

ELECTIVE (SSC5b) REPORT (1200 words)

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

My medical elective took place in Belmopan, the capital city of Belize. I undertook a placement in a community care setting, attending the clinics of a primary care physician. During the placement, I had the opportunity to observe consultations, take histories from and examine patients, and learn more about the manner in which the Belizean healthcare system operates. My time in Belmopan was extremely interesting, and helped me to understand the differences between healthcare in the UK and Belize, and the contrast in the way patients are treated between the two countries. I believe the objectives I set for myself before I undertook the elective have been met, as I will outline below.

Objective 1: Study the epidemiology of medical and surgical conditions in Belize, and compare and contrast it to that in the UK. Identify key conditions of interest, and learn more about those conditions in order to reinforce existing medical knowledge

During my time in Belmopan, I saw a wide range of different medical and surgical conditions, including some that are unheard of in the UK. Through tutorial sessions with the primary care doctor, I also learnt significant amounts about the various differences between the UK and Belize in medical and surgical conditions seen more widely.

For medical conditions, one interesting difference between the UK and Belize was the nature of the flu virus. In the UK, flu infections tend to be seasonal, mainly affecting the population between the months of November and April. According to the doctor I was placed with, infections also tend to be of type A or type B flu in the UK, causing more serious seasonal epidemics. By contrast, in Belize, there is a much more even distribution of flu outbreaks throughout the year, perhaps only slightly worse during the rainy season from June to November. In addition, influenza infections in tend to be more of influenza types B and C, sometimes causing much less severe infections that mimic other viral infections such as the common cold.

For surgical condition, the main interesting difference was the lack of surgical provision in major hospitals, with surgeons often having to go well beyond their area of expertise to operate on patients with a wide range of conditions. As part of this, what might be considered elective operations in the UK, such as hernia repairs, simply did not take place in Belize unless strictly necessary. This seemed primarily due to the lack of surgical provision in hospitals, but regardless of the availability of having operations, patients generally preferred to opt to not have surgery unless absolutely necessary as well.

In addition, rates of infection in sites of recent surgery also seemed high. One patient who had had an injury on his leg which had required surgery, had been given insufficient antibiotics and had not had any wound dressing changes for a week after surgery, and so had subsequently presented with a seriously infected wound site. Whilst wound infections naturally do occur in the UK as well, it was very surprising to see the level of after-surgery care this patient and other patients had received in Belize.

Objective 2: Learn about the healthcare system in Belize, and reflect on how it compares to the UK's healthcare system. Identify the challenges and benefits of healthcare in a non-developed nation

Whilst there are definite similarities between the healthcare systems of the UK and Belize, particularly the system of primary and secondary care, I felt the differences between the two systems were fairly stark.

Resourcing of healthcare seems to be a particular problem in Belize, with insufficient primary care doctors for the population and the need to pay significant amounts of money for doctors appointments, meaning that many of the population did not seem to wish to access healthcare until absolutely necessary. This meant that some patients who presented to the surgery needed a much higher level of care than they might have done if they had not avoided going to the doctor because of the cost. In addition, resourcing of hospital-based medicine also seemed relatively poor, meaning that there were often insufficient or non-existent secondary care services available for some patients. As mentioned above, this had an impact on both medical and surgical care.

However, some benefits of the Belizean system were evident, most notably the ability of the doctor to spend significantly longer with each patient than they would have been able to in the UK, and with less emphasis on the rationing of medications. This seemed to have clear benefits, with most patients seeming satisfied with the amount of time they were able to see the doctor for, and for the medications they received as a result.

Objective 3: Study the management and primary and secondary prevention of tropical diseases in Belize, and compare these to the UK

There are many tropical diseases endemic to Central America, including Belize. Of these, diseases transmitted by infected mosquitoes such as yellow fever and malaria, are part of a concerted public health programme of primary and secondary prevention. All travelers travelling to Belize are required to have up-to-date immunisations for yellow fever, and all local residents are immunised against yellow fever as soon as possible. In addition, there is a programme of indoor residual spraying of insecticide to attempt to reduce the risk of transmission of these infectious diseases. These efforts seem to have been successful, with a 99% reduction in malaria cases between 2000 and 2013.

Further to mosquito-borne diseases, there have historically been a significant number of cases of Chagas disease, an infection caused by a parasite carried by a blood-sucking insect native to the Americas. Belize is attempting to tackle this problem through ongoing public health initiatives, such as information provision for Belizean citizens and travelers regarding what to do if bitten, and how to

avoid houses becoming infested. There is also a programme to reduce the available habitat for the insect, for example replacing thatched rooves on houses with metal or brick rooves.

Objective 4: Learn best practice from clinicians working in a healthcare system other than the NHS. Study different healthcare styles and patient attitudes towards healthcare in Belize, and reflect on how this can benefit my future practice

This aspect of my time in Belize was extremely interesting. Belizean patient attitudes towards healthcare seem significantly different to that of patients in the UK. Patients in Belize seemed to exercise significantly less autonomy in their own health, with patients presenting with any problem seemingly accepting without much question the word of the doctor regarding what the best course of action might be. Whilst this has its own benefits, I gained a sense that if patients had felt more empowered to exercise more choice in their healthcare, they may well have felt more satisfied with their own health, and better decisions may have been made in the patients' best interests. This difference in patients' autonomy was also manifest in the style the doctor took in treating his patients. There seemed to be more of an attitude of telling the patient what must be done for their health problem, rather than discussing the issues in an open and bilateral manner.

I also observed a tendency by clinicians to prescribe medications for patients, even when objectively they were not needed, or would likely not have a significant positive effect on patients' health. This was an interesting observation, and led me to note that it seemed that not only were clinicians more likely to prescribe medications, but patients also seemed to expect that they would be given medications when attending the surgery. To what extent each of these factors played on the increased prescription of medication is unclear, but they both seem to have played some role.