

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

San Ignacio is a fairly small town in the west of Belize, with a population of roughly 16,000 people. San Ignacio Community Hospital is classed as a level one healthcare provider. It is very small, with less than forty beds. At any time there is only one obstetrician present in the maternity unit. This is in great contrast to what I experienced during my obstetrics & gynaecology placement, during my fourth year of medical school. British maternity units have a minimum of one consultant obstetrician maintaining an on-site presence, supported by a multi-disciplinary team, including multiple, less senior doctors. As a result, in complex cases, or those where obstetric issues either do not resolve or worsen, individuals can be transferred to a level two hospital, in Belmopan. A level three hospital providing very specialist care is located in the capital, Belize City. In case of a very serious emergency requiring immediate attention, patients are transported to the Western Regional Hospital, which takes forty-five minutes to reach.

Health provision in Belize is funded by the state, and is available to the entire populace at no cost. However, Belize City receives a very significant proportion of this funding. Consequently, many of those living in San Ignacio turn to private healthcare. This is partly covered by the government, which ensures that it remains economically feasible for citizens to use. This lack of funding in San Ignacio also means that clinicians must achieve more during their consultations, and become adept at triage; resource allocation in such an environment becomes very important.

The majority of the obstetric complications that I witnessed stemmed from the lack of resources available. For example, Eclampsia is the leading cause of maternal mortality in San Ignacio, causing 60% of this. It is far less prevalent in Great Britain, and this is in part as a result of the consistent monitoring that is undertaken (including urine and blood pressure checks, as well as cardiotocography). This was also reflected in other complications of pregnancy that I saw whilst on placement. For example, a woman with undiagnosed, yet suspected placenta praecenta suffered massive postpartum haemorrhage. She managed to survive this ordeal, however her infant did not. The onsite NICU was not advanced enough to support such a premature baby. This baby was left unattended whilst the medical team worked to save the mother. Such incidences do not occur in the United Kingdom, where the diagnosis would have been picked up earlier. Furthermore, in such a situation, the local NICU would most certainly be equipped to support the infant. Another experience which will remain is that of a breech presentation. The use of ventouse or forceps would have solved the issue easily, however these were unavailable.

Another very conspicuous contrast with Great Britain was that of post partum care. During my elective, I noticed that there were very few midwives present on the unit at any one time. Mothers are often left to their own devices, without the level of support as provided in the United Kingdom. Unlike in our nation, where there are swathes of support groups, books and the internet to help educate, those in Belize are unsure of how to tackle the coming months. In spite of this, breast feeding is promoted and reinforced as a necessary practice to new mothers (apart from those who are HIV +ve). This public health promotion is very useful, particularly in such a resource-scarce setting. This has two advantages of preserving already limited resources, as well as ensuring passive immunity.

Teenage pregnancy is an issue that has been targeted by the government in Belize, particularly in San Ignacio. There are two main factors contributing to this. The first, as mentioned previously, is the lack of resources, and so patient education and family planning is somewhat limited. The second is one of religion and cultural practice. The majority of the population are Catholic, with strong views in opposition to family planning. This has also resulted in rising rates of HIV amongst the population. Even the mention of contraceptives such as condoms would result in hesitation - this is clearly a taboo subject for the citizens of San Ignacio. It has been exacerbated in this tourist town - it has become apparent that younger women are engaging in sexual intercourse without using appropriate protection, with older men, for money and material goods. Many adolescent mothers are actively rejected by their community, with cultural stigma attached to their situations. They are seen as bad influences and so continue down the path of unprotected sexual intercourse as a method of employment. This vicious cycle needs to be tackled by the government to ensure resolution.

This elective in Belize emphasised the need for public health promotion (which includes educating patients), as well as the enhanced importance of patient triage in the face of scarcity of resources. Through more extensive patient education, improved parameters for health are attained. Greater education will in turn help to preserve available resources for those patients whose clinical need is critical. Patients will turn to their community care providers, rather than hospital services, reducing the strain on the multi-disciplinary team. This freeing up of resources and economic capital can then be used to put more back into healthcare provision. As mentioned earlier, San Ignacio receives proportionally far less public funding compared to Belize City. Patient education and its subsequent positive effects can help to bridge this funding gap.

The contrast with the situation in Great Britain is both remarkable as well as upsetting. Clinicians have access to advanced imaging such as CT scans to help aid with diagnosis. Bedside monitoring equipment is readily available to keep on top of patients. In San Ignacio, clinicians must rely more on their skills of history taking as well as examination. Such an experience makes one feel immensely grateful, as well as proud, of the National Health Service. Perhaps those in the current government ought to pay a visit to San Ignacio to truly appreciate the excellence of NHS. It ensures world-class medical care to all citizens, irrespective of income. Those in San Ignacio are forced to turn to private healthcare to receive the level of care they need (albeit with state sponsorship).