

ELECTIVE (SSC5c) REPORT (1200 words)

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

For my elective I travelled to Belize, a country on the east coast of Central America with a total population of around 330,000. It is an old part of the British Empire and the official language is English, although many people speak a Creole dialect or Spanish. The climate is tropical and has two main seasons, the wet season and the dry season.

The average life expectancy in Belize is 73.6 years old, with men at 71.3 years and women at 76.1 years. The main cause of death in Belize is complications caused by diabetes mellitus, followed by coronary heart disease, and stroke. Poverty is prevalent in Belize with 33.5% of the population being judged as “poor” according to a Country Poverty Assessment, a statistic that has remained unchanged since 1995. The World Health Organization declared the health challenges to Belize to be the following: reducing health inequalities (including poverty), gender equalities, health promotion, improving public health leadership, increasing number and distribution of health resources.

The hospital we visited was the Western Regional Hospital, Belmopan, the country’s capital city. The hospital itself offers a variety of services including general medicine, gynaecology, surgery, paediatrics, and psychiatry.

Describe the pattern of diseases in the local population and how this is determined by the local conditions and environment:

The pattern of disease in the local population shares some similarities to the UK but also some significant differences. I spent a large proportion of my time in the accident and emergency department which contributes a larger proportion of the hospital than it does in the UK. Traumatic injuries are much more common in Belize than the UK. This is partly due to lower health and safety standards in the workplace and a greater proportion of the working population in manual labour jobs such as farming. For example, trucks overloaded with people unbelted in the back are a common sight. Also, children also seem to sustain more injuries, particularly broken limbs from playing outside or helping family members with work.

How is the healthcare system organised in Belize and how does this differ to the UK? :

One aspect that pleasantly surprised me by the Belizean healthcare system was its up to date use of computer technology. For example, all health records (including previous prescriptions etc.) are stored on a central government controlled database. Therefore a patient can attend any GP surgery or hospital in any area of Belize and the health workers there will have complete access to all of their information about previous visits, past medical history, drug history, etc. I believe that this is a significant improvement on the current system in the UK which is often hindered by delayed or incorrect information being transferred between hospitals or GP surgeries.

The hospital itself is funded mostly by the government and is open to all the public. Visiting the hospital is often free but some charges exist for some services. For example, people pay a highly reduced fee for having an elective operation and per each day spent in hospital. Any treatment that cannot be performed in Belmopan are often sent to a bigger hospital in Belize City or even abroad. For example, chemotherapy treatment is severely limited in Belmopan and anyone wanting this

treatment will have to pay privately and travel abroad. These patients often travel to the USA if they are able to afford it.

How are emergencies dealt with different in a small hospital with less facilities and equipment compared to the UK? :

The aspect I found most apparently different from the UK health system was the limited availability of imaging modalities. Most imaging was limited to simple radiographs. Techniques that we take for granted, such as CT scanning or ultrasound, are not available at all at Belmopan; any patients needing these must travel to Belize City. Furthermore, blood tests are often limited to simple biochemistry and haematology and other tests are either unavailable or again need to be sent to a different location or analysis. The effects of this on the doctors are that they rely on their clinical examinations and history taking skills to a larger extent.

Reflect on the major learning points from working in a developing country and how this knowledge can be used to improve my own practice in the UK:

One aspect that I found myself reflecting on a lot during my time in Belize is the topic of informed consent. For example, I often found on ward rounds that consent was not obtained for medical examinations and these were not explained beforehand. One instance in particular happened when a doctor performed a testicular examination on a man without explaining the examination or gaining any consent. This made me feel quite uncomfortable as my previous training has strongly emphasised the necessity for informed consent. I also felt that it was unfair on the patient as they may have been traumatised by an event that could have been performed with much less distress. It also made me think that very small actions by healthcare workers can cause a massive difference to the experiences of patients. I could have interrupted and demanded informed consent to be taken but I believe it would have been inappropriate given the differences of culture and my status as a visiting student. In future I will aim to ensure my patients are fully informed before examinations and procedures and that I appropriately gain consent.

Another aspect which proved a useful learning point was that of patient privacy. On the wards the patients are in open bays. Often during the ward round the consultations would occur with no curtains drawn in full view to other patients and staff, this included during some examinations. Again this made me feel uncomfortable as examinations should be performed in private with only necessary people in the area as agreed with the patient. In future, I will ensure that my patient's dignity is maintained appropriately with consultations taking place behind closed curtains or doors and with the agreement with the patient about who can and who cannot be in the room.