SOCIO-LEGAL EVALUATION OF PATIENTS' RIGHTS AND USE OF ONLINE DISPUTE RESOLUTION IN NIGERIA

[1]Temidayo P. AKEREDOLU, [2]John O. DADA and [3]Rashidat O. AJISE

[123]Faculty of Law, Ekiti State University, Ado Ekiti
[1]temidayo.akeredolu@eksu.edu.ng
[2]john1.dada@eksu.edu.ng
[3]rashidat.ajise@eksu.edu.ng

Abstract

In recent times, patients' rights are being recognised by Nigerian statutory and policy frameworks. However, there has been little done for the enforcement of these rights, due to weak complaint systems, and ineffective redress mechanisms. In case of redress in medical matters, time is of crucial essence, and the heavy backlog of cases in the court system exacerbates the process of getting redress for patients. These have contributed to the lack of accountability on the part of the healthcare providers, and lack of access to justice by patients. The increasing dispute between patient and healthcare providers have necessitated a need to address and explore innovative ways for protecting patients' rights in Nigeria. This paper discussed the existing gaps in accessibility to justice by patients, the provisions for complaints by patients, and its effectiveness. It also discussed Online Dispute Resolution (ODR) mechanism, and how it's introduction into the Medical Law sector in settling disputes effectively. It also evaluated current provisions for Alternative Dispute Resolution and suggested how ODR can be integrated into the current institutional, legal and regulatory frameworks that are available in Nigeria's-legal research was conducted using doctrinal analysis of Nigerian statues (FCCPA, NDPA, and NHA), regulatory documents (Patients' Bill of Rights (PBoR)), policies, and comparative frameworks relevant to examine patients' rights, dispute resolution, and enforcement mechanisms. The results show that the existing structures for patients' redress are most often than not, inaccessible for the average Nigerian, slow with extremely limited resources, and are usually unenforceable. The paper concluded that ODR presents an avenue for faster redress procedures, reduced cost of getting redress, and enforceability mechanisms.

Keywords: Patients' rights, Online dispute resolution, Health law, Access to justice, Nigeria

INTRODUCTION

Nigeria's healthcare system operates within a complex governance framework involving federal, institutional, and multiple regulatory bodies, without a single law to consolidate their functions in addressing patients-providers dispute.[315] Due to this, the quality of care, accountability, protection, and recognition of patient's rights is still a huge challenge in Nigeria. These challenges, in addition to the governance structure makes enforcement of rights to be at best, aspirational for healthcare users in Nigeria.[316]

Patient's rights in Nigeria are recognised under multiple legal instruments. The Constitution of the Federal Republic of Nigeria 1999 (as amended), provides for some rights essential to patients' right, which include the right to life,[317] right to dignity of human person,[318] right to personal liberty,[319] and right to freedom from discrimination.[320] However, section 17(3)(d)[321] provides that the state would direct its policy towards the provision of medical and health facilities for all persons[322]. In addition to these constitutional provisions, the National Health Act (NHA) 2014 provides a framework for the regulation, development and management of the Nigerian health system. It sets standards for the provision of health services, with Part III of the NHA outlining rights and obligations of patients' and providers.[323]

In addition to these statutory enactments, in 2018, the Consumer Protection Counsil (CPC), now the Federal Competition and Consumer Protection Commission (FCCPC), along with the Federal Ministry of Health designed the Patient Bill of Rights (PBoR) to enumerate the protections available to the patients into a single document.[324] These protections were curated from the

[315] Sandra Bello, 'The Legal Perspective of Patient Rights and Healthcare Delivery in Nigeria' (2023) SSRN <https://dx.doi.org/10.2139/ssrn.5386392 > accessed 22 December 2025.
[316] Sunday Bontur Lugard, 'The Right to Health in Nigeria and Its Impact on Citizens' Access to Medical Care' (2023) 67(1) Journal of African Law 59
[317] Constitution of the Federal Republic of Nigeria 1999 (as amended), s 33.
[318] Constitution of the Federal Republic of Nigeria 1999 (as amended), s 34.
[319] Constitution of the Federal Republic of Nigeria 1999 (as amended), s 35.
[320] Constitution of the Federal Republic of Nigeria 1999 (as amended), s 42.
[321] Constitution of the Federal Republic of Nigeria 1999 (as amended).
[322] Abba Amsami Elgujja, Umar Alkali and Hauwa Abubakar, 'Navigating the Chasm Between Right and Remedy: An Analysis of the Judicial Enforceability of Patients' Rights in Nigeria' (2025) SSRN <https://dx.doi.org/10.2139/ssrn.5448754> accessed 21 January 2026.
[323] National Health Act 2014.
[324] Samuel Idhiarhi, 'Bill of Rights for Patients in Nigeria: An Exploratory Essay' (Continuing Professional Development Course for Nurses, Nigerian Customs Staff College, Gwagwalada, Abuja FCT, 2019)

Nigerian Constitution 1999 (as amended), the Consumer Protection Act (CPC), now the Federal Competition and Consumer Protection Act, 2018 (FCCPA), the Child Rights Act, Freedom of Information Act, and the National Health Act.[325] The PBoR states the patient's right to safe, quality care, access to medical records, and also lists their responsibilities, along with responsibilities of the healthcare providers. The Nigerian Data Protection Act (NDPA) 2023,[326] also makes provision for protection of patient's data and rights against selling and misuse of a data. This provides expectations, and goals for both patients' and providers.[327] Other legal support for patients includes the Federal Competition and Consumer Protection Act 2018, the Medical and Dental Practitioners Act 2004, and common law principles such as negligence and Contract law.[328]

In spite of the formal recognition of patients' rights, these enactments, and policies have failed to achieve their desired effect in patient-provider relationships. Some argue that the provisions of these documents are merely symbolic,[329] and that healthcare institutions merely pay lip service to the provisions by republishing the PBoR, but giving no heed to it. Some scholars have argued that the Nigerian factor is at play, as there is an interplay of sociocultural, economic, and institutional blockades to the enforcement of it, which puts patients in the continual cycle of abuse, and neglect, particularly in the public health facilities.[330]

The violations of patients' rights are seen largely to stem from ignorance of their rights, absence of effective complaint mechanisms, expensive and prolonged process of litigation, fear of reprisals, and the function of professional regulatory bodies to focus on disciplinary actions for the

<https://www.researchgate.net/publication/349086576_BILL_OF_RIGHTS_FOR_PATIENTS_IN_NIGERIA_AN_EXPLORATORY_ESSAY> accessed 6 February 2026.

[325] Michael Kama Bielonwu and others, 'Consumer Protection: An Analysis Of The Patient Bill of Rights (PBOR) in Nigeria' (Bimak Associates, 2023) <https://www.bimakassociates.com/consumer-protection-an-analysis-of-the-patient-bill-of-rights-pbor-in-nigeria/> accessed 6 February 2026.

[326] Nigeria Data Protection Act 2023. <https://cert.gov.ng/ngcert/resources/Nigeria_Data_Protection_Act_2023.pdf> accessed 25 March 2026

[327] State House, 'How Patient's Bill of Rights Will Transform Healthcare Delivery in Nigeria – VP Osinbajo' (2018) <https://statehouse.gov.ng/how-patients-bill-of-rights-will-transform-healthcare-delivery-in-nigeria-vp-osinbajo> accessed 22 December 2025.

[328] Idhiarhi (n 10)

[329] Ifeoluwayimika Bamidele, Akinleye Bisola and Aiyedatiwa Moradeke Joy, 'The Patients Bill of Rights and Its Legal, Ethical and Socio-Legal Challenges: Are There Failed Promises?' (2025) 8(2) African *Journal of Law, Ethics and Education* 25.

[330] Elgujja, Alkali, and Abubakar (n 8)

healthcare providers, and no remedy for the patients.[331] All these have caused a distrust in the sector by patients.

There is no currently no strong form of enforcement for patient-provider dispute in Nigeria, that is cost effective, and time efficient. This is why alternative dispute resolution (ADR) pathways are most suitable for medical disputes. Within the ADR framework is Online Dispute Resolution (ODR), where disputes can be resolved virtually through mediation, arbitration, or a combination of various ADR processes.[332]

While Nigeria has a provision for alternative dispute resolution, and is gradually accepting virtual dispute resolution processes, there is no specific provision for the use of ODR in dispute resolution. If this is introduced to healthcare disputes, then it would greatly improve the accountability in the health sector, and the quality of care received by patients.

The problem of enforceability in patient-provider dispute in Nigeria is multifaceted, and raises several questions this paper would address.

Research questions

This research will examine the challenges affecting the effective enforcement of patient's rights in Nigeria. It specifically analyses the socio-legal barriers that prevents the utilisation of formal complaint mechanisms by patients. It then discusses the potential of ODR as an alternative in improving access to justice and accountability in the Nigeria healthcare sector, and highlights legal and procedural safeguards that are necessary for ODR to function effectively in the Nigerian healthcare sector.

The objectives of this study are:

1. To critically examine the legal basis of patient's rights in Nigeria.
2. To analyse the socio-legal barriers to its enforcement.

[331] Maryam Chilumpha and others, '"We stay silent and keep it in our hearts": a qualitative study of failure of complaints mechanisms in Malawi's health system' (2023) 38(Supp 2) *Health Policy and Planning* ii14 <https://doi.org/10.1093/heapol/czad043> accessed 22 December 2025.

[332] Chioma Chidera Ugwu, 'Online Dispute Resolution (ODR) and the Future of Digital Commercial Arbitration and Mediation in Nigeria' (2025) 3(5) *EKETE: International Journal of Advanced Research* 15 <https://journals.journalsplace.org/index.php/EKETE/article/view/721> accessed 22 December 2025.

3. To evaluate ODR as an effective response to the problem of enforceability in patient-provider disputes.
4. To recommend legal safeguards for the operational success of ODR in Nigerian healthcare.

METHODOLOGY

This paper adopts a doctrinal analysis design, based on qualitative method. The materials used were of three types: Primary sources, which consist of a review of statutory provisions, regulatory instruments, and policy papers, Secondary sources, which are: scholarly materials, peer-reviewed journals, which interpreted the primary sources, and Tertiary sources, like encyclopaedia for definitions. A thematic analysis was applied in identifying conceptual gaps collated from the literature. This methodology aims to collate existing research findings, and comparative study to create a study for policy recommendations, and future research paths. This doctrinal method will provide a comprehensive exposition into the reasons for enforceability challenges in patient-providers disputes, and how ODR can be effectively integrated for a progressive improvement in achieving patients' rights in Nigeria. This method was used based on the research objective to analyse the statutory gaps that inhibits the process of enforceability in patient-provider dispute

LITERATURE REVIEW

Patients' rights is defined as:

> legal and ethical issues in the patient-provider relationship, including a person's right to privacy, the right quality medical care without prejudice, the right to make informed decisions about care and treatment options, and the right to refuse treatment.[333]

The acknowledgement of patients' rights has developed in tandem with human rights, medical ethics, and health governance.[334] Medical ethics are built on the principles of beneficence, non-

[333] *West's Encyclopedia of American Law*, 'Patients' Rights' <https://www.encyclopedia.com/law/encyclopedias-almanacs-transcripts-and-maps/patients-rights> accessed 23 December 2025.
[334] Jacob P Olejarczyk and Michael Young, 'Patient Rights and Ethics' in *StatPearls* [Internet] (Treasure Island, FL: StatPearls Publishing, 2025) <https://www.ncbi.nlm.nih.gov/books/NBK538279/> accessed 6 February 2026.

maleficence, autonomy, and justice, which provide the basis for patients' rights.[335] Beneficence means treating a patient in their best interest, from diagnosis, to treatment, and their holistic well-being.[336] However, in beneficence, the patient's autonomy in choice might conflict with the medical advice, and their choices must be respected by the provider.[337] Respecting a patient's autonomy is governed by transparent communication, and informed consent of the patient.[338] Nonmaleficence on the other hand, is to avoid further harm, by preventing worsening of a patient' condition before treatment, including informing them of risks involved in treatment as was held in *Canterbury v Spence.*[339] In nonmaleficence, there is transparent communication of all treatment options, side effects, and alternatives, to make the patients in self-determination.[340] These principles are all built on the principle of fiduciary relationship between the patient, and provider,[341] the Supreme Court of Canada in *Mclnerney v MacDonald*[342] stated that certain duties do arise from the special relationship of trust and confidence between doctor and patient.

The patient believes that the healthcare provider is giving the best service for their circumstances, because of the power imbalance between both parties in this instance.[343]

Various jurisdictions have translated these ethical commitments into enforceable standards, and it has been proven that the effectiveness of patients' rights is dependent on the provision of accessible, and responsive enforcement institutions. These mechanisms eliminate litigation backlog, enhance faster dispute resolution, and increase public trust in healthcare delivery, and countries like Saudi Arabia and Egypt have embedded patient's rights in their regulatory frameworks, so that it affects the accreditation of a hospital.[344]

The American Hospital Association's Bill of Rights and Patient Self-Determination Act 1990, were introduced solely for the patients, to enforce informed consent and transparency in healthcare

[335] Deedat Safeer, and others, 'Aspects of Patient Rights in a Developing Country: A Qualitative Study' (2025) 26 BMC Medical Ethics 69 <https://doi.org/10.1186/s12910-025-01232-2> accessed 23 December 2025.
[336] ibid 5
[337] ibid
[338] ibid
[339] *Canterbury v Spence*, 464 F 2d 772 (DC Cir 1972); Olejarczyk and Young (no 19)
[340] Safeer, and others (no 20)
[341] Nola M Ries and Timothy Caulfield, 'Accountability in Health Care and Legal Approaches' (Canadian Policy Research Networks Inc, Health Care Accountability Papers – No 3, 2004) <https://oaresource.library.carleton.ca/cprn/28717_en.pdf> accessed 6 February 2026.
[342] McInerney v MacDonald [1992] 2 SCR 138.
[343] Olejarczyk and Young (no 19)
[344] Safeer, and others (no 20)

delivery in the United States.[345] In the United Kingdom, the NHS Constitution for England (2015) entrenches patients' rights, and enforcement procedures for ease of access to justice.[346]

Despite the recognition of patients' rights globally, Mirzoev and Kane however, have pointed out that low-and middle-income countries still struggle with enforcement of patients' rights due to issues such as limited consumer awareness, ineffective complaint mechanisms, red tape, fear of reprisals, and weak regulatory institutions.[347] Their studies show that patients would rather resort to informal complaint mechanisms, or complete silence, even in grievous matters where clear negligence have led to death or life maiming.[348] This is not far-fetched from what happens in Nigeria, where victims would attribute whatever happens to them as the will of God, instead of holding those responsible of the errors accountable.[349]

In Nigeria, the various legal provisions for protection of patients' rights can be seen as mere paper tidal, from the Grundnorm, to professional regulatory instruments. Section 33, and 34 of the Constitution[350] provides the foundation of healthcare rights in Nigeria. While Chapter II, Section 17(3)(d) is a directive to the State to provide the necessary medical resources. The problem lies in the fact that socio-economic rights under Chapter II of the Nigerian constitution are aspirational and non-justiciable in any court of law.[351]

The National Health Act (NHA) 2014 serves as the primary enactment for patients' rights in Nigeria. The NHA[352] orders health facilities to create internal complaint structures, and Commissioners, and Ministers are tasked with the responsibility of monitoring complaint proceedings, and ensuring that health facilities maintain a standard of care. However, it[353] lacks

[345] Ibid 6
[346] Pin Lean Lau, 'Rights of Patients' in *Max Planck Encyclopedia of Comparative Constitutional Law* [MPECCoL 2020] <https://oxcon.ouplaw.com/display/10.1093/law-mpeccol/law-mpeccol-e150> accessed 23 December 2025.
[347] Tolib Mirzoev and Sumit Kane, 'Key Strategies to Improve Systems for Managing Patient Complaints within Health Facilities – What Can We Learn from the Existing Literature?' (2018) 11(1) *Global Health Action* <https://doi.org/10.1080/16549716.2018.1458938> accessed 22 December 2025.
[348] ibid
[349] Olabanjo Ayenakin, Temidayo Akindejoye and Itunu Kolade-Faseyi, 'Examination of the Legal and Institutional Frameworks of Medical Law in Nigeria' (2021) 9(6) *Global Journal of Politics and Law Research* 12 <https://publications.achievers.edu.ng/publications/62/7dIjrzYUGAR0.pdf> accessed 5 February 2026.
[350] Constitution of the Federal Republic of Nigeria 1999 (as amended) (n 7)
[351] OD Michael, 'Right to Health as a Human Right in Nigeria: A Myth or a Reality' (2025) SSRN <https://dx.doi.org/10.2139/ssrn.5331475> accessed 24 December 2025.
[352] National Health Act 2014, s 30.
[353] ibid

guidance of redress procedural directions for enforcement, and relegates enforcement to internal mechanisms, professional disciplinary bodies, and the courts.

The Patient Bill of rights outline core rights for patients', and they are referred to as goals, and expectations of patients from their healthcare provider. They include right to be treated without discrimination, right to information, emergency care, safety, choice, transparent billing, informed consent, privacy, collaborative decision on healthcare plan.[354] Yet its non-enforceability status makes it's a recommendation for institutional compliance at best.[355]

Another provision for healthcare rights in Nigeria is the Federal Competition and Consumer Protection Act 2018 that views patients as consumers, and grants the FCCPC authority to investigate medical negligence like service-quality failure. Justice A. M. Linman in *Federal Republic of Nigeria v Dr. Anuoluwpo Oluwafunmilayo Adepoju & MedContour Services Ltd*[356] held that in S.2(1) of the Federal Competition and Consumer Protection Act 2018, the FCCPC's authority spans to 'all undertakings and all commercial activities' in Nigeria, which includes healthcare services, and confirms the powers of the FCCPC to protect patients as consumers.[357]

At the facility levels, the NHA places the responsibility of creating charters from the Patients' Bill of Rights for their individual healthcare institutions.[358] Teaching hospitals in Lagos State,[359] Oyo State,[360] and Delta State,[361] have implemented this, and created service charter units, yet they lack the independence, power, and resources to mediate disputes between patients and providers.

---

[354] 'Patient Bill of Rights' (Health Facilities Monitoring and Accreditation Agency, Lagos State Government, 2023) <https://hefamaa.lagosstate.gov.ng/patient-bill-of-rights/> accessed 22 December 2025.

[355] Elgujja, Alkali, and Abubakar (n 8)

[356] Federal Republic of Nigeria v Dr Anuoluwpo Oluwafunmilayo Adepoju & MedContour Services Ltd FHC/L/CR/125C/2020.

[357] Emike Jessica Imuekemhe, 'The Patient as a Consumer: Evaluating the Role of the Federal Competition and Consumer Protection Commission in Promoting Medical Liability and Accountability in Nigeria' (2025) 7(2) *International Review of Law and Jurisprudence* <https://nigerianjournalsonline.org/index.php/IRLJ/article/view/2606> accessed 6 February 2026.

[358] Obioma Helen Onyi, Ngozi Chisom Uzoka and Tina Chinyere Dimkpa, 'Beyond Awareness and Semantics: Patients' Rights in Tertiary Health Institutions in Anambra State, Nigeria' (2024) 10(3) *International Journal of Law* 229 <https://www.lawjournals.org/assets/archives/2024/vol10issue3/10136.pdf> accessed 1 January 2026.

[359] HEFAMAA, 'Patient Bill of Rights' (n 40).

[360] 'Service Charter, University College Hospital, Ibadan, Oyo State' (University College Hospital Ibadan, 2025) <https://uch-ibadan.org.ng/wp-content/uploads/2025/04/SERVICE-CHARTER-HAND-BOOK-pdf-final_083057.pdf> accessed 22 December 2025.

[361] 'Patient Rights and Responsibilities' (Delta State University Teaching Hospital, 2025) <https://delsuth.org.ng/patients/patient-right-and-responsibilities/> accessed 22 December 2025.

Beyond these statutes, and policies, professional regulatory bodies such as the Medical and Dental Council of Nigeria (MDCN), Nursing and Midwifery Council of Nigeria (NMCN), Pharmacists Council of Nigeria (PCN), and the Medical Laboratory Science Council of Nigeria (MLSCN) are also guided by regulations.[362] However, there regulations are focused on professional discipline, rather than resolving of patients' disputes. MDCN data from 2019-2021 show a significantly low caseload of complaints, and remedies in relation to medical negligence, which is proof to the lack of trust of patients in these bodies.[363]

This paper has shown that patients are faced with a multiplicity of rights contained in various instruments, and are faced with many avenues for laying their grievances, but none of these pathways offer a redress. Apart from the weak institutional structures, there is jurisdictional overlap between some professional bodies, and regulatory bodies, which had caused rivalry between them.[364] The jurisdictional overlap and contentions are reasons why patients are confused of whether to report to the FCCPC, professional bodies, or go by way of litigation, thus resulting in underreporting of violations.[365]

The consequences of lack access to justice by patients due to the infrastructural deficits have prompted scholars to examine alternative dispute mechanisms, and more so online dispute resolution (ODR) mechanisms for efficient dispute resolutions. While global scholarship has explored ODR in Asian and European healthcare systems, Nigerian scholarship is still focused on ADR for commercial disputes, and court-annexed mediation. Existing studies have shown the problem with enforceability in health law in Nigeria, but are yet to explore technology assisted solutions in fixing the problem.[366]

Conceptual and Theoretical Framework

Rights-based Approach to Health

The 1948 Universal Declaration of Human Rights and treaties such as the International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966 recognises health as a fundamental

[362] Elgujja, Alkali, and Abubakar (n 8)
[363] ibid
[364] Imuekemhe (n 37)
[365] Abubakar-D.-Sani, 'Nigeria's Patients' Bill of Rights: Reality vs. Hype' (The Nigeria Lawyer, 18 June 2021) <https://thenigerialawyer.com/nigerias-patients-bill-of-rights-reality-vs-hype/> accessed 1 January 2026.
[366] Bielonwu and others (n 11)

human right[367], and this creates the basis for patients' rights and accountability in healthcare services. While chapter II of the Constitution[368] is unenforceable, it states principles to guides state policies, including the responsibility to ensure "adequate medical and health facilities for all persons."[369] Provisions of right to life[370] and human dignity[371] have been interpreted by courts to create minimum standards for the quality healthcare services. At the regional level, the African Charter on Human and Peoples' Rights,[372] which has been ratified by Nigeria under Chapter 2 of the Constitution, and it explicitly recognizes the right to health,[373] restating the state's duty to respect, protect, and fulfil health rights. From this perspective, the absence of effective complaints and redress mechanisms may itself be a breach of state obligations[374]. These agreements place a duty on the state to provide equitable access to quality health services, and redress mechanisms, and negligence in medical practice be viewed as constitutional violations of human rights.

The rights-based approach three core obligations are: First, the state through health facilities must respect health rights by refraining from discriminatory practices. Second, it must protect rights by regulating third parties, to prevent violations. Third, it must fulfil rights by taking positive legislative, administrative, and budgetary measures to ensure full realization of the right to health. Health justice emphasizes the importance of addressing determinants of inequities, from socio-economic disadvantage to institutional subordination, which goes to prove that distributive justice in health requires prioritizing marginalized communities in resource allocation and policy formation[375].

Access to Justice Theory

This theory provides a lens to evaluate the gap between formal rights recognition and actual enforceability. It highlights the structural and procedural barriers that prevent individuals from

[367] Michael (n 33)
[368] Constitution of the Federal Republic of Nigeria 1999 (as amended) (n 7)
[369] ibid s 17(3)(d); Elgujja, Alkali, and Abubakar (n 8)
[370] Constitution of the Federal Republic of Nigeria 1999 (as amended) (n 7) s 33
[371] Ibid s34
[372] African Charter on Human and Peoples' Rights (adopted 27 June 1981, entered into force 21 October 1986) OAU Doc CAB/LEG/67/3 rev 5, 21 ILM 58 (1982).
[373] Ibid art 16.
[374] Michael (n 33)
[375] Lindsay F Wiley, Ruqaiijah Yearby, Brietta R Clark and Seema Mohapatra, 'Introduction: What is Health Justice?' (2022) 50(4) *Journal of Law, Medicine & Ethics* 636 <https://dx.doi.org/10.1017/jme.2023.2> accessed 6 February 2026.

pursuing legal rights, particularly in contexts characterised by socio-economic inequality and infrastructural challenges. The principles of access to justice in healthcare are affordability, procedural explicitness, inclusivity, and timeliness.[376] In the Nigerian health sector, these barriers include the cost and delays in litigation, evidentiary challenges in medical cases, and power imbalance between patients and provider institutions. Applying access to justice theory to patient–provider disputes highlight the importance of systems that enable patients to lodge complaints, participate meaningfully in proceedings, and obtain enforceable remedies without undue cost or delay.

Redress mechanisms that are theoretically available to patients, but practically inaccessible fail to meet the requirements of a justiciable healthcare system. Which is why ODR is being examined as a possible response to access to justice deficits. By reducing physical, financial, and procedural barriers, while promoting user participation, and transparency, ODR will enhance patients' ability to pursue grievances that would have otherwise gone unaddressed. However, access to justice theory also cautions against the use alternative mechanisms without applying socio-cultural, and legal context to it.[377] Processes that prioritise speed or settlement, over actual accountability, and redress may reproduce multiplying existing inequalities, especially in Nigeria where digital literacy and institutional power have serious imbalances.

Consumer Protection and Regulatory Governance

This theory views patients as consumers of healthcare services who are entitled to transparency in information, treatment and billing, privacy, safety, minimum standards of quality, and redress.[378] Consumer protection theories emphasize the responsibility of service providers to uphold these rights and the role of regulatory bodies in monitoring compliance, enforcing standards, and providing redress for violations.[379] In Nigeria, this orientation is reflected in the increasing

[376] Council of Europe, *Online Dispute Resolution Mechanisms in Civil and Administrative Court Proceedings: Guidelines of the Committee of Ministers and Explanatory Memorandum* (Council of Europe Publishing, 2021) ISBN 978-92-871-9075-8 <https://rm.coe.int/publication-guidelines-and-explanatory-memoreandum-odr-mechanisms-in-c/1680a4214e> accessed 30 December 2025.
[377] ibid
[378] Yuyut Prayuti, and others, 'Legal Implications of Consumer Protection on Healthcare Access: A Qualitative Study of Consumer Experience in Community Health Centers' (2024) 4(2) *ARRUS Journal of Social Sciences and Humanities* 169 <https://doi.org/10.35877/soshum2500> accessed 30 December 2025.
[379] ibid

involvement of the FCCPC in health sector governance, using the Patients' Bill of Rights as guidelines in dispute resolutions.[380]

The involvement of the FCCPC shows that patient grievances are not only professional negligence issues, or private tort claims, but are matters of service delivery and regulatory compliance. The purpose of enforcement mechanisms is to serve both private and public functions. At the individual level, they should provide remedies to aggrieved parties, at the institutional level, they collate information, deter misconduct, and promote accountability.[381] This would make dispute resolution mechanisms integral parts of regulatory governance in Nigeria, instead of mere alternatives to formal regulation.

Within this framework, ODR platforms will serve as regulatory and remedial functions by facilitating complaints collection, identify recurring patterns of non-compliance, and enable oversight bodies to intervene more effectively.[382] However, the Nigerian health sector is still characterised by fragmented regulatory authority, overlapping functions, and weak coordination among regulatory institutions,[383] which needs to be addressed, for ODR to be integrated within coherent institutional frameworks that preserve accountability and transparency.

Online Dispute Resolution in the Nigerian Legal System

Online Dispute Resolution (ODR) is the use of digital technologies to facilitate the resolution of disputes outside traditional court systems, by combining Alternative Dispute Resolution (ADR) mechanisms such as mediation, arbitration, and negotiation with virtual tools.[384] In this system, all process from filing, to awards are done online, and this eliminates cost, time and geographical limitations. The forms of ODR in practice include online mediation, online arbitration, and complaints platforms.[385]

[380] (Imuekemhe n 37)
[381] (Mirzoev n 32)
[382] ibid
[383] Elgujja, Alkali, and Abubakar (n 8)
[384] Emmanuel O C Obidimma and Tochukwu Nkiruka Nwachukwu, 'Online Arbitration in Nigeria: Prospects and Challenges' (2023) 7(1) *African Journal of Law and Human Rights* 110 <https://journals.ezenwaohaetorc.org/index.php/AJLHR/article/view/2527/2601> accessed 22 December 2025.
[385] Ibid 12

Online mediation is a consensual technique with a neutral third-party facilitator, that guides discussions via videoconferencing or chat, to help parties reach a mutual agreement.[386] Online arbitration is a more formal with an arbitrator who gives a binding decision (judgement award), with pleadings, evidence, and hearings conducted entirely online.[387] Complaints platforms, address low-value conflicts through guided negotiation workflows, allowing for fast resolution without intensive legal procedures.[388] Hybrid models, including Med-Arb or Arb-Med, combine mediation and arbitration digitally, reflecting the scalability and flexibility inherent in ODR.[389] Globally, these kinds of platforms are governed by principles of accessibility, impartiality, confidentiality, and security, as articulated by the International Council for Online Dispute Resolution (ICODR).[390]

In Nigeria, the emergence of ODR has been driven by rapid digital growth, increasing transactions on e-commerce platforms such as Jumia and Konga,[391] and congestion in conventional courts. Local platforms, such as the Lagos Court of Arbitration's ADR portal, have begun experimenting with virtual dispute resolution, especially since the COVID-19 pandemic.[392] Despite the advantages of ODR in the Nigeria healthcare sector, its adoption may face challenges related to trust, digital literacy, cybersecurity, and the absence of comprehensive statutory provisions.[393]

Although Nigeria currently lacks a dedicated ODR statute, existing legal instruments provide partial support for technology-enabled dispute resolution. The Arbitration and Mediation Act (AMA) 2023, talks about party autonomy, allowing disputing parties to determine the procedures for arbitration, including digital methods.[394] Its definition of "writing" encompasses electronic records enables online filings, communications, and e-signatures. Similarly, the Lagos State

[386] ibid
[387] ibid
[388] 'Complaint Handling Procedure' (Federal Competition & Consumer Protection Commission, 2026) <https://fccpc.gov.ng/consumers/complaint-handling/> accessed 30 December 2025.
[389] (Obidimma n 56)
[390] Ifeanyi Okonkwo and Chinemelum Nelson Arinze-Umobi, 'Alternative Dispute Resolution Practice in Nigeria and the Effect of COVID-19 Pandemic' (2021) 2 *International Journal of Online Alternative Dispute Resolution and Legal Ethics* <https://www.researchgate.net/publication/354878862_Alternative_Dispute_Resolution_Practice_in_Nigeria_and_the_Effect_of_COVID-19_Pandemic> accessed 23 December 2025.
[391] (Ugwu n 17)
[392] Success Alabi and Ifeoma Ezenwa, 'The Impact of Technology in Dispute Resolution: Virtual Mediation and Online Arbitration in Nigeria' (Olisa Agbakoba Legal, 2024) <https://oal.law/the-impact-of-technology-in-dispute-resolution-virtual-mediation-and-online-arbitration-in-nigeria/> accessed 22 December 2025.
[393] (Ugwu n 17)
[394] (Ugwu n 17)

Arbitration Law 2009 recognizes electronic records as valid communications, further legitimizing ODR processes.[395]

In addition to these, the Evidence Act 2023[396] facilitates the admissibility of electronic records, enabling the proper documentation and authentication of digital submissions in online proceedings. Even though they fall short of international standards such as the European Union's Regulation on consumer ODR and UNCITRAL's Technical Notes on ODR, there is still room for growth.[397]

In addition to arbitration statutes, Nigerian courts have increasingly embraced ADR through practice directions, multi-door courthouses and pre-trial ADR referrals. These reflect a judicial recognition of the limitations of litigation and the need for more efficient dispute resolution mechanisms. Even the courts have begun to incorporate digital tools for case management, filing, and remote proceedings, like the Lagos COMIS,[398] and Ondo COMIS.[399] The court-approved ADR provides a potential linkage bridge ODR and litigation, with all its procedural mechanisms. The involvement of the judiciary provides the legitimacy to alternative processes and facilitates the recognition and enforcement of outcomes.

Despite these enablers, the absence of an ODR statute in Nigeria presents some obstacles to its successful application. There are no explicit provisions for enforceability of electronic awards or mediated settlements.[400] Data security and confidentiality also pose significant concerns, particularly given the sensitive nature of medical disputes. The digital divide and limited access to technology risk excluding marginalized parties, challenging the principle of equitable access to justice.[401] In the healthcare sector, disputes require confidential and timely resolution, and ODR

[395] Polycarp Arinze Okoro and Ogbole Ogancha O., 'Recondite Issues Revolving Around Online Arbitration in Nigeria' (2023) <https://www.researchgate.net/publication/375491392> accessed 21 January 2026.
[396] Evidence (Amendment) Act, 2023
[397] (Ugwu n 17)
[398] Yetunde Ayobami Ojo, 'Lagos judiciary expands access to justice with enhanced virtual court hearing system' (The Guardian Nigeria, 13 January 2026) <https://guardian.ng/news/lagos-judiciary-expands-access-to-justice-with-enhanced-virtual-court-hearing-system/> accessed 6 February 2026.
[399] 'Welcome to The Ondo State Court Management Information System (OndoComis)' (Ondo State Judiciary, 2026) <https://ondostatejudiciary.ng/registry.html> accessed 6 February 2026.
[400] (Ugwu n 17)
[401] ibid

provides the mechanism, for protecting patients' privacy and enabling professionals to resolve conflicts without reputational harm.[402]

In conclusion, ODR in Nigeria is a potential for evolution of dispute resolution, offering speed, cost efficiency, and accessibility. While existing statutes and ADR principles partially support technology-enabled processes, the absence of a dedicated ODR statute creates enforceability, data security, and inclusivity challenges. To realize its full potential, Nigeria needs a legislative reform for explicit legal recognition and regulation of ODR in the health-sector. Without such intervention, the application of ODR to patients' rights disputes risks replicating existing enforcement deficits under the guise of efficiency and technological progress.

Comparative Views on ODR and Patients' Rights Enforcement

While Nigeria has made preliminary efforts to adopt ODR in commercial and e-commerce contexts, the absence of an enactment to guide health-related disputes is a limitation on the protection of patients' rights. This paper would examine the legal frameworks of ODR in the United Kingdom, European Union, India, and Australia, to show how technological integration can ensure fairness, transparency, and enforceability in healthcare systems. It would discuss the lessons Nigeria should learn from it, and anticipated contextual challenges to be aware of.

United Kingdom

Patient complaints are managed through the National Health Service (NHS), Patient Advice and Liaison Service (PALS) and local mediation panels, which is designed to resolve queries as quick as possible by liaising with the staff and management.[403] PALS functions as a quasi-independent body that guides patients through the complaint process, mediates discussions within 3 days, and facilitates referrals to independent adjudicators where necessary.[404]

[402] ibid
[403] 'What is PALS (Patient Advice and Liaison Service)?' (NHS, 29 May 2024) <https://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/> accessed 5 February 2026.
[404] 'Patient Advice and Liaison Service (PALS)' (Lancashire & South Cumbria NHS Foundation Trust, 2026) <https://www.lscft.nhs.uk/pals> accessed 5 February 2026.

European Union

The EU Consumer ODR Regulation provides an electronic platform that enables cross-border disputes to be resolved efficiently online. While it is primarily consumer-focused, the principles of accessibility, impartiality, data security, and transparency are also applicable to health disputes.[405] EU member states also ensure that mediated or arbitrated outcomes can be legally recognized, thereby bridging the gap between online settlement and formal enforcement.[406]

Australia

There are state and territorial laws that govern ADR in cases of medical negligence, with some jurisdictions mandating pre-trial mediation while others permit voluntary participation.[407] In addition to this, the Australian Medical Association established guidelines for using ADR mechanisms in patient-provider disputes.[408] Australia already has a dedicated healthcare legally enforceable ADR structure that patient can rely on and trust, this is what the Nigerian healthcare system should aim for.

India

India's framework of Lok Adalats and the Legal Services Authorities Act (1987) and the Arbitration and Conciliation Act (1996) creates a legal foundation for out-of-court settlements, arbitration, and mediation.[409] Lok Adalats means "people's courts", and it offers a less formal and accessible forum for resolving disputes, choosing dialogue, conciliation, and expediency over procedural complexity.[410] The decisions made in these forums are final, binding, and enforceable,

[405] 'Use Of Online Dispute Resolution (ODR) And Virtual Hearings in Nigerian Arbitration Post COVID-19' (The Trusted Advisors, 5 January 2026) <https://www.mondaq.com/nigeria/arbitration-dispute-resolution/1726974/use-of-online-dispute-resolution-odr-and-virtual-hearings-in-nigerian-arbitration-post-covid-19> accessed 30 December 2025.
[406] Council of Europe (n 56)
[407] Divyansh Singh Sisodiya and Satyam Dwivedi, 'The Role of ADR in Resolving Disputes Related to Medical Negligence' (2024) *International Journal of Law and Social Sciences* 34 <https://dx.doi.org/10.60143/ijls.v9.i1.2023.82> accessed 22 December 2025.
[408] ibid
[409] ibid
[410] ibid

ensuring that patients and healthcare providers alike are held accountable while preserving the speed and efficiency of dispute resolution.[411]

The Indian Supreme Court has consistently endorsed ADR mechanisms, including mediation and arbitration, as essential tools for addressing disputes arising from medical negligence.[412] By combining statutory recognition with institutional flexibility, India demonstrates how ODR and ADR principles can reinforce patient protection in a manner that is both legally and feasible.

India has a high case volume, and resource constraints,[413] just like Nigeria. Digital platforms have been used to expand ADR and grievance redress mechanisms across various sectors, and these initiatives prioritise accessibility and speed, often at the expense of formal procedural safeguards.[414]

In the same vein, ODR's efficacy is undermined by enforceability, technological, and societal challenges, as ODR agreements still lack the binding force of court orders and still necessitate judicial intervention for compliance. Furthermore, there are data security risks that threaten confidentiality in India.[415] The India's framework shows both the promise and the limits of informality. While digital grievance mechanisms like Centralized Public Grievance Redress and Monitoring System (CPGRAMS) have improved access for many users, concerns persist regarding accessibility and enforceability.[416] Nigeria must therefore be aware of the ODR risks and must therefore balance need for rights-based safeguards with institutional oversight.

---

[411] Vishnu Konoorayar K, Chandrasekharan Pillai KN and V S Jaya, *Alternative Dispute Resolution in India – ADR: Status/Effectiveness Study* (New Delhi, 2014) <https://nbn-resolving.org/urn:nbn:de:0168-ssoar-410340> accessed 13 February 2026.

[412] Sonu Dehmiwal, 'Healthcare Disputes in India: Mediation by ADR as an Ideal Method in Current Scenario' (2021) 7(6) *International Journal of Law* 158 <https://www.lawjournals.org/assets/archives/2021/vol7issue6/9190-1698399276123.pdf> accessed 5 February 2026.

[413] Pasham Abhinay Reddy, 'Online Dispute Resolution: A New Era for India's Justice System? Analysing the Growth and Effectiveness of ODR Platforms in Resolving Disputes Outside Traditional Courts' (2025) SSRN <https://dx.doi.org/10.2139/ssrn.5149527> accessed 5 February 2026.

[414] ibid

[415] ibid

[416] Amulya Arshanapally, Likhitha Thummaganti and Sai Parineeta Udayagir, 'Innovative Approaches and Technological Perspectives in Grievance Redressal Systems' (2025) 6(4) *International Journal of Research Publication and Reviews* 2476 <https://doi.org/10.55248/gengpi.6.0425.1389> accessed 5 February 2026.

INSTITUTIONAL AND STATUTORY SAFEGUARDS FOR ODR

Jurisdiction	Primary Legal basis for Patient Rights	ADR/ODR Redress Mechanisms for Health Rights	Constitutional Status of Right to Health
United Kingdom	NHS constitution, Common law	NHS Complaints Procedure, Parliamentary and Health Service Ombudsman (PHSO)[417]	No fundamental constitutional right to health
European Union	Charter of Fundamental Rights of the European Union, Directive on Patients' Rights in Cross-Border Healthcare	Patient Ombudsmen in member States[418].	EU Charter of Fundamental Rights (Article 35)[419]
Australia	The Australian Charter of Healthcare Rights, Common law, States and Territory Legislations	Health Complaints Commissioner[420]	No constitutional health right

[417] Parliamentary and Health Service Ombudsman, 'We are the Parliamentary and Health Service Ombudsman' (Parliamentary and Health Service Ombudsman, 2026) <https://www.ombudsman.org.uk/> accessed 5 February 2026.
[418] Bernhard A Koch, 'Patients Complaints and Liability Cases in Austria' (2025) <https://www.researchgate.net/publication/271954222_Patient_Complaints_and_Liability_Cases_in_Austria> accessed 5 February 2026.
[419] Charter of Fundamental Rights of the European Union (2012) art 35 'Health care' (European Union Agency for Fundamental Rights, 2026) <https://fra.europa.eu/en/eu-charter/article/35-health-care> accessed 6 February 2026.
[420] 'Make a Complaint' (Health Complaints Commissioner, 2026) <https://hcc.vic.gov.au/make-complaint> accessed 6 February 2026.

India	The Consumer Protection Act (2019), Charter of Patients' Rights	Lok Adalats (People's Courts),[421] Centralized Public Grievance Redress and Monitoring System (CPGRAMS).[422]	The Constitution (interpreted by the Supreme Court under Article 21)[423]
Nigeria	National Health Act (2014), Patients' Bill of Rights (2018)	Federal Competition and Consumer Protection Act	The Constitution (S. 17(3)(d) 33 & 34)[424]

This comparative analysis reveals that ODR enhances patients' rights enforcement only when embedded within clear legal and institutional frameworks like the EU and the UK. The EU's General Data Protection Regulations show that procedural guidelines and data protection are compulsory in the legitimacy of digital dispute resolution in healthcare.[425] India's system has shown that informality and accessibility, though important, cannot substitute for accountability and enforceability. Any Nigerian model must therefore incorporate legal safeguards, and judicial endorsement of outcomes for patients' protection. By adopting international best practices and adapting to local realities, Nigeria can strengthen patient rights enforcement and modernize its dispute resolution landscape for the digital age.

Discussions of the Study

A central exposition in this study is absence of enforceability provisions for patients' rights in Nigeria. The constitutional provisions are mere suggestions, without the power to effect tangible changes in routine patient–provider disputes. The NHA lists substantive rights, but is silent on enforcement procedures, thereby leaving patients in confusion on navigating an muddy

[421] Sisodiya (n 86)
[422] Arshanapally (n 95)
[423] Shantanu Pachauri, 'The Right to Health as a Paper Promise' (IACL-AIDC Blog, 25 September 2025) <https://blog-iacl-aidc.org/2025-posts/2025/9/25/the-right-to-health-as-a-paper-promise> accessed 24 December 2025.
[424] Constitution of the Federal Republic of Nigeria 1999 (as amended) (n 7)
[425] Christopher F Mondschein and Cosimo Monda, 'The EU's General Data Protection Regulation (GDPR) in a Research Context' in Pieter Kubben, Michel Dumontier and Andre Dekker (eds), *Fundamentals of Clinical Data Science* (Cham: Springer 2019) ch 5, 55 <https://dx.doi.org/10.1007/978-3-319-99713-1_5> accessed 6 February 2026.

institutional landscape. The PBoR, while significant, lacks binding legal force and is dependent on voluntary institutional adoption.

Professional regulatory bodies and facility-level complaints mechanisms further depict the enforcement problem. Disciplinary processes are primarily oriented towards professional regulation, and discipline rather than patient redress,[426] and the hospital complaint systems do not have the independence, transparency, and guidelines for mediation. All of these contribute to lack of access to justice for patients.

While legally enforceable provisions should be made, there is need to match the compatibility of Nigeria's provisions on health rights and ADR with ODR. This paper has discussed Nigeria's law on health rights, the infrastructural challenges, and power imbalance, and literacy problems, which make ODR's integration contingent upon the fulfilment of solving the aforementioned issues. In the process of vying for efficiency, fairness and strict regulatory oversight must be included in legal reforms for the successful introduction of ODR.

Moreso, there are no local precedents for online medical hearings, so legal reforms must develop procedural guidelines for notice, remote testimony, and multilingual access to meet constitutional due-process guarantees.[427]

The comparative analysis show that jurisdictions where ODR has protects patients' rights enforcement have digital processes within transparent legal structures, supported by independent institutional oversight, and public awareness of rights.[428] This would prevent rivalry[429] between institutions, and clarify each body's role in the dispute resolution process.

This paper also finds that ODR may exacerbate existing power imbalances within the healthcare system. Patients from socio-economically disadvantaged backgrounds, may lack the digital literacy, legal knowledge, or bargaining power necessary to engage effectively in online processes[430]. The prevalent paternalism that discourages patients from asking questions, or

[426] *Denloye v Medical and Dental Practitioners Disciplinary Tribunal* (1968) 1 All NLR 306.
[427] (Ugwu n 17)
[428] Lancashire & South Cumbria NHS Foundation Trust (n 83)
[429] Imuekemhe (n 37)
[430] Temitope Obayendo, 'Revealed: How Nigerian Health Workers Violate Patients' Rights with Impunity' (Pharmanewsonline, 11 February 2022) <https://pharmanewsonline.com/revealed-how-nigerian-health-workers-violate-patients-rights-with-impunity/> accessed 21 January 2026.

contributing to their treatment plan, coupled with low health literacy, will cripple the effective exercise of rights,[431] even with the presence of ODR. Since patients are unaware of their expectations and rights, they might continue to suffer in silence. This is why there must be intense awareness of rights made known to patients, alongside the introduction of ODR processes to them.

Apart from the challenges, and limitations of the patients, the Nigeria healthcare system is described is underfunded, and lacks adequate resources, with a doctor-to-population ratio of 0.4 per 1,000 people, which is critically below the World Health Organization's recommendation of 1 to 600 persons.[432] The overburdening of the healthcare workers leads to the preponderance of medical errors, yet nothing is being done to ameliorate the issue. The complaints mechanisms outlined in the NHA, such as the Health Institutions Complaints Committee, have been criticized as ineffective and underutilized, with few cases successfully resolved,[433] leading to a distrust of the system by patients.

In the introduction of ODR as a dispute resolution mechanism, it has to be noted that it should be a complementary instrument, not a substitute for litigation, and other forms of redress. While doctrinal analysis proves that Nigerian law accommodates virtual dispute resolution through the Arbitration and Conciliation Act (2023), and multidoor-courthouses,[434] these instruments were not designed with healthcare disputes in mind. Their application to patient grievances must therefore be modified to fit medical disputes, such as privacy and timeliness.

ODR should be seen as a supporting mechanism to provide patients with an accessible forum for resolving disputes. Concurrently, disputes involving serious harm, systemic failures, or public interest considerations may require litigation processes to be properly addressed and remedied.[435]

Finally, introducing ODR into institutional systems will contribute to enhancing regulatory objectives by generating data, identifying systemic failures, and improving policy developments. When designed ODR platforms provide an interface for patients to submit grievances, track

[431] Elgujja, Alkali, and Abubakar (n 8)
[432] ibid
[433] Ibid 20
[434] The Trusted Advisors (n 84)
[435] Law Reform Commission (Ireland), *Alternative Dispute Resolution: Mediation and Conciliation* (LRC 98-2010, Dublin, November 2010) <https://www.lawreform.ie/_fileupload/reports/r98adr.pdf> accessed 22 December 2025.

progress, and obtain timely resolutions,[436] this would reduce administrative workload, and encourage accountability, while promoting patient rights.

Conclusion

This paper has examined the enforceability of patients' rights through a socio-legal appraisal of online dispute resolution as a tool for healthcare justice in Nigeria. It has argued that, even with the growing formal recognition of patients' rights under Nigerian law, execution is still close to unattainable for many injured patients. It also discussed about the structurally weak complaint mechanisms, lack of resources, and accountability frameworks, in the healthcare sector, and challenges faced by patients in getting medical redress.

This study highlights the positive potential of Online Dispute Resolution (ODR) as a mechanism for patient-provider disputes in Nigeria. Findings indicate that ODR can complement traditional litigation, by offering faster, more accessible, and cost-effective dispute resolution while ensuring patient protection and medical accountability.

The comparative analysis shows how jurisdictions deployed ODR with statutory provisions, institutional oversight, enforceability mechanisms, and cybersecurity safeguards, all these should be embraced in Nigeria.

Finally, the technology adoption should be integrated with traditional legal and institutional frameworks, to balance efficiency with procedural fairness for a just healthcare sector in Nigeria.

The limitation of this paper is that, it uses a baseline level of digital access and literacy which is uniformly present across Nigeria, especially in urban centres emphasizing the need for care in deducing the potential of ODR without addressing structural inequalities.

Despite this limitation, the article contributes to the Nigerian and African health law scholarship by highlighting enforcement as the crucial challenge in patients' rights protection and outlining a framework for digital justice structures in the health and legal sector.

[436] Lancashire & South Cumbria NHS Foundation Trust (n 83)

Future research should focus on AI-driven triage systems, and call/text-based platforms to expand access, while institutional research should examine capacity building, user trust, and professional training for digital dispute resolution.

The proposed reforms are to create a system for an efficient dispute resolution in healthcare matters, and provide a structure for accountability by the health practitioners, and adjudicators.

Recommendations

1. **Statutory Recognition of Health-Sector ODR**

There should be a constitutional amendment by the Nigerian National Assembly to move patient rights relating to health, from the non-justiciable Fundamental Objectives and Directive Principles of State Policy[437], to enforceable rights, to enable patients to sue for enforceable remedies against government or private healthcare negligence.

Beyond this, statutory provisions recognising ODR as a healthcare dispute resolution technique should be enacted. This would provide legal certainty regarding the validity of ODR processes and outcomes in health disputes.

Arbitrations conducted online have executable awards according to the New York Convention, as long as they meet the substantive criteria of writing, finality, and consent.[438]

The statutory amendments would ensure that settlements are legally recognised, and where parties refuse to comply, procedures for enforcing compliance would be initiated. These can include cost sanctions, and professional regulatory sanctions.

This approach would improve the credibility of ODR and encourage patients and providers to engage in good faith. It would also prevent ODR from becoming a informal mechanism with limited practical impact, just like the current PBoR.

[437] Constitution of the Federal Republic of Nigeria 1999 (as amended) (n 7) s 17
[438] (Ugwu n 17)

2. Procedural Guidelines

Despite the progress been made in arbitration laws, and health laws, the Nigerian National Assembly, and the courts should provide explicit laws and guidelines with clear rules on the validity, promotion, and enforcement of online arbitral awards and mediated settlements. The Arbitration and Conciliation Act 2023, National Health Act 2014, and Evidence Act 2023,[439] should be amended to include ODR procedures, define the enforceability of online awards, and clarify the admissibility of electronic evidence. Regulations should set standards that align with international best practices on data privacy, cybersecurity, and platform design and usage, to ensure transparency and due justice in virtual proceedings.[440]

The Nigerian Data Protection Act (NDPA) 2023, should be amended to emulate global best practices to include requirements of equality of participation, transparency of process, and the right to withdraw from ODR without prejudice. This would protect patients from coercion or undue pressure, especially where disputes involve providers with significant bargaining power. The standards for confidentiality and data protection should be high, to reflect the sensitive nature of health information. The health-specific guidance required to address issues such as record retention, cross-border data storage, and the use of aggregated complaint data for regulatory purposes, should also be included in these guidelines[441].

3. Institutional Oversight

The FCCPC's mandate to protect consumers from deceptive, and unsafe practices is a laudable initiative, yet its continued effectiveness depends on surmounting institutional rivalries and collaborating with professional bodies that oversee the health sector. Cooperation among regulators and public awareness of complaint mechanisms, will aid Nigeria can achieving a coordinated and responsive patient-protection system. The cooperation will advance the objectives of the FCCPA and strengthen patients' confidence in the healthcare system, ensuring accountability for incidents amounting to medical liability. Ultimately, this will ensure that patient welfare remains at the heart of healthcare service delivery in Nigeria[442].

[439] Evidence Act (n 83)
[440] Alabi and Ezenwa (n 72)
[441] Ibid 22
[442] Imuekemhe (n 37)

There should be agreements between all bodies involved in patients' complaints to clearly outline regulatory boundaries, create referral pathways, and have a body for investigations to ensure coordinated monitoring of professional misconduct and consumer rights violations. Institutional integration is critical to operationalising these reforms. Healthcare facilities should be required to establish comprehensive digital complaints platforms that will be independently managed, connected to internal review processes and external oversight bodies. These platforms should operate under national uniform guidelines to ensure consistency and fairness across institutions.

In the long run, there can be dedicated health ODR centres, that will leverage on the Lagos Court of Arbitration and the Regional Centre for International Commercial Arbitration models, but tailored for patient-provider disputes. These centres should interface and consult with health facilities, the Federal Competition and Consumer Protection Commission (FCCPC), and professional regulators like the Medical and Dental Council of Nigeria (MDCN), for expert service delivery[443].

In institutional oversight, there should be safety standards on bias detection by AI. Regular audits should be conducted on the platforms, and procedures of digital, and human actors to protect all parties in the dispute resolution process[444].

4. Capacity Building

The Nigerian Bar Association Institute of Continuing Legal Education (ICLE) conduct trainings in digital evidence, cybersecurity, procedural fairness, and health law for judges, lawyers, arbitrators, and mediators require to competently adjudicate or facilitate online disputes[445]. The Nigeria Universities Commission (NUC) should incorporate medical law into the curricula of law faculties which reflects the significance of health to human rights. Healthcare professionals also need orientation on patient rights and ODR processes. In addition to these, there should be a nationwide public digital literacy campaigns, targeting patients to ensure knowledge of health

[443] Imuekemhe (n 37)
[444] Tommy Fred and Olabode John, 'Online Dispute Resolution Systems: Potential for Improving Access to Justice' (2025) <https://www.researchgate.net/publication/388272720_Online_Dispute_Resolution_Systems_Potential_for_Improving_Access_to_Justice> accessed 30 December 2025.
[445] Elgujja, Alkali, and Abubakar (n 8)

rights, and access to ODR platforms. Public awareness campaigns should emphasise that ODR supports other enforcement pathways, and that it is not the only redress mechanisms[446].

As technological reforms must prioritize accessibility, and security, inclusivity should be included in infrastructure building. The interfaces must be multilingual, disability-inclusive, and mobile-accessible, with subsidized services for underserved populations.[447] These platforms should be accessible to users with varying levels of technological literacy and access like calls, and texting options, to not limit justice to internet accessible users alone. These would help them navigate, and successfully submit their complaints.[448] To improve the comprehensive access to justice, there should be integration with Nigeria's National Broadband Plan to invest in stable digital infrastructure that will address connectivity challenges.[449]

5. Contextual Implementation

Finally, the execution of ODR in the healthcare sector should be gradual and based on the socio-cultural factors in Nigeria. There should be trial runs in selected public healthcare institutions to give insights on design challenges, user experience, and institutional capacity. The lessons from such programmes should advise a broader roll-out, allowing for progress modification according to the usage, and effectiveness on the population.[450]

These recommendations when implemented should provide a structure for access to justice by the average Nigerian in the healthcare industry, and would in turn create a more resilient healthcare system in Nigeria.

[446] ibid
[447] (Ugwu n 17)
[448] Elgujja, Alkali, and Abubakar (n 8)
[449] (Ugwu n 17)
[450] (Mirzoev n 32)