

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

### **Elective Report**

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**Host Organisation: Western Regional Hospital**

**Elective Country: Dr. Lawrence**

### **Background**

Belize is a former British colony that gained independence in 1981, and today is one of the countries that make up the Commonwealth. The country's official language is English, making it unique in Central America. It is also home to over 380,000 people and is divided into six different administrative districts. I chose to come here for my elective for several reasons. Firstly, the fact that English was the official language made this an appealing place for me to do my elective, and also the fact that it had both a private and publicly funded healthcare system. My placement took place in the Cayo district – in Belmopan, the capital city of Belize. Here, I carried out my placement at the Western Regional Hospital that looks after a large proportion of people living in Belmopan.

1. Describe the common diseases seen in the population in Belize at the Western Regional Hospital and consider how this plays into a wider global health picture.

According to reports from the Belize Health Sector Strategic Plan, the major causes of morbidity in persons over sixty were due to complications of diabetes mellitus, cardiovascular disease, cerebrovascular diseases and respiratory infections (Belize Ministry of Health, 2014). This was reflected in the patient population I came across in my time at the hospital. This is similar to the leading causes of morbidity in the UK, and indeed, are significant healthcare burdens worldwide. Diet and exercise were two main factors identified to explain the high levels of diabetes and cardiac related illnesses. The average Belizean diet was often high in fat, sugar and salt, and low in fresh fruit and vegetables. Moreover, it was not safe to drink tap water in Belize, and therefore soft fizzy drinks were a common alternative, which had a significant overall impact on health. Physical activity also plays a vital role in prevention of these health problems and a study carried out by the Central America Diabetes Initiative revealed that 77.7% of Belizeans self-reported less than 60 minutes of physical activity each week (CAMDI, 2009). This is something I noticed first hand speaking to patients and even the doctors themselves. One of the doctors even mentioned that he only drove and never did any exercise – and this was common for his colleagues as well. In terms of a wider global health picture, it is important to consider these modifiable risk factors, and to continue to focus on primary prevention and education as a key method of reducing these major causes of mortality

One aspect that differed between UK and Belize was the number of patients suffering from tropical diseases. These include illnesses such as dengue and malaria – that also happen to be the most common in the Belize and Cayo Districts (Ministry of Health, 2014). Observing how these patients were managed was a valuable and unique experience from my time there.

2. Describe the healthcare provisions available at the Western Regional Hospital, and across Belize, contrasting and comparing this with healthcare provided in the UK.

The Western Regional Hospital provides both primary and secondary healthcare services. It is a public hospital, however many patients also had their own private health insurance. Overall, compared with hospitals in the UK, the resources felt limited and oftentimes patients underwent fewer investigations than they would have elsewhere. It was also common for delays to occur with requesting tests or investigations. This would often delay the patient's management plan and could be frustrating at times. There were also fewer doctors and healthcare staff than expected at this hospital, making it more difficult to provide efficient care for patients.

3. Describe the prevalence and patterns of HIV infections in Belize and how this is managed in state-funded hospitals.

UNICEF has estimated that up to 3.4% of the population in Belize are living with HIV (UNICEF, 2013). Earlier this year, I had the opportunity to complete a five-week placement at an HIV clinic in East London. I was keen to compare the management and prevention of HIV in both these hospitals. In the UK, the government has been very effective at decreasing the rates of vertical transmission, ever since the introduction of an opt-out HIV screening service for pregnant mothers. This screening process has been so effective that only a very small number of cases of vertical transmission have been recorded within the NHS since the implementation of this screening programme. HIV and its complications are still a problem in Belize, and despite the Belizean government acting to raise awareness, there was still a significant number of patients with advanced disease. The first case of HIV in Belize was seen in 1981 and rates have increased steadily over the years. Belize has also implemented guidelines on preventing vertical transmission of HIV that were introduced in 2001. As of 2004, the government has implemented policies to provide antiretroviral therapies free of charge. This is similar to treatments in the UK, and many of the same antiretroviral combinations are used. One thing I did notice from speaking to patients is regarding the stigma attached to an HIV diagnosis. In Belize, many patients felt either discriminated against, or that they were treated differently because of their diagnosis and had often kept it from family members. Although in the UK attitudes are changing, the stigma described is not too different, and HIV diagnoses can still be difficult for patients to live with.

4. Experience and gain insight into a different culture and healthcare system.

There were many differences between the ways in which medicine was practiced in Belize compared to that in the UK. Firstly, doctors and healthcare professionals were treated differently from how they are treated in the UK. In the UK there has been a shift towards a more patient-focused, patient led form of healthcare. Whereas in Belize, it felt that doctors still made the majority of decisions for patients, and their opinions were rarely challenged. Belize has a diverse population with the majority of patients speaking a mixture of English, Spanish and Creole. I was slightly apprehensive prior to my placement as I would be in a completely new environment and culture. However, I soon realised that

the patients and doctors were very happy to speak to medical students and curious about what medical school was like in the UK. Many of the doctors we met were keen to teach and enjoyed having students sitting in on clinics. One of the main differences in patients' attitudes was their behaviour towards doctors. They were often very thankful for the treatments they received and hardly ever questioned their doctors' decisions. This is unlike the UK, where doctors' decisions are often criticised or called into question. Overall, I feel very fortunate to have had this invaluable experience, and for the memories and the people I have met during my time there.

### **Bibliography**

Belize Ministry of Health. (2014) Belize Health Sector Strategic Plan 2014-2024. Available online: <http://health.gov.bz/www/attachments/article/801/Belize%20Health%20Sector%20Strategic%20Plan%202014-2024-April%202014.pdf>

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[https://www.unicef.org/infobycountry/belize\\_statistics.html](https://www.unicef.org/infobycountry/belize_statistics.html)