

ELECTIVE (SSC5b) REPORT (1200 words)

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

Belize was a great elective destination which provided insight into the health systems of a less economically developed country, and I feel I have left the placement with experiences that will help me in my future career.

Surgical pathologies have many similarities with the western world with acute abdominal emergencies still seen such as appendicitis and gynae presentations still evident. Belize is a country with 7 women to one man and as such, the presentation of ectopic pregnancies and antenatal and intrapartum complications are comparatively more common in this country. Because of this, Obstetric and Gynaecology services are one of the few specialisms offered at the western general hospital. A large portion of surgical emergencies however are trauma related such as industrial accidents or road traffic collisions, as well as violent trauma to a lesser extent. Because of the difficulty in accessing diagnostic equipment and oncological services, cancers are less frequently the reason for surgical intervention compared to the UK. As a result, it is hard to say for certain whether this lower prevalence is due to different environmental factors or just a lack of diagnoses.

In terms of infective pathologies, there are some interesting differences to the UK. First of all, blood borne mosquito transmitted diseases are highly prevalent such as Zika, dengue and Chikungunya. Malaria, however, is not endemic. Because of the mosquitoes, HIV is much higher up on the differential list in Belize and we saw a couple of patients in the community who needed HIV investigation as part of a differential work up when presenting with prolonged malaise, lethargy and thin build. Because of the climate, respiratory illnesses were different compared to the UK as well. Belize had an outbreak of influenza B in March, and RSV does not survive well in the hot and dry climate of Belize so bronchiolitis is far lower down on a child's differential list when presenting with respiratory symptoms. Furthermore, due to the lack of access to affordable medical care all is done to prevent serious infections from spreading, such as prophylactic family treatment for a patient with pneumonia.

Surgical protocols are very much treated as a last resort, as there are not many surgical centres in the country. The Western General is one of only 3 providers of surgical care in the country, and only has 2 permanent surgeons who are not obstetricians. From our time in the community clinic, staff are acutely aware of the limited bed availability in the country and do not often suggest elective surgery, so many things are managed medically or conservatively for as long as possible, with such examples as benign growths or paediatric orthopaedic deformities that would otherwise be added to an elective surgical list in the west. Very severe emergencies will be, if possible, transported by air to Mexico City or to the USA for treatment as the intensive care structure or breadth of surgical experience such as neurosurgery in Belize will not always provide good outcomes. Even if an operation is needed, the patient will have to contribute to the cost and as such delays can occur, making eventual surgery complicated and potentially unsuitable. As a result of the very few surgeons in the country, waiting times are high and there is not nearly the subspecialisation that allow us experts in practically any operation in the UK.

Our tutor explained that Belize is a fairly affluent country when compared to its neighbours Guatemala and the rest of Central and South America - much of the population are of middle income and very few

on the higher or lower extremes. As such, it is not too much the inability to pay for the healthcare that limits the Belizian people, but more the availability of resources. With no medical school, Belize's Health system is staffed by foreign trained doctors such as many from Cuba, which will mean less chance for native Belizians to train and therefore decrease the likelihood of staff wanting to practice there. Furthermore, treatment in medicinal form is largely affordable, but investigations - particularly radiological scans are much more difficult to afford so often diagnoses are clinical and treatment commenced and completed without certainty. This often results in the highest possible pre-hospital dosage and pharmacological combinations being used to cover a number of possibilities, which largely works, however does not allow ideal antibiotic stewardship or minimising side effects for patients. Lastly, the public may have to travel far for their treatment, especially maternity as Belmopan was the nearest to a tertiary centre as Belize had for this and received patients from far around the country. The reason for the lack of resources, we were told, is that the government favour roads, business and other infrastructure over the health system as they have decided that in the long run the economical benefits of this will make its people more prosperous and healthy as a result. In addition, this is widely accepted within the Belizian people and compared to many countries in the world there is very little public demand for an overhauled health system which is particularly interesting in comparison to the UK and USA.

One thing I found out when in Belize is that western surgical trainees sometimes travel there in order to get their numbers of procedures up if they had not managed to get the required amounts in their countries. This struck me as unethical as you are helping out largely for personal gain. I do not want to do such a thing in my career as I believe it shows people looking for an easy route through training, and shows inefficient use of their time at work. The staff in Belize were not defeated and were not overly pessimistic about their job and their ability to do their job, which is far more than can be said for the seeming majority of the UK doctors following on from the junior doctors contract furore. They know how limited they are in terms of their resources but with sound clinical knowledge and close team work they still feel they can offer a good standard of care to the patients who get to see them. They largely enjoy their job and do the most for their patients as any doctor would do, but feel grateful that they can be the person to help so many people, as without even one of them the system would be under stress. As foreigners, they enjoy life in Belize and enjoy the people whom they have given their time to treat, and as they have made the decision to work there without much added incentive, they don't loathe their location. This is not to say that working in such a country is void of stresses or troubles, or that U.S. western doctors should not point out when troubles with the system arise, but I think I should bare in mind their optimism when working in the NHS as we are in an extremely fortunate position as a country and profession, and if people can do their jobs competently and with a smile in less privileged countries, I should be able to in the UK.