

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I spent 6 weeks in Belize for my elective at the San Ignacio Community hospital as there is a women's health department, which I am interested in. I also wanted the opportunity to work in sexual health, as I am particularly passionate about HIV and women's health as I am hoping to specialise in this area of medicine in my future career. I am also interested in acute care or obs and gynae but I am flexible and happy to get stuck in wherever.

Belize is part of Central America and is distinct from the rest of the region due to its history of being a former colony of British Honduras, and the only region with English as the official language. Culturally there is a mixture of creole and Afro Caribbean population, with the Maya population inland. While Belmopan is the administrative capital Belize city and San Ignacio are two other large towns with more advanced and larger medical services.

San Ignacio community hospital was a small hospital that had Maternity, Emergency department and Paediatric services. There were some community clinics attached to the hospital which ran a GP / general medical service. There are no operating services, therefore any C sections were sent to Belmopan (a 45 minute ambulance ride). I spent the majority of my time in obs and gynae but was also lucky enough to join a couple of paediatric clinics and shifts in A and E.

Overview

According to WHO Belize has a life expectancy of 72 and 78 for males and females respectively. The gross national income is \$8,160 per capita and 5.8% of GDP is spent on health. As a comparison the UK has a gross national income of \$35,760, a life expectancy of 79 and 83 with 9.4% of GDP spent on health. The relative amount of GDP spent on health in comparison to national income in Belize is generous compared to the UK. The 3.6% difference on spending on health becomes more significant with that in mind. Relatively speaking the life expectancy in Belize is a good reflection of many elements, healthcare being one of the more important. However the health system in Belize is fundamentally different to that in the UK in that it is a mixture of private and public funding. Not all medication is free, and some of the medical services have to be paid for.

The San Ignacio Community Hospital is small with basic facilities and few staff. There was one paediatrician who took a morning ward round of the newborns in the maternity unit followed by a day of busy clinics. Many of the staff were volunteers from Cuba, these included the paediatrician and emergency department staff. They were all excellent teachers and willing to involve medical students despite busy clinics and wards.

The maternity unit had 6 beds in one ward, 2 beds for assesment of new admissions. The patients I saw were mainly those who were close to labour, were concerned for their babies health or who had been referred by the midwife. The ward also put in contraceptive devices, but it was made apparent that this was not usual practice. This was a shame as many of the women were in hospital havin gjust given birth for their 5/6th child. There are a number of contraceptive devices that can be inserted a few hours post partum, given these women have no time at home - taking advantage of them being in hospital could be the only opportunity.

Many of the checks we did on the babies included assessing for signs of malnutrition as the mothers are often poor and multiparrouous. One of the signs I learnt about was the accordian sign i.e. how many skin folds there are on a baby's arm. I had not come across this sign, or this as a common problem, on my UK hospital placements, it was useful to learn.

The paediatric clinic was a health check at 6 weeks for babies - essentially it was another opportunity to ensure that the babies were well fed. It was also an opportunity to check if the mothers had any worries. The majority of 'families' who cam in were mothers and grandmothers. Some of the mothers were very young and with their 3rd or 4th child. There were no extraordinary conditions, many of the babies had phimosis or infected umbilius. There were some hernias and some issues around cleanliness. Some of the babies were very small and malnourshed, or rarely very large.

Accident and Emergency was a great place to learn about orthopaedics as many of the injuries that we saw were small children having fallen from trees while playing and who had broken arms or dislocated shoulders. Anything that required surgery was sent to Belmopan hospital. Any injury that could be manipulated without surgical intervention was managed in the A and E in San Ignacio.

While the community hospital was small and did not have any surgical services I felt as if I learnt a huge amount and saw a variety of healthcare problems, both common and specific to Belize.