ELECTIVE (SSC5c) REPORT (1200 words)

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

What are the common obstetric and gynaecological conditions in Belize and how does this compare to the UK?

In Belizean culture, it is very common for women to have babies fairly young in comparison with the UK. Usually in their teens, and also before they are married or even in a relationship. This trend I noticed in the small community hospital in San Ignacio is backed by the figures I have since researched defining the mean age of first birth in Belize as 20.1, compared with 28.2 in the UK (UNICEF 2013-2014; Central Intelligence Agency 2013). A difference of 8 years, which consequently means our two countries do differ in their obstetric patients. Even as a medical student / visitor, I found I had to battle a lot of questions as to why I was married and why I hadn't any children yet. I was even told at one point that I am going to be too old to look after my children by the time I have them, at 30! The cultural norms were very apparent; however this did differ to the views of the obstetrician in San Ignacio. One memorable ward round we saw a lady who was 30, it struck a chord with me as we were similar ages. This lady had just given birth to her twelfth child, her first being at the age of 15. I have to admit that I was shocked when she said this, but in my very "English" manner, I politely nodded and continued to ask questions around her pregnancy and the birth. The obstetrician, on the other hand, turned to me in front of the patient and said in a rather loud voice that "she should not have had children so young, as this is what happens when you have babies too young, you become chronically pregnant!" I was taken aback by the bluntness and loudness of his comment. I guess in some ways I agree with his concept, that having children at a young age can prevent women from furthering their education. My issues with his comment at this time though, were that we firstly do not know whether this was her lifelong dream to be a mother to so many children and secondly, this was not, in my eyes, a very professional way to address this situation. Perhaps years of dealing with adolescent pregnancies have shaped this obstetrician's practices, but I have to say, this is not one of his teachings that I will adopt in my future practice.

How are antenatal / obstetric services delivered in Belize? What is the difference between Belize and the UK in this respect?

Access to obstetric care isn't quite as readily available as it is here in the UK. Albeit, the clinics were very well run, and the equipment was very up to date, however, there were a large number of mothers presenting for the first time to the health system during labour. As a consequence, there was a higher rate of complications to both mother and baby. There has been a recent push, driven mainly by Dr Rivas, to encourage women to attend for ultrasounds and midwife-led clinics in the early stages of their pregnancies. He believes, as I do also, that this will help drive down their complication rates. The problem they mainly face, however, is filtering this into the small rural communities surrounding the town. Dr Rivas has been backed by support from local nurses who are now spending one day of their working week driving into these villages to outreach clinics. This has so far had a positive effect, and Dr Rivas tells me anecdotally that complication rates are on the decline.

How does the management of obstetric care differ to that given in the UK?

I have decided to alter this last objective slightly, and my response will be focussed on discussing the patient's approach to their own management. Whilst on our elective, we not only spent time in obstetrics, we also spent a lot of time in the emergency department, as this is was very busy and where we learnt a large amount. Something that was very obvious early on was the amount of patients presenting with symptoms of hyperglycaemia or malignant hypertension. Symptoms of their previously identified chronic conditions that they had chosen not to take medication for. I can only gather from speaking to both patients and doctors that the reason for this isn't due to cost (the healthcare system for the poor is actually very comprehensive) but due to an inbuilt cultural belief that medication is actually detrimental to them. Perhaps this stems from the popularity of bush medicine, which is still practiced throughout. Or perhaps there is a need for greater patient education. I had noticed that the time spent explaining conditions or medications to the patient in consultations was very minimal, if any time spent at all, and there were certainly no patient information leaflets. This is an aspect of practicing medicine that I believe could be improved in Belize.

I am looking to improve my clinical skills, especially in stressful situations such as emergency medicine. I would also like to improve my communication skills with regards to language barriers and paediatric care.

Even though English is the first official language of Belize, a lot of our patient's spoke Creole and Spanish as their first languages, however, were able to communicate effectively in English for my purpose as a clinician. This was a big factor in choosing Belize as a country to carry out my elective in. So, to be honest, language barriers weren't an issue. But what I did learn from the experience, was how to communicate to a different culture. In the UK, I realise we make what we want to say a lot more "flowery", we pad it out with terms such as "would you mind if I have a look at… please" or "can I ask you to kindly get yourself up onto the bed…thank you" This was commented on by both patients and a doctor at how "proper" we spoke. From watching the other doctors at the hospital, I noticed there was a lot more direct commands, "get onto the bed" or "give me your arm". To me this sounds so rude, but the patients didn't seem at all bothered by this way of being spoken to, and in fact, were almost confused by the way I spoke to them! I have to say that I will never be able to stop myself saying please or thank you, but I did become more direct in my questioning which seemed to improve my communication considerably, and reduced the number of "what is she saying?" comments and blank faces!

Conclusion

Throughout my elective in Belize I have learnt a lot about the differences and similarities between Belize and the UK in both medical and cultural aspects. I hope to think it will shape my medical practice in the future, benefiting both my patients and myself for my working years ahead. I thoroughly enjoyed my time working abroad and will hopefully carry out many more working visits to other countries in the future.

References

Central Intelligence Agency. (2015). The World Factbook. Available: https://www.cia.gov/library/publications/the-world-factbook/fields/2256.html. Last accessed 18/05/2015

UNICEF (2013-2014) Statistics: Belize. Available: http://www.unicef.org/infobycountry/belize_statistics.html. Last accessed 18/05/2015