

ELECTIVE (SSC5b) REPORT (1200 words)

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

I undertook my elective in the Western Regional Hospital, in Belmopan, Belize. I chose this location for my elective for two main reasons. I had never been to Central America, and therefore wanted to experience healthcare in an area I had not previously visited. Additionally, the main spoken language in Belize is English, which therefore ensured that there would be no language barrier to overcome. The objectives I set out prior to my Elective in Belize were focused around the area of emergency medicine, a major interest of mine. I kept these objectives in mind during my elective, with the intention to experience the differences between Belize and the UK in relation to emergency medical care. I aimed to explore the differences in causes of admissions, as well as the organisation and delivery of emergency services in Belize. Additionally, I wanted to determine how the economic status of Belize has an effect on emergency presentations and the delivery of emergency services.

In comparison to the UK, one major cause of emergency admission I found in Belize was tropical diseases, specifically Dengue, and to a slightly lesser extent, Malaria. I also observed quite a few patients seeking treatment for influenza, which surprised me due to the climate. The nature of trauma admissions varied slightly from the UK, with a greater admissions due to road traffic collisions and accidental workplace injuries. Otherwise, there were causes of admissions that were very similar to what I have seen back in the UK. This includes complaints such as chest pain, abdominal pain, difficulty in breathing etc. However, the differences in these presentations that I observed were that there was generally a later presentation from the patients in Belize, and there seemed to be a larger majority of these presentations needing urgent care. For example, the majority of chest pain patients were unwell with some sort of acute coronary syndrome. Whereas in the UK, from what I have observed anyway, there are more cases of patients presenting with chest pain who aren't acutely unwell and do not require urgent care. Generally, the patients also seemed to present younger than in the UK.

I had the opportunity to discuss these differences with some of my colleagues at the hospital, in order to gain a better understanding of the many reasons behind this. Whilst there is some wealth in Belize, it is still a developing country, with the majority of people living in poverty. This plays a factor with regard to poor nutrition, and living conditions. Cultural differences play an important role in this too. A significant portion of the population, specifically those in more rural areas, prefer traditional medicine, as opposed to western medicine. This may however be also due to rural areas being a significant distance away from any hospitals, with the majority being located in the larger cities such as Belize City and Belmopan. From a public health viewpoint, a significant number of the population have not adopted what would be considered a healthy lifestyle. As previously mentioned, poverty does play a huge role in this, especially in relation to nutrition; many patients had a history of diabetes. In addition, smoking appeared to be more common than in the UK. This could partially be due to the cheaper cost of tobacco products. However, there seemed to be restrictions around smoking indoors, which is a positive step, however this was not consistent. However, I also did observe many people cycling and running across Belmopan. However, this is apparently not very common in other areas of the country.

With regards to how healthcare is organised in Belize, there are both public and private hospitals in the country. From what I was told, the private hospitals were more in line to what is standard in the UK. However, as I previously mentioned, the majority of the population are in poverty and therefore cannot afford private healthcare. As to be expected, there seemed to be a general lack of funding in the public hospitals, which of course impacts the healthcare that can be provided to patients. This included a lack of equipment we take for granted in the UK, such as observation screens, in addition to a lack of ambulances. In the Western Regional Hospital, there were several times in which patients requiring more advanced care had to be transported to a larger hospital in Belize city, which is about an hours drive. This of course is not ideal as in many emergency cases time plays a crucial role.

Overall, having the opportunity to experience healthcare in a new country was a profound experience. It was originally quite a shock to the system, however, I learnt to adjust to the way of things in the West Regional Hospital. I was able to practice my communication and practical skills in a way I hadn't back in the UK, such as requiring to do observations manually as opposed to replying on a machine. I was fortunate enough to work alongside a team of caring and supportive individuals who made me feel like I was part of the team, and allowed me to be as involved as I felt comfortable with. I have learnt a lot during my elective and it has been one of the highlights of my time at medical school.