chose that specialty very well, Sir. So, Sir, how have you observed the changes in psychiatry over the years, specifically in terms of clinical practices?

Dr Agbayewa: First of all, psychiatry Nigeria, then, was fairly limited to the teaching hospitals. They were very [rare], I don't even remember any psychiatrist who was doing private practice. We had the [Federal Neuropsychiatric Hospital, Aro, Abeokuta] which was a major Training Center. We all spent eight weeks there as [medical students], which was a very great experience for me. Professor [Tolani] Asuni was the head then. It's interesting, because that particular program, was linked to another community program, where patients lived in the community in rented homes, and their family members came to help look after them, and then they came to the clinic as necessary for their injections and [clinical] assessment. Which, I think was started by Professor Lambo and Professor Asuni as part of that. And that was, it was a huge program, very renowned worldwide, and a lot of people tried to copy that, not necessarily successfully, because it relied on community resources, and it destigmatized illness. But of course, at that time, it was novel, and it was fairly limited. [Also], the mental hospitals themselves were not that great. That was not just in Nigeria. It was everywhere. So, when I got to Canada, it was a different thing for me then. Things like psychotherapy and the different theories of psychotherapy, [the] approaches were not available to us in Nigeria, at that time. In fact, we did not have the time for psychotherapy, so a lot of our focus was on Biological Psychiatry in those days. We had a social worker, we had a psychologist, but in real practice, their impact was mostly along the research line, because we had psychiatrists who were very, very good researchers. Professor Olatawura, I don't know if you know him.

DOKITA: No Sir, [unfortunately we don't].

Dr Agbayewa: He was, I mean, for me, he was a really, really great influence. And he had gone to Maudsley. I think he had trained at Maudsley Institute of Psychiatry in London. Which was a major psychiatry institute. So, psychiatry in Nigeria at that time was mostly biological, compared to North America, where you had a lot more psychodynamics and psychoanalytics. So, I was exposed to a whole variety of the psychotherapies, which we did not have in Nigeria. Between then and now, at least a lot has changed. First of all, a much more precise definition of psychiatric disorders. Of course, [there was] also a much more political aspect of psychiatry. I remember, when I first finished my residency, I used to belong to an association called "PAPA" which was "psychiatrists against psychiatric abuse".

DOKITA: The socialist is really in you Sir.

Dr Agbayewa: But except that now, when I look back, that was an organization that was probably abused itself by the capitalist world. So, it was used, yeah, because basically it was looking at psychiatric abuse in the Soviet Union. I'm not a fan of the Soviet Union by any chance, because they did not practice the ideal form of socialism. They were autocratic, so I'm not a fan, but again, PAPA, the society, was geared towards antagonizing the Soviet Union. So most of the members were Americans and so on. But, I was too young to realize what was happening. Nevertheless, that political aspect is still very present – not just in psychiatry, but everywhere, across the board. You can see, even in the sciences, people are protesting against having scientists from Russia participating in international associations because of the [2022] invasion of Ukraine. Then you say to yourself, there have been great scientists that have come out of Russia, you know, over the years. So, just because of politics, you cannot deprive the world of their abilities. But again, that's the way politics is, the knowledge [sic]. That's my opinion. But anyway, that was that. And of course, I stayed away from that politics because, first of all, I'm not a very good politician. I can't stand idiocy, you know, I can't. I'm allergic to stupid, stupidity, whichever way it is. Yeah.

DOKITA: Yes, Sir. Okay. Thank you very much, Sir. So far, are there any particular advancements that have [stood] out to you, in especially in the field of psychiatry?

Dr Agbayewa: Yeah, a lot, a lot has happened. When I finished my residency, and then I decided to sub-specialize in Geriatric Psychiatry… at that time, we were still talking about the concept of senility. The debate was still, whether there was something called senility, whether it was a disease or not, and then studies were beginning to come out that was that were talking about deterioration, the presence of plaques and things that are assumed now at the time

[sic], and even the role of acetylcholine in memory generation and so on. Those things were just being debated. And even the definition… people were still debating whether what they call presenile dementia was the same as senile dementia, you know, the Alzheimer's disease. So, Alzheimer's disease was supposed to be a presenile [disease], because the cases that described by [Dr.] Alois Alzheimer [had] the age of the patient [as relatively] younger, and then so and then later studies were coming out. You know, neuropathological findings were saying, hey, wait

So, just because of politics, you cannot deprive the world of their abilities.

a minute, they are both the same. So, I grew up… When I said I grew up, my profession was starting at that time, [when] all of those things were developing. Yeah, it was exciting. In a lot of ways. We were all trying different things. I remember trying to give fish oil, you know, ethanolamine, for instance, related to acetylcholine, and people were selling "choline" in health food stores. So, you know, people were trying all sorts of things to improve the acetylcholine [levels] in the brain. And then, of course, we were also beginning to relate to the side effects of the tricyclic antidepressants, because they have the anticholinergic effects and [discovering] how that affects memory as a model for, you know, dementia, and, of course, delirium and so on. So, we grew up around that time, and it was exciting. So that was different, yeah. Now we talk of [Apoliprotein-E]. And Ibadan was a major center for that. So, the neurology program… And, my good friend, the geriatric psychiatrist at Ibadan. Now I can't remember his name – that's part of my own Alzheimer's start to show you.

DOKITA: [Don't worry, Sir] we hadn't really noticed.

Dr Agbayewa: Nah, it's there; I just hope it doesn't progress.

DOKITA: Oh yes Sir. We also hope too, yeah.

Dr Agbayewa: [Thank you]. They did a lot of beautiful work in Ibadan and in collaboration with another guy in Minnesota, who I actually know very well because we were both… He had also been in the University

At the Taj Mahal with Susan, 2017

In Iceland, 2023

1974, with Dr. F.F. Fadero (Rt) and the Late Dr. Onayemi (middle)

Top of a long climb up the castle in Kotar, Monte Negro, 2016

Supper in the Dinning Tent, the Sahara Desert, Morocco 2015

Looking out at Mt. Everest from Nagarkot in Kathmandu Valley of Nepal, 2017

of Manitoba, where I started my academic career, for some time. So, he knew people in Ibadan, he knew people in Manitoba. I knew people in Ibadan, I knew people in Manitoba. And then, so when we meet at conferences, we kind of became besties. And he was head of psychiatry at University of… Indiana? Yeah, Indiana at that point. He moved out to Indiana, and he was, he headed the… There was a neurologist in Ibadan, and I don't really remember his name now, who was actively involved in that project. I met him once, [during one conference], because I was very active within the international Psychogeriatric Association. I sat on the board of directors for about eight years, and I was chair of the Service Delivery Committee for five or so years. So, during that time, I was also involved with the World Psychiatric Association, which had a connection with the [World Health Organization], of course, and the Directorate of the Mental Health Division. So, I knew, and participated in conferences and committees with those guys. We actually came up with [an institution] I think it's called the Organization of Mental Health Services for the Elderly, which was a technical report, where we try to look at how you can organize the delivery of services for the mentally-ill elderly. [We tried to do it] in such a way that it's not necessarily the North American model, because the North American model, especially the American model, is a completely different model from everywhere [else], because the model in the US is, in my view, not even ideal for any [place], not even in the US, because it's a capitalist system. So, it's money-oriented. [Since] it's money oriented and [capitalistic], it's not about health, it's about making money. Yeah, so a lot has changed in that again, because more attention has been paid to elderly services. I think in one of your symposia a few years ago, you had a symposium on delivery of mental health and geriatrics? I think you DOKITA organized something a few years ago. I don't remember exactly the details.

DOKITA: Yes, Sir. We did. I remember we published an edition. Yes, Sir, we published an edition specifically for mental health and another one for geriatrics.

Dr Agbayewa: Yes, I think I kind of remember that as one of the things you did. So again, the idea [is] that providing mental health services should [have] a unique approach. And I don't think we should forget what Lambo and Asuni did, you know, the idea of more community [involvement], using family members and managing people in community. We all read about community mental health in the US, the community mental health movement, and so on. But we should also remember that Lambo and Asuni did a [relatively] better job in Nigeria. You know, [even] before that. And that theirs was even more successful, in my view, than the [one in the] US, because the US', you know, when you have psychiatrists and psychotherapy [sic]… who you can treat is limited.

And the other thing, I think, has changed, which actually I was noticing the other day, I was actually thinking about, you know, if I had time, I will write a letter to the editor of [some journal] or the other; Before, we used to talk about mental illness. Now… oh, I know what happened. I was walking past a hospital, a clinic that I used to consult years ago. I had consulted there. It used to be a mental health clinic, you know, with substance abuse disorder, now it's mental health and substance use. The irony is, we [are] no longer treating people who are sick. Yes, it's ironic. You know because, yeah, there's a lot in the name because you now say that people are no longer mentally ill and they no longer abuse substances. If they're not abusing it, then why do you treat them? If they are not mentally ill, why do you treat them? And, for me, it's a way of taking resources away from those who need it by saying, Oh no, they're not really mentally ill. But you know, if they're not ill, then you don't need to treat them. So, I see a sinister approach to the policy. I see another way of marginalizing the mental health rather than… it's not normalization, it is an illness, but that's a different philosophy. So now I spend all my time reading and responding to letters to the editor of newspapers rather than journals.

DOKITA: So, Sir, because we intend to release this to medical students far and wide, we just want you to share insights on how you managed to balance clinical work, research and teaching throughout your career… How you were able to keep that balance between research, your clinical practice and [educational work]. How were you able to balance the three, Sir?

Dr Agbayewa: I did not do a good job of it, so I'll say that outright. Because when I look back, I should probably have chosen one direction or the other; because you have to pay a price somewhere. What happened for me was most of what I have done has been driven by events that interest me. So, for instance, earlier on in my career, when I will go to meetings with managers, administrators and so on. And then we will be talking, and I will be looking at research data and say, "Hey, this

is what we should be doing. This is the data." It flows like that. And then I realized that a lot of these people in management, they're not stupid, yet they're making decisions that we as clinicians consider stupid. So, I kept thinking, okay, there has to be a reason. So rather than assume that they must be stupid, because I know they are not. I know they are bright. Some of them have PhDs. So, there's a gap between clinicians and management. I was with the University of Manitoba then, as an assistant professor. They allowed us to take courses in any of the university departments free of charge. So, I took courses in administrative management, and then I enrolled with the American Psychiatric Association. [They] had a program called certification in administrative psychiatry. So, I took that program to try and understand a little bit more of what administrators know. And then I realized that, yes, they not stupid. They consider other things besides us clinicians. And as an example, I'll give you an example. When I moved to British Columbia, I was recruited from Manitoba to British Columbia as I was an associate professor in psychiatry. I was also head of a regional hospital department, but I was also the clinical director for the whole of northern British Columbia. Now that meant that I was spending a lot of time doing administration. I was traveling, constantly

We are no longer treating people who are sick, It's ironic because there's a lot in the name [Substance Use Disorder vs Substance Abuse Disorder] if they're not abusing it, then why do you treat them? If they are not mentally fit, why do you treat them? It's a way of taking resources away from those who need it. I see a sinister approach to the policy. I see another way of marginalizing general health... it's not normalization, it is an illness

[administering], so there was really no time to do any research. And because I was in Prince George [British Columbia], one of the ideas… they had a very good alcohol program. And the University of Manitoba did not really have a solid alcohol teaching program, so I suggested that to department head. So, we started sending people up there. Now I had both administration [and research], but then my research suffered as a geriatric psychiatrist. Here I was in a large area, but with a small, scattered population, which makes service delivery [difficult] – very important. So that part of it was good. But my research in geriatric psychiatry… the population there they, you know, a lot of indigenous people [sic]. I even tried to do a study. I was trying to look at the prevalence of cognitive impairment, or even dementia in [the] indigenous population, which should have been a great study. I thought it hadn't been done at that time. Then I look at the whole population, if I was lucky, I would end up getting about 50 people, I mean, just to qualify for inclusion in the study. And then when you look at consent and so on, so there was no way I could do anything.

DOKITA: Yeah, feasibility was quite low.

Dr Agbayewa: It was very low. So, I had to give it up. So, the teaching part was going well; the clinical part was reasonably okay; the administrative part was going really, really well; but the research part was going down, so it wasn't a good balance. So, I came back to Vancouver and then went to the psychiatric facility where my research could bloom. But then I got caught up again with administration because of my experience. I ended up going back to the university hospital as associate head and clinical director of the hospital. So again, I was into administration. I was able to combine that with some research, because I still had a couple of recent funds, you know, grants that I had to fulfil. So that was okay, and that was going well for about three or four years. And then I realized that my economic side of life was not going well, because you can't balance all of those so it's not easy. That's what I'm trying to say, using myself as an example. Some people did a better job. Now, if I had focused on one, then it will be easier to manage. Unlike in, [let's] suppose, in Nigeria, most of your pay comes through the university if you're an academic in a [teaching] hospital. In Canada, it's a bit different. I remember my first year at the University of Manitoba. My research was going well. My clinical work was going well. Teaching was going well. At the end of the year, I looked at my income. I had to go to the head of the department and say, well, I'm making less than I was making last year, because the hospital paid a

small proportion, the university paid a part [because I am] an academic (the university doesn't have money). Basically, they don't have money. They need your positions to have to be funded, and that means that because the position is funded, a lot of your income comes from other areas, from patient care or your research and so on. And most of the research bodies in Canada, they don't give you money for your salary. They fund projects and payment for the project, but not for your salary if you are a faculty member. So, you had to look for different offices. Yes, okay, exactly [it was mostly out of pocket]. When I was full-time academic. I could depend on the department to somehow make it up. But they had what they call, a salary limit, so you can't make more than a certain amount, even if you got something on the side, you cannot make more than that. And my personal situation was such that I needed beyond that. That's life. It is life. So, you know, I will suggest that anybody starting off you have to make that decision, because it's important to make that decision. If you've decided on staying in academia, depending on where you are… at least in Canada, there are some universities that allow you certain leeway, but you should make sure that you make that arrangement clear-cut [right from the beginning]. It's very important. And [you have] to clarify that for yourself, because cost of living rises and you get married, you have children, you have other obligations. And if you're from Nigeria, you know what it is. You have obligations.

DOKITA: Yes, Sir, obligations and responsibilities. Thank you very, very much, Sir. Thank you very much, Sir. So, you've made it clear why you got that interest in psychology and philosophy. I remember, personally, in my pre-clinical days, I got this interest in what I call it a "trifecta of the human being:" the philosophy for the mind, the psychology for soul and the physiology for the body; that is the doctor, the psychologist and the philosopher. You've made your philosophy clear, your psychology clear. But what about the physiology? How do you reconcile those interests with your primary field [in] physiology, as [a medical field]? How do you reconcile this interest in philosophy, that interest in psychology, with medicine?

Dr Agbayewa: Yeah, for me, again, it's relatively easy, because all diseases emanate [from] dysfunctions in the body, and whether we are able to tell clearly what part of the body or what the specific dysfunction is, is a different matter. In other words, long ago, a lot of psychiatric disorders were not considered disorders; they were considered spiritual problems. You were either possessed or things like that. So eventually we come down to the body. So, it's the way the body functions, and we know that how your body functions determines the way you feel, but we also know that the way you feel affects the way you function. So, it's not what they call the Cartesian dichotomy, [that] does not really exist. In other words, the dichotomy between body and soul or body and mind is artificial – it does not exist. One of the things I tell people, there was a very brilliant article by a guy called [Dr. George Libman] Engel sometime in… was it [1976]? Engel was a psychiatrist in, I think, University of Rochester, somewhere in New York, somewhere around there. He actually talked about the cost of biopsychosocial medicine. I used to bring him up when I talked, when I discussed with my colleagues, who [mentioned] the medical model. I said, no, the medical model is biopsychosocial. It has never been biological. It has always been biopsychosocial. Because even when you go back in history, in western medicine, they have always involved the family. They have always involved the environment. And when you go to traditional medicine, either in Africa or in Asia, it has always involved the family, it has always involved the environment. So, it's not just the body, it's everything. So for me, there is no discussion of that. It's a question of how much are you able to… which part of those components are you able to interfere with? If, for instance, somebody has an amputation… or take the classic example of, in a war, somebody got shot, the limb is dropping, but he's able to run: he doesn't feel the pain, yeah, but he keeps running. Why? Because there's a hierarchy of needs. There's a hierarchy that comes into play, yeah – do you survive or do you stay there worrying about your arm and get killed? So, your mind tells you, man, you gotta survive. You gotta keep running. So, I see it as it's not physical, it's not physiological, it's not psychological or philosophical, it's the person. And all of this are involved in the person. All of it, because there's no person that is just the body. No, you have a mind which interferes with your body, and you live in an environment which affects the way you see yourself and your body.

DOKITA: Thank you very, very much. Thank you, Sir. So, Sir, we would like to talk about your days in medical school. You mentioned that you were the editor in chief, and really, we want to know what motivated your participation in DOKITA. How did you get to know about DOKITA, and how did this

experience, the DOKITA experience, contribute to your career and personal life?

Dr Agbayewa: Yeah, how I got into DOKITA, I can't honestly tell you, because I think the Office of DOKITA, you know, when you walk down the corridor, there used to be that cubicle in the last block there. And then when you, when you get there, and you turn left, I think about three or four rooms down was my room.

DOKITA: What a coincidence – a current member also stays in that room.

Dr Agbayewa: Oh yeah, that was my room. And I think I was walking by and a group of guys –I say 'guys' because there was no female on the board then –[who] were getting into the room. And I was looking at them [thinking], what are these guys doing? And then I said, Oh, I think they needed help with something. So, I went in there. And then they asked me, are you the new member? And I said, sure, okay, I'm the new member. And then that's how I got, yeah. Otherwise, I was not athletic. I played chess. I was on the chess club. In fact, I was the tournament master for the very first inter-medical school competition in chess, we competed with UI and [University of Lagos] UNILAG, and we organized that. Do you still have that?

Dr Agbayewa: Yes, yes. I remember that a past Editor-in-Chief, recently, that just graduated also participated in chess. He was always representing [the student body] for chess competitions. Yeah, I was not good enough. I was constantly on the ladder, but I was never good enough to represent the medical school. There were guys who were really good. So that was part of the other activities that everybody else does on Saturday evenings, Friday evenings, and missing the bus to pharmacology [lab] on Saturday mornings.

There's no person that is just the body. You have a mind which interferes with your body, and you live in an environment which affects the way you see yourself and your body.

DOKITA: Hmm, there was a bus back then? Interesting.

Dr Agbayewa: Yes, we had a bus that took us from UCH attend the lab [sessions] at the pharmacology [department] in UI. There was a bus that constantly went between… They had a timetable… So you went from UCH to UI, you knew when it was coming back. And on Saturday morning, because our Pharmacology lab was in UI, and you were already in clinical years, so you had to go back on the bus [to UCH].

DOKITA: Yes Sir. Thank you very much Sir. Going back, I remember you talking about your research projects. Which of those research projects do you consider to be the most relevant, timeless and pertinent into this [current] context? You know time has gone, things have progressed. But, which of those projects is still applicable in today's world?

Dr Agbayewa: Okay, two things. One, well, it's not my most important one, but it's the one I would mention first. I wrote a paper in 1984 or 1986, I don't remember. It's called "Fathers in the newer family forms: male or female". I mentioned that because it'd become very relevant at that time. Talking about homosexuality, gays, families, adoption, marriage… [then] gay marriage was never remotely considered, not even remotely. But I saw a child… I was in a small town called Moose Jaw in Saskatchewan [Canada] which was another interesting thing because when I finished my residency, I was waiting for my wife then to finish her degree and I couldn't afford to go back to Nigeria – we just didn't have the money. So, I went to get some job and that was how [things went]. Anyways, that is a different matter. So, I wrote that paper at that time, and it was very different because I was basically proposing that anybody could play the role [of a father], that fatherhood and motherhood are essentially social roles and not biologically determined but cultural and social. The paper was fairly well received because in those days, [when] an article is published, people sent you requests for copies because we didn't have [the] internet. So, you had to write to the author to send you copies, or you had to write to the journal, or to the publisher. So, I got a lot of requests, and a lot of [them] were not even from psychiatry but from sociology, psychology… that was good. But, what I regard as probably my major contribution to my field was a paper I published, again, in the 80's, I think it is titled [Earlier psychiatric morbidity in patients with

Alzheimer's disease]. At that time, as I said [earlier], we were still trying to define [the psychiatric illnesses]. So, one of the things I was thinking of at the time was, is it possible that [sic]… Before that, I actually wrote a paper, which was rejected… one of the reviewers [commented] that, this was a dangerous idea! I'm not kidding. He basically said, this was a dangerous idea that we must not encourage, because we just tried to [sic]… What I was also suggesting in that paper that I wrote, which I said was rejected, was [about] the concept of pseudodementia… we used to talk about pseudodementia – a profoundly depressed person can present as if they are demented, because they are cognitively impaired, they are slowed down, so their reaction time is longer, and so on and so forth. So we toyed around with the idea that these are people who presented with pseudodementia, and we also thought that, [since] we could treat depression, some people thought, hey, if you're not sure, assume that the person is depressed and then treat [as such].

So, my position was that, that was not necessarily a good thing because most of the antidepressants we had at the time had anticholinergic effects which could, again, worsen cognitive functioning. [We also understood] that in reality… there were some studies from a group of people outside the [United] States suggesting that you could actually have cognitive impairment in depression, when you do some neuropsychological testing. On the basis of that, I thought what I would do was, after the person said that my thoughts were dangerous, I decided to do some work. So I went back, and looked at… everybody admitted [into] a hospital, which was the Health Sciences Centre in Winnipeg then, over a period of a certain time, and then see how many of them actually had history of depression, or history of any psychiatric disorder that we could diagnose criteria-wise. I realized that a large proportion of them actually suffered from depression and that some of them had psychosis. Now, the implication for that was [sic], it could go [in] either of two ways: at these earlier presentations of dementia, in other words, it is possible that, long before we see could see the cognitive component, the affective component showed up earlier, so we should watch out for it. Or is it possible that depression itself can, later in life, predispose you to dementia? So that was that paper, and it took off because, in fact, for a short period of time, [I was] what you might call a celebrity within, you know, this International Psychogeriatric Association, when I will go to conferences, people [would approach me and] say, oh, yeah, your paper, that's a good idea! What do you think of it? Where is it now? I will say that that was probably my most important contribution in the field of geriatric psychiatry. The other ones are probably not so much in terms of research, because in Canada, I was also fairly active in including geriatric psychiatry in the education program of residents, because in the '80s, nobody was teaching geriatric psychiatry, so a group of us, academics, both in geriatric medicine and psychiatry, got together, and we kind of tried to influence [the literature], [by doing] surveys and [publishing our findings]. And so in that regard, and I think I will say I was, probably, within Canada, I was probably influential in getting it. Not me personally, but I was part of a group that was influential in getting geriatric psychiatry going. I was one of the founding members of the Canadian Academy of Geriatric Psychiatry, which promoted [our cause.] So that's probably what I would say.

DOKITA: Thank you very much Sir, for that. Thank you very much Sir. I think the board itself has to send in a request for that paper, so that [the Board] can publish it in one of its editions. Especially that paper about the roles of the father – it [sounds] so genuinely insightful, especially pertinent in today's world. Thank you very much Sir. We would be expecting it Sir.

Dr Agbayewa: Okay, I will do my best to get it to you, or at least… I won't have a copy, but I can get you the reference. Because I don't keep copies, and I've left academics. I only read about psychiatry if it's important. Otherwise, I don't bother. I would look for a [reference for you].

DOKITA: That begs the question, how has life been for you post-retirement? How have things been up since you retired?

Dr Agbayewa: One of the first things I did after retirement was I took a bus trip through Central America, starting from Mexico all the way through all the countries of South of Central America, all the way to Panama, across the Panama Canal. And then, and I've travelled. I travelled through Spain to Morocco; from Tangiers over the middle [part of the] atlas [book], all the way to Casablanca. I've travelled a lot. I've been to Russia. I've been to… [you] name it. In Europe, everywhere. So, I'm enjoying that. And I think as I told you earlier, I just completed the last leg of the Camino de Santiago de Compostela, which is the route that Saint James took. I'm not religious, not even

remotely, but I did it. My partner wanted to go, and I said, Hey, I'll go with you. It's a good walk, so I did it.

DOKITA: May I ask, what was the last stop on your trip in Central America?

Dr Agbayewa: in Central America, the last stop – Panama. Panama City.

DOKITA: You know, [now] I am sort of looking forward to retirement [myself].

Dr Agbayewa: If you can do it, do it. If you can do it… but first, you can't retire until you've worked, though.

DOKITA: Yes, of course, Sir. Yes, Sir. You mentioned [earlier] about reading… You are a reader, you've read a lot of books, extensive reading. Which one from your collection would you advise medical students, aspiring doctors, that it's a must read? Which one in [that] plethora of books will you say that it's a necessity for aspiring doctors?

Dr Agbayewa: Honestly, I don't know, because a lot of the books I read [are not medically-oriented]. Lately, I've not even reading medical texts lately. There's a book which I used to read and… I have a small cabin, that's a place that I go to, you know, just to hang out. [Especially] in the summer, when it's hot. And I found a book there that I've used to read a lot. It's about chess. It's a game of chess, but it's actually different in the sense that it's a retro chess [sic]. So, it's a book that gives you puzzles. You start from one place and you figure out all the way backwards how the game played – it's one way to waste your time. It's a good way to waste your time. I read a lot of novels. There's a book that I've just bought. Yeah, I read anything. I read a couple of books this year, which I love. You know, Wole Soyinka's latest book, ***The Land of the Happiest People in the World***. I read that. Actually, it was very funny. I loved it. It talked about Nigeria, our culture. I also read a book it's by a man called Colson Whitehead or so. He was actually in Vancouver. He's from New York. He's a black guy, and he wrote about the, what is it, ***The Underground Railroad***, which [described] the way black slaves in the US were able to escape. But, yeah, but he wrote a fascinating fictional version of it, which is very interesting, very interesting. Yeah, there's also a book by [Esin Edugyan]. I think he's probably Nigerian, who wrote a book called ***Washington Black***, which is, again, about slavery and around. She also wrote another book, which I thought was very good. It's called ***[Half-Blood Blues]***, I think, oh, about some black jazz musicians in Europe during the Second World War. So, I read fairly broadly. I read a lot of Nigerian, I mean, African authors whenever I can. The Kenyan guy who won the Nobel Prize [sic] two or three years ago, I think I read two or three of his books. Don't remember his name now, but he was good. So, I can't really say… I can remember the stories. And of course, my favourite one of all time was Chinua Achebe. Yes, I think it was, ***Things Fall Apart***, I first read that book as recommended by Professor [Adetokunbo Olumide] Lucas when I was doing my Preventive and Social Medicine as a medical student in Ibadan. And this will be around 1970 or so, and that book has stayed in my head all this time, because it reflects the culture, and specifically, how culture changes. And there's a book, if you can find it… actually, for me, it's a very important book. It's a multi-author book. It was published by the United Nations. I think it's called ***The Future of Cultures***. Yeah, I loaned it to somebody who never returned it. It was that good. I bought it at the United Nations bookstore in New York. It's a very beautiful book because it talked about the role of culture, in religion, in health, especially. The health part of it, I think it's very brilliant. And since I bought that book, I became interested in the role of cultures and futures [sic]. Knew a few people in that area… it would be a good book. Sorry I don't have any brilliant suggestion.

DOKITA: Oh, thank you very much, Sir. Thank you very much. This has been really insightful, yes Sir. Yes. I mean, you know, speaking of books… a little birdie told us about a book called ***The Kissing Psychiatrist***, Sir. Are you familiar with that work, ***The Kissing Psychiatrist?***

Dr Agbayewa: This ***"kissing psychiatrist,"*** I know. I know that work. But first of all, there's a... I have to disown the fact that it was not autobiographical. I'm a psychiatrist, but it has nothing to do with me. Yeah, it's a good work. I wrote it as a... That's an interesting book. It took me a long time to finish it, but it was a way for me to address some issues. That was going around, but I ended up, you know, through suggestions and so on, reviews and editorial work – it ended up being as fictional as it is. And it's not even about, it's not remotely about Nigeria. But the next one is going to be, not about me, but it's about Nigeria and Nigerians.

DOKITA: The next one, the next book? I am shaking in anticipation, Sir.

Dr Agbayewa: Well, I don't know if you'll get to read it. Thank you.

DOKITA: This next question is more pertinent to this interview, but it's quite a personal one actually, about psychiatry. Psychiatry has always been a major differential, when I choose to specialize. So, I recently just finished my first posting in psychiatry. My colleague here, she's done with her second psychiatry posting, and she's awaiting the exams. We just wanted, advice for students that are entering the field of psychiatry. What will you tell a student like me that is interested in psychiatry? What is that advice that you think is most pertinent, that is most important, that I should not forget? What advice will you give me, Sir, as a student interested [and] thinking of entering the field of psychiatry?

Dr Agbayewa: Ah, my first advice is you are, first and foremost, a physician. Never forget that you are a physician, which means that all the ethical principles that go with being a physician [apply]. And because you're a physician, don't ever forget that. So even though you're dealing with psychiatric disorders, because you're a physician, never forget your physiology, never forget your pathology, never forget your pharmacology. You are a physician, first and foremost. Because you are going to be working with a group of… multiple disciplines, many of them who treat people with mental illness. Or you work with them to facilitate and complement the management of the mentally ill. It's not just about treating – it is managing, because you are going to need a lot of other disciplines that you don't have expertise in. But don't ever forget that you're first and foremost, a physician, because you may end up being the only physician in that team. And if you're the only physician in the team, and you forget your role as a physician, then it's not good for the patient. That's that will be my first… I would say the most important thing, first and foremost, you are a physician, no matter whatever all the other psychological theories [are], the social impact, the political [impact], the cultural [impact]… your job as a psychiatrist is the physician – to utilize all those In the management of the patient. They are not [mutually exclusive]. Yeah. It's never one or the other. It is all. And the one with everything in your training is a physician.

DOKITA: Thank you very much, Sir. Thank you very much, Sir. Thank you very much, Sir. So apart from advice to students that are about enter the field of psychiatry, I would like you to also advise students that wish to serve in the DOKITA editorial board. What's your advice to them?

Dr Agbayewa: Oh, first of all, I will say that it is brave of you guys to do the job. I was telling [my wife] Susan today; I said, I don't know how these guys did this. I said, what we did is not even close to what you guys are doing. Because you organize the speeches, I mean, the symposia. You organize the quiz. You organize the essay contest. We did not do that. So you guys have taken it to a much higher level than we did. So I, on behalf of the previous ones, [are] grateful to you guys, that you've kept it, first of all, you've kept it alive, but not just alive, but, you know, vigorous. So that is great. I should thank you. So, if anything, I don't think I have any advice. I just have, you know, gratitude, not advice. Gratitude. You should continue with the way you're doing. **DOKITA** will continue to live.

DOKITA: Yes, Sir. Thank you very much, Sir. Thank you very much, Sir. We appreciate you Sir. We are so grateful to you, Sir. Let's end the interview on a final note. Let's give it a sense of finality with this question: how would you like to be remembered by your colleagues, your students and the wider community?

Dr Agbayewa: You know what? I honestly don't care. You know why? Because once I die, I'm gone. I won't know. So, it doesn't matter.

DOKITA: Sir, you are a true psychiatrist and a true philosopher, wow.

Dr Agbayewa: So, this is the life you live. That's why I'm not religious. I respect all religions. If your reward is in heaven, and you want to wait for it, go for it. Just don't deny me mine here. Honestly, I don't think in terms of how I can be remembered. Because I honestly think that it doesn't matter what you achieve – a lot of people help you to get there. We have this [ideology] in which we single out one person. I don't believe in that as a socialist. We all contribute to it. So, if I'm going to be remembered, it will be within the context of what the University of Ibadan has done. It's not just me, it's all the people who trained me, all the people who moulded me. So, you need to quote that. I'll say, Hey, give my thanks to the people who moulded me. Yes, Sir. So, I would like to

be remembered that somebody who appreciated the people who moulded me.

You are a physician, first and foremost. Do not forget your role. You are going to be working with a group of multiple disciplines. You work with them to facilitate and complement the management of the mentally ill. It's not just about treating - it is managing, because you are going to need a lot of other disciplines that you don't have expertise in.

DOKITA: Thank you very, very much Sir.

Dr Agbayewa: It's good to see you guys, it's good to see what you guys are doing. I thank you very much for this. Give my regards to Professor Omigbodun. It has been my pleasure. Bye now, and good luck in the rest.

DOKITA: Thank you very much, Sir. Have a lovely day Sir.

DOKITA FACT

Dr M. Oluwafemi Agbayewa served as Editor-in-Chief of the DOKITA Editorial Board in 1974

To purchase Dr Agbayewa's book, kindly scan the QR code below.