

# “Charles Amissah: A Life Cut Short, A Nation Awakened”

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## I. A Brother Remembered

Charles was more than a brother to me; he was a beacon of hope, a rising star in Ghana’s engineering community, and a gentle soul whose laughter filled our home. At just twenty-nine, he had already carved a path of excellence at Promasidor Ghana Limited, where his colleagues admired his diligence and creativity. He was the kind of person who believed that Ghana could rise to greatness through innovation, discipline, and compassion.

His sudden death on February 6, 2026, was not simply a family tragedy – it was a national wound. It was not fate that claimed him, but failure. Failure of a system meant to protect life. Failure of institutions entrusted with care. Failure that must never be allowed to repeat itself.

## II. What Happened That Night

On that fateful evening, Charles was struck in a hit-and-run near the Kwame Nkrumah Circle Overpass in Accra. The injury was grave but not unsurvivable: a deep wound to his arm that caused severe bleeding. With timely intervention – bleeding control, intravenous fluids, or transfusion – his life could have been saved.

Instead, Charles became a victim of Ghana’s notorious “no-bed syndrome.”

- At the **Police Hospital**, he was denied admission.
- At **Ridge Hospital**, the same refrain: no bed.
- At **Korle Bu Teaching Hospital**, Ghana’s premier referral center, he was again turned away.

Ambulances ferried him from one facility to another, searching for space, while his life ebbed away. Charles died in the ambulance not from the accident, but from neglect – an avoidable death caused by systemic dysfunction.

## III. The Systemic Failures Exposed

Charles’ death was not an isolated incident. It was the latest in a long line of tragedies that expose the fragility of Ghana’s emergency healthcare system.

### No-Bed Syndrome

Hospitals across Accra routinely turn patients away, citing lack of beds. The Greater Accra Region, home to over six million people, has only about **200 emergency beds**. This mismatch between demand and capacity is catastrophic.

### Poor Coordination

Ambulances shuttle patients from hospital to hospital, wasting precious minutes. There is no centralized system to track bed availability or coordinate emergency admissions.

### Funding Barriers

Patients often face delays because of upfront payment requirements. In emergencies, every second counts, yet financial bureaucracy stands between life and death.

### Staffing Shortages

Emergency physicians and nurses are too few. Overworked staff struggle to cope, leading to lapses in care and burnout.

### Policy Gaps

Ghana lacks a comprehensive national emergency response framework. Hospitals operate in silos, with little integration or accountability.

#### **IV. A Nation Reacts**

Charles’ death sparked outrage.

- **Dr. Nsiah-Asare**, Presidential Advisor on Health, declared bluntly: *“The system killed him.”*
- The **Ghana Medical Association (GMA)** issued urgent calls for reform, warning that without change, more lives would be lost.
- **Abass Nurudeen**, CEO of the Social Investment Fund, urged that Charles’ death be a turning point: *“We cannot allow this tragedy to fade into silence. It must awaken us to action.”*

A government committee later confirmed what we already knew: Charles’ death was avoidable. Negligence and systemic failure were to blame.

#### **Families Left Behind**

Behind every statistic is a story. For my family, Charles’ death was a shattering blow. My mother’s tears, my siblings’ grief -all are scars that will never fade.

But beyond us, countless families across Ghana have faced similar heartbreak. Mothers losing children to treatable injuries. Fathers dying from strokes because ambulances arrived too late. Young lives extinguished because hospitals turned them away.

Charles’ story is their story too. His death is a mirror reflecting the pain of a nation.

#### **V. What Must Change**

If Charles’ death is to mean anything, it must drive reform. Ghana cannot afford to let this tragedy pass without transformation.

#### **National Electronic Bed Management System**

Hospitals must be digitally linked, with real-time updates on bed availability. No patient should be shuttled from one hospital to another blindly.

#### **Emergency Care Fund**

The first 24 hours of emergency care should be free, funded by the state. No life should be lost because a family cannot pay upfront.

#### **Expansion of Emergency Capacity**

Invest in more emergency beds, trauma centers, and critical care units—especially in high-density regions like Accra.

#### **Workforce Development**

Train and retain more emergency physicians, nurses, and paramedics. Incentivize specialization in emergency medicine.

#### **Integration of Military Facilities**

The Ghana Armed Forces Critical Care Hospital should be fully integrated into the national emergency response system, providing additional capacity.

#### **Accountability and Oversight**

Negligence must carry consequences. Hospitals and staff must be held accountable when preventable deaths occur.

#### **A Call to Action**

Charles lived a life of promise. He believed in Ghana’s potential. His death must not be in vain.

As his sister, I carry both grief and resolve. Grief for the brother I lost. Resolve to ensure that his story changes the system that failed him.

This is not just about Charles. It is about every Ghanaian who deserves timely, compassionate, and competent emergency care. It is about building a healthcare system that values life above bureaucracy, compassion above excuses, and humanity above neglect.

#### **From Grief to Advocacy**

We cannot bring Charles back. But we can honor him by fighting for change. His death must mark the beginning of a new chapter in Ghana’s emergency healthcare – a chapter where no family is turned away, no patient is left untreated, and no life is lost to preventable neglect.

Charles’ story is a human-interest story, yes. But it is also an investigative commentary and an

advocacy call. It is a reminder that behind every policy failure lies a human life. And it is a charge to all of us – government, professionals, citizens – to rise and build a system worthy of our people.

“Charles was more than a statistic. He was my brother. His death must awaken Ghana to the urgency of reform. For his sake, and for the sake of all who come after him, we must act.”