

# ELECTIVE (SSC5b) REPORT (1200 words)

## Introduction

During April/May 2018 I carried out my medical elective at Western Regional Hospital in Belize, a small country in central America. In the months leading up to me commencing this elective I was both excited and anxious about starting this placement. Being given the opportunity to witness medical practice in a foreign country, with resources and a healthcare system very different to ours provides an invaluable experience. I approached this placement with relatively little knowledge on the healthcare systems and health beliefs of Belize and its inhabitants, with the hope of gaining much knowledge on how healthcare is practiced and implemented in this part of the world.

I chose to arrange my elective in Belize, as I had never been to the continent of central America before and wished to be placed in a location that was very unknown to me. Belize is located on the eastern coast of central America and is bordered by Mexico to the north and Guatemala to the west and south and has a total population of around 380,000. The country is split into six districts with the capital; Belize city being located in a district called 'Belize' found on the east side of the country. Whereas, the hospital I was placed at was in a city named Belmopan, located in the district of 'Cayo' in the west side of the country.

## Objective 1:

### **Learn About Common Health Concerns In The Developing World and How to Manage Pathologies Rarely Seen At Home**

My time with western regional hospital was split evenly between hospital work and community practice. This allowed me to see a wider range of medical problems ranging from acute medical and surgical emergencies to long-term chronic conditions and allowed my to gain a fuller understanding of healthcare in Belize. Whilst spending time with the surgical team I was able to appreciate some of the surgical conditions that the most commonly encounter and found that they are not dissimilar to those seen in the UK.

The most prevalent surgical problems included appendicitis and bowel obstruction. The way these were managed in theatre was largely the same as what I have experienced on placement in the UK, with the surgeons using similar surgical approaches and techniques. The majority of doctors working in the hospital were Belizean, however most had traveled to nearby Cuba to conduct the medical studies before returning to practice here. In addition to these acute surgical conditions, patients arriving with minor and major trauma was not uncommon as road traffic accidents are frequent in Belize. Cases of minor trauma were treated in the operating theatres of Western regional hospital, however cases of major trauma would have to be transferred to the Karl Heusner Memorial Hospital in Belize City, as trained surgeons and resources were relatively lacking in Belmopan.

In addition to the hospital placement, I was granted the opportunity to attend community medicine clinics. Here I was able to witness how family medicine is practiced and see which conditions commonly prompt people to visit there doctor in the community. I learned that water-borne, and hygiene related infections are commonplace. These included gastroenteritis, and Hepatitis A. The doctor explained that there can often be outbreaks of these conditions relating to weather conditions, for example a period of flooding. Moreover, the incidence of diseases that are commonly vaccinated against in the UK are of much higher incidence in Belize. This is both due to a lack of resources relating to the implementation of

vaccines and a difference in public attitudes to health care, with many people refusing vaccines and deeming them 'unnecessary'.

### **Objective 2:**

#### **Gain Surgical Experience, Particularly with Regards to Gaining an Understanding and Appreciation of How Operating Theatres Function in a Low Resource Setting**

Gaining an understanding for how hospitals function in a low resource setting is one of my biggest learning points from this elective. It has allowed me to appreciate some of the things that we take for granted in UK medical practice. For example, the use of physical resources, such as drapes, suture packs etc. I experienced a huge emphasis placed on not being wasteful as numbers of these can be very limited. In comparison supply cupboards are often very stocked in the UK which can lead to complacency and wastefulness, which is something I have noticed in the past.

However, the greatest challenges I witnessed are not related to physical resources. Western regional hospital is very understaffed with nine consultant doctors in total and only one general surgeon. For a hospital that serves a population of 66,000 from across the region, the number of trained health care professionals is distinctly lacking. Moreover, there are currently two dependable operating theatres in the hospital and few anaesthetists under employment. This resulted in unnecessary waits for surgery and a need to stratify and prioritise patients solely due to the lack of resources.

Investigations and diagnostic imaging are a vital part of surgical practice. Although simple investigations such as basic blood tests, plain radiographs and ultrasounds are readily available, Western regional hospital does not have the benefit of more complex imaging machines such as CT scanners and MRI machines. Patients requiring these imaging modalities must again be transferred to the Karl Heusner Memorial Hospital in Belize City. Although this is a great inconvenience, the greater issue is with patients who are very unwell with a need of complex imaging. A decision needs to be made weighing up the likelihood of the patient surviving the transfer and the absolute need for the imaging before intervention. This illustrates the difficulties and complications that arise owing to a lack of resources.

### **Objective 3:**

#### **Build On My Knowledge of Tropical Medicine and Recognise the Differences in the Burden of Disease in Comparison to the UK, as Well as Learning How Health Care Systems in Developing Countries Operate and how this differs to my Experience in the NHS.**

Healthcare in Belize is provided through both private and public healthcare systems, the latter being overseen by the Ministry of Health and provides affordable healthcare to the majority of the population at no direct cost to the individual. However in allocating funding, the Ministry of Health designates a large portion of the budget to Karl Heusner Memorial Hospital in Belize City leaving the 3 remaining regional hospitals relatively under-funded leading to issues relating to lack of medical supplies, equipment problems and understaffing. As such many cases from the regional hospitals are referred to this central hospital. In a way this is not dissimilar to the way the NHS operates as smaller hospitals often refer to a tertiary care centre with a full complement of services.

Other than the main hospitals, Belizean healthcare system offers many healthcare centres in the community. The western region has five centres that provide a range of services including: Immunisation services, prenatal care, postnatal care, general health monitoring and mobile clinics. In addition to this, there are various 'Health Posts', these are most equivalent to UK GP practices and act as the primary point of care with doctors providing general health education, treatment for diarrhoea, minor ailments and referrals to health

centres or Hospitals.

**Objective 4:**

**Increase Clinical Experience in a Resource-limited Medical Practice Environment, Whilst Increasing My Cultural Awareness and Gaining an Appreciation for the Cultural Differences in Treating Patients.**

Experiencing medical practice in Belize has vastly broadened my horizons. Differing to the majority of central America, Belize is a predominantly English speaking country. This was another factor in me choosing this location as my knowledge of the Spanish language is very basic, and practicing in an English speaking country would allow me to fully engage with the local population. I found the patients I spoke with to be very friendly, open and happy to talk about their experiences. Upon conversing with a variety of patients I noticed some differences in health attitudes compared to back home. One difference being attitude to vaccinations. Another being attitudes to death and terminal conditions. And also a propensity to use natural traditional medicine. Belize has a history linked to the Maya civilisation, which is believed to spread across Belize around 1500BC and thrived till 900AD. Till this day people believe in and practice traditional Mayan medicine, particularly in the southern regions of Belize. Unfortunately I did not have the opportunity to visit this region and witness these cultural practices.