

7th May, 2026

**EMERGENCY MEDICINE SOCIETY OF GHANA (EMSOG)**  
**POSITION STATEMENT ON THE FINDINGS OF THE COMMITTEE INVESTIGATING THE DEATH**  
**OF MR. CHARLES AMISSAH**

The Emergency Medicine Society of Ghana (EMSOG) expresses its deepest condolences to the family, friends, and loved ones of Mr. Charles Amissah following the tragic and preventable circumstances surrounding his death. The findings of the committee chaired by Professor Agyeman Badu Akosa have once again brought national attention to the longstanding challenges confronting emergency healthcare delivery in Ghana.

EMSOG acknowledges and supports the principle of accountability in healthcare delivery. Healthcare professionals are entrusted with a duty of care to patients, and where clear breaches of professional standards, ethical obligations, or clinical judgment occur, appropriate due process and regulatory accountability are necessary to maintain public trust and professional integrity. We therefore support fair, transparent, and evidence-based review processes through the appropriate regulatory and institutional channels.

However, EMSOG is equally concerned that the current public discourse and aspects of the committee's recommendations risk disproportionately focusing accountability on individual healthcare workers while insufficiently addressing the profound systemic failures that created the conditions under which this tragedy occurred. The "No Bed Syndrome" is not the failure of a single doctor, nurse, ambulance crew, or facility. It is the manifestation of years of underinvestment in emergency systems, fragmented referral pathways, inadequate emergency bed coordination, workforce shortages, overcrowding, inconsistent triage systems, limited prehospital capabilities, and the absence of a robust national emergency care infrastructure.

EMSOG is further concerned about two particularly troubling developments arising from the handling and publication of the committee's findings.

First, the public disclosure and widespread circulation of the names and identities of the healthcare professionals involved raises significant concerns regarding professional dignity, due process, personal safety, and the long-term psychological and reputational impact on the affected individuals and their families. While public accountability in healthcare is important, EMSOG believes that healthcare professionals are equally entitled to fairness, confidentiality within due process, and protection from premature public condemnation prior to the completion of formal regulatory and disciplinary proceedings. The publication of names in highly emotive circumstances risks exposing clinicians to public hostility, harassment, reputational damage, and professional stigmatization, with consequences that

may extend beyond the individuals directly involved to negatively affect morale and confidence within the wider healthcare workforce.

Secondly, EMSOG is concerned by aspects of the committee's conclusions that appear to pronounce culpability and professional judgment on individual healthcare personnel in a manner that may exceed the committee's advisory mandate. In Ghana, matters relating to professional negligence, malpractice, misconduct, and disciplinary accountability fall within the jurisdiction of the legally established regulatory and professional bodies, including the Medical and Dental Council and the Nursing and Midwifery Council, which are mandated to independently investigate, adjudicate, and determine such matters through established professional and legal processes. While investigative committees play an important fact-finding role, EMSOG believes it is critical that due regulatory processes are respected to preserve procedural fairness, professional independence, and public confidence in healthcare governance systems.

EMSOG therefore urges restraint in the public attribution of blame prior to the completion of appropriate regulatory review processes and advocates for a balanced approach that protects both patient rights and the rights of healthcare professionals within a fair and transparent accountability framework.

Emergency clinicians across Ghana operate daily under extreme constraints, frequently improvising to save lives in environments challenged by limited beds, inadequate staffing ratios, shortages of blood products and equipment, delayed diagnostics, overcrowded emergency departments, and inconsistent referral capacity. In many instances, clinicians extend themselves beyond standard operational expectations to bridge systemic gaps in patient care. While individual professional accountability remains important, EMSOG cautions that punitive responses that fail to simultaneously address structural deficiencies may create unintended consequences within frontline emergency care.

Healthcare workers who feel unsupported, criminalized, or unfairly exposed to disciplinary action for outcomes arising within chronically under-resourced systems may increasingly become risk-averse in emergency situations. This may lead to reduced clinical improvisation, reluctance to accept critically ill transfers beyond formal capacity, increased defensive medicine, delayed decision-making, and hesitancy to provide care outside narrowly defined institutional protocols. Such outcomes may paradoxically worsen patient access and emergency responsiveness, particularly within already strained systems.

EMSOG therefore calls for a balanced and holistic national response that addresses both accountability and systems strengthening. Sustainable prevention of future tragedies requires comprehensive emergency care reform rather than isolated disciplinary measures alone.

EMSOG firmly rejects any recommendation that disproportionately singles out frontline healthcare professionals as the primary cause of this tragedy while failing to adequately confront the deep-rooted systemic failures that continue to cripple emergency healthcare delivery in Ghana.

While accountability for professional conduct is important, accountability must also extend to the institutions, policies, infrastructure deficits, chronic underfunding, and governance failures that have normalized the “No Bed Syndrome” across the country. The selective focus on individual clinicians risks creating a dangerous precedent where healthcare workers become convenient scapegoats for longstanding structural deficiencies within the health system.

We strongly advocate for a “Just Culture” approach—one that clearly distinguishes willful negligence or misconduct from adverse outcomes arising within unsafe, overcrowded, under-resourced, and operationally compromised systems. Emergency clinicians across Ghana routinely work under extraordinary pressure, often improvising and stretching beyond available resources in order to save lives. Punitive approaches that ignore these realities undermine morale, erode psychological safety, and may ultimately discourage initiative, flexibility, and timely intervention in emergency situations.

In light of this, EMSOG will like to know the concrete recommendations made by the committee regarding the deplorable state of Ghana’s emergency healthcare system? Who is being held accountable for the chronic infrastructure limitations, inadequate emergency capacity, workforce shortages, dysfunctional referral systems, and years of systemic neglect that continue to endanger patients daily?

Disciplining frontline healthcare workers may represent the easiest variable in this not-so-complex equation, but it does not solve the “No Bed Syndrome.” Sustainable solutions require courageous systems reform, institutional accountability, and meaningful national investment in emergency care delivery.

EMSOG further emphasizes that solving the “No Bed Syndrome” requires sectoral commitment involving the Ministry of Health, Ghana Health Service, Teaching Hospitals, regulatory councils, professional associations, emergency medicine specialists, nurses, ambulance services, policymakers, and government leadership. The issue is fundamentally a systems failure requiring systems solutions.

The death of Mr. Charles Amissah must serve as a catalyst for meaningful and lasting reform in Ghana's emergency healthcare system. We owe it to patients, families, and frontline healthcare workers to build a safer, more responsive, and more resilient emergency care system that prioritizes timely access to lifesaving care while supporting clinicians who work under extraordinarily difficult circumstances every day.

EMSOG remains committed to supporting collaborative, evidence-based reforms that strengthen emergency care delivery, improve patient outcomes, and promote accountability within a fair, balanced, and sustainable healthcare system.



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