

ELECTIVE (SSC5c) REPORT (1200 words)

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

Belize is situated in north-eastern part of Central America and is a small country with a population of around 300, 000 people. It is quite an underdeveloped country and was one of main reasons why I chose to carry out my medical elective there, in order to see the pattern of certain diseases against a developed country like ours. I carried out my elective in the capital city of Belize, Belmopan, in Western Regional Hospital, which is the biggest hospital in Belize out of the three there are there. The Western Regional Hospital provides both primary and secondary care services. It serves around 70,000 people with 12 doctors. It has an accident and emergency department and a general ward and in addition offers three specialist services in paediatrics, surgery and gynaecology. It was surprising for me to find that these were the only specialities being offered as this was the biggest hospital in Belize, in comparison to the UK offering a wide range of different specialist services. However these would only be available under privately funded hospitals i.e. to the rich and wealthy people of Belize.

Although I found that these departments were adequately equipped and surprisingly quite modern, what I found unusual was that all the wards did seem to have many empty beds in comparison to the hospitals I have worked in the UK, where they are always saturated.

In talking to various locals I found that many of them had the same ideology behind Belizean healthcare. They found that many of the Belizean doctors were untrustworthy and that they never provided a 'quick fix' to any of their problems that they had. For example, one local told me the story of his son who was experiencing symptoms which sounded like an ear infection a few years ago. He said that all the doctors did was prescribe him some antibiotics which didn't work after 7 days of use. Afterwards he just went to the pharmacist to get stronger antibiotics he read on the internet which did work, and to this day he stated that he has never visited the hospital again. It felt to me that locals feel a sense of pride when they state that they have 'never been to hospital'. In general I found that many patients prefer to go to the pharmacist to self diagnose and treat themselves in order to provide themselves with a short term solution instead of going to see an actual doctor.

I also found that some of the pressures of money were quite clear at the hospital in that most of the hospitals equipment was non-functional, which meant that the operating theatres were generally for performing emergency operations and not normal elective surgeries. In addition, whilst the hospitals radiology department did have an X-ray, it lacked a CT and MRI scanner. Whilst working on the wards and A&E, the financial pressures were extremely evident. Examples include the emphasis being placed on not wasting any of the supplies such as saline bags or cannulas. In the labs there were also two machines (previously used to analyse blood samples), that have been non-functional for a while simply because of the lack of funds to replace it. This is obviously a complete contrast to the UK, where there are an abundance of supplies.

Over 40,000 people in Belize are said to be diabetic which accounts to around 14% of the population. It is in fact the leading cause of death in the country followed by cardiovascular disease and then homicide. In talking to various doctors at the hospital they stated that this problem is attributed mainly to the typical Belizean dishes that many enjoy, which are generally very high in starch. These includes fried plantain, chicken and rice and beans. In comparison to the UK, the average prevalence

of diabetes is around 6%. With regards to the prevalence of other co-morbidities HIV/AIDS is also very prevalent, which is the 4th most common cause of death.

With regards to health promotion strategies used to combat the management of diabetes in the community, I thought that this was very poor. Most of the health promotion around the hospital was carried out via posters mainly about prevention of communicable diseases and maternal health. For example, on most wards I saw many posters on the importance of breastfeeding a child or child immunisations, but no posters or other health promotion strategies on the prevention of diabetes, or even any information on diabetes for that matter. In talking to various doctors around the hospitals, they emphasised that not enough is being done by the government to inform people about the significance and prevalence of diabetes in Belize and that there are many patients who come in with severe polyuria and polydipsia, not knowing at all the seriousness of the disease. It is completely alarming to me that even simple preventative strategies such as that promoted in the UK so well are not promoted at all to the public in Belize through posters, television, etc. These include, getting more physical activity, losing weight, and dietary changes such as eating more fibre and less carbohydrates. However in talking to various locals, they seemed to have a basic understanding about the prevention of communicable diseases and their preference for using natural treatments to manage them. Although the Belize government states that they are a 'comprehensive public health system', it is clear that this is not the case.

One of the main benefits in coming to Belize was that I knew that this was an English speaking country (in comparison to all the other countries in Central America which are Spanish speaking). This meant that there were in fact no language barriers in communicating with doctors and patients alike. I was also able to carry out basic clinical skills and examinations with ease.

Furthermore, it was very difficult to actually see and follow the chronic management of any disease including diabetes in the Western Regional Hospital. It seemed that the majority of patients who came to the hospital either came to give birth, regarding trauma, or because of a chronic condition that deteriorated significantly out of their control (i.e. in my view coming to hospital for them was a last option). For example in A&E it had its own 'station' just for those coming in and being treated for acute asthma. This just shows the poor chronic management of various diseases including asthma.

Although consultations in Belize are free, requesting imaging and the majority of laboratory tests are not, and had to be paid by the patient there and then. This is a massive contrast to the NHS in UK, where doctors are not hesitant to carry these tests because of whether the patient can afford this or not. Thus I saw that sometimes these significant investigations are sometimes avoided even when necessary which must affect patient management in Belize. Therefore doctors generally base their management plan on their experienced history taking and clinical examination. I also observed that there were no guidelines to follow for doctors in forming management plans.

I also found that the management of staffing at the hospital was very inefficient and disorganised. Sometimes it was extremely clear that there were very few doctors in the hospital itself as the administrative staff failed to replace doctors who were either off sick or for those that had gone on holiday.