

ELECTIVE (SSC5b) REPORT (1200 words)

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

I was fortunate enough to spend 6 weeks in the Western Regional Hospital in Belmopan, as well as being able to sit in smaller community clinics- which were the equivalent to a GP in UK. It was a fulfilling experience aided by the fact that Belize is an English speaking country.

To be well prepared, before beginning the placement, I asked the doctors what paediatric problems I could expect to see during my time on elective. Belize has a high rate of congenital defects, mainly neural tube defects. Surgical facilities are available to reverse these conditions, the problem however lied in the fact that often people who are in the rural parts of the country and living in poverty cannot afford treatment or simply don't have the means to travel to the few available hospitals. It is these children that suffer the most. However during my time here, I didn't get to personally see any patients with the conditions. This is different to the UK, where although cases of babies being born with birth defects are not uncommon. Nearly all children with such problems in the UK are seen to by specialists trained for these purposes, meaning that children are not left untreated.

Malnutrition is another common problem for children in Belize, particularly those living in poverty in the rural areas as food is not as readily available. I saw both parents who were able to pay to improve the child's quality of life, and the devastating scenarios where parents couldn't and the only advice that could be given was to continue feeding the children milk and introduce foods such as fresh produce when possible. This was truly devastating and worlds apart from the UK where malnutrition to this degree is uncommon, and the NHS can offer advice and treatment for free.

Belize is a tropical country, meaning that it is home to various diseases that are uncommon in the UK such as Zika virus, Chikungunya and malaria. These conditions, of course affect children and adults alike. As my knowledge of these conditions was very limited, the doctors provided teaching on the symptoms and management of these conditions.

Zika virus is relatively new to Belize, with its emergence in 2016. It has a devastating effect on pregnant women as it affects the development of the unborn baby leading to many birth defects, such as microcephaly. UNICEF notes that 717 suspected cases of Zika have been identified in Belize, and of these cases, 40 are suspected in pregnant women. Although these numbers can change, which means that more and more children could be born with Zika-related problems. This puts a strain on the country's medical care as well as those parents who may not be able to afford the best treatment available for their child. Prior to this elective I had very little insight into how Zika virus affects unborn babies and this knowledge was invaluable.

Western Regional is one of the three hospitals in the small country of Belize. The other hospitals are in the north, south and east regions of the country. Even still it is a smaller hospital with limited resources and bed spaces. This means that not all patients are able to be treated and sometimes need to be transferred to a nearby hospital. Belize has both public and private healthcare systems. The public hospitals are usually over-filled and under-resourced. However, the alternative to this would be the private systems which is problematic because they are much more expensive and with 43% of Belize in poverty, it is not the best alternative. The country as a whole has a limited number of doctors, and I learnt that most of the doctors come from different countries. A doctor I met was from Cuba, who had

come to Belize after retirement. This is different to the UK where there are many doctors available for work and usually come from within the country itself.

The community clinics were important as they made healthcare more readily accessible for people in rural areas, and those who didn't have the means to travel to hospitals. The community clinics were an excellent way to see how care is provided for the younger population. They highlighted the importance of why medication and healthcare needs to be readily available for people. As in one clinic, a young girl- 2/3 years old- was brought in by her mother who explained that the child had been unwell, and suffered from two experiences of vomiting, and was not eating or drinking much. The nearest hospital would have been half an hour drive away, and the family didn't own a car. Thus if it were not for the community clinic, the little girl would have had no medical attention.

The style of consultations were distinct from the UK and in the case of the little girl, her management was also different to the UK. In previous paediatric placements, I had witnessed that a young child who is unable to keep down food is usually admitted into hospital for fluids at the very least. However, in Belmopan as the nearest hospital had limited resources and bed space, the child had to be sent home with some antibiotics and supplementation drinks.

Like the UK, the community clinics offered routine vaccinations to newborn babies. But the administration and recording of such procedures was very different. There was no documentation of the vaccine given, and no red book/ or equivalent to note down the vaccines. It was done on a drop in service. Limited advertisement of such facilities, means that some children may go unvaccinated if parents aren't aware of their existence. Health education is definitely something that Belize healthcare system can strive to improve on in the future.

Another important consultation I shadowed, involved a patient diagnosed with toxoplasmosis. What was striking about this consultation was the manner of examination, the doctor had to use his phone torch and a magnifying glass as replacement for a fundoscope. This really brings home the lack of sufficient resources in Belize and the desperate need for more money to be put into the healthcare system. It was also interesting to see that, unlike in the UK, Belize didn't have a means of computerising their patient data and imaging. In the case of this patient, he had to bring in a physical copy of his MRI scan for the doctor to analyse- again different to the UK where a radiologist would usually do the analysis.

Being a developing country means that Belize has a reduced capacity for implementing public health. It certainly means that it is more difficult to initiate or develop programmes to help with public health matters like smoking cessation for examples. Despite the limited funds, there were many brochures and posters available within the hospital on topics such nutrition, mental health, communicable diseases. These brochures are a step in the right direction for improving public health in Belize. Lack of resources certainly impinge on the advancements that can be made to better and sustain mortality rates in the country.

Doing an elective in another country was an eye opening experience. I was able to learn a lot about how limited resources affect patient care and the effect it can have on a population as a whole. It made me realise all the things we take for granted in the UK without realising. In my future job, I will be sure to never take for granted the resources and facilities that are helping me do my job.