

ELECTIVE (SSC5c) REPORT (1200 words)

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

I chose to undertake my medical elective in Belize as I had previously travelled in Central America and so was familiar with this area and wanted to further my experience of working in this region. Another factor which influenced my decision was that Belize is mainly an English speaking country, unlike the other countries within this region which I felt would benefit me when communicating with both patients and other health personnel. I organised my placement within Western Regional Hospital in Belmopan, the capital of Belize and chose to do my placement in general medicine.

Belize is a small country within central America, with a population of only 331,000, which, when compared to the other neighbouring countries is significantly smaller. Despite the small population within Belize, there are significant health problems which have not necessarily been addressed by adequate public health measures, and there was an evident burden of disease in areas such as infectious disease and diabetes. Having spent time on the general medical ward and in clinic, I was surprised at how highly prevalent diseases such as cardiovascular disease and diabetes were, and the similarity of the burden of disease to the U.K. Although communicable diseases such as HIV, malaria and dengue were all prevalent and contributing to the burden of disease within Belize, cardiovascular disease especially still comprises the leading burden of disease and cause of death in the country, accounting for 25% of all mortality in the country. However having spoken to the doctors in the hospital about the characteristics of the population and considering that Belize is a middle-income country, this gave me a clearer idea about Belize's health profile.

There is also a growing obesity epidemic, which is most likely also contributing to the high prevalence of diabetes and cardiovascular disease which is something I noticed especially whilst sitting in clinics. Although the doctors were excellent at providing medicine and undertaking suitable diagnostic tests, I did notice a lack of general public health advice which I saw more often in general practice in England. Lifestyle advice is an area which may be useful in curbing the growing obesity epidemic, which would otherwise have huge implications on this small population. Communicable diseases also pose a large threat to the health service provision and resources available as there seem to be outbreaks of dengue and HIV within the country. About 1.5% of the population aged between 15 and 49 years has HIV, which is a relatively high proportion of the population although other communicable diseases such as malaria and tuberculosis are significantly less and are also relatively stable in their prevalence statistics.

Despite the high proportion of HIV/AIDS in Belize, the incidence of HIV has actually declined over the past few years due to better patient education through health promotion strategies, earlier detection of HIV and wider availability of anti-retroviral treatments. These actions which have targeted the HIV epidemic in recent years has proved successful and has definitely helped in tackling stigma associated with the condition. However when I met patients in clinic, they still seemed to have suffered both the psychological and socioeconomic effects of stigma surrounding diagnosis of HIV as well as living with

AIDS, which has huge implications for their livelihood and especially affects those living in more rural areas. HIV education programmes have played a huge part in changing the perceptions and negative discrimination surrounding the disease, notably the "Together We Can" program which has also helped reduce the incidence of new infections by 14% in the last six years.

The Belizean health service runs on both a public and private sector basis, although many of the population still rely on traditional medicine as well as travelling outside of the country to countries like Mexico and Guatemala to receive healthcare. The hospital itself was a lot different to what I had expected. Western Regional Hospital is one of only three major hospitals in Belize which has operating theatres and considering this, it was relatively small and there wasn't much segregation of patients between the wards. The staff however were very helpful and hard working, but seemed to be limited by the provision and resources available to them which we would often rely on in the U.K., such as CT scanners and arterial blood gas sampling machines. Although basic tests such as blood tests and x-rays were available, it took a long time to process these and the rigorous testing and checks set in place in the UK did not seem to be apparent here, especially during surgery where I was used to seeing a standard of care which was very high in comparison. This may be in part due to lack of funding, but also education as many of the doctors working in the hospital were educated from outside of Belize and so there didn't seem to be a nationalised education for doctors there. The difference in the resources and setting of the hospital was very apparent and highlighted not only the distinct lack of resources available, but also the lack of tertiary services, for example there was only one psychiatrist serving the whole area despite there being a large need for mental health services.

My last objective was to focus on my own skills as a future clinician, and working in the hospital in Belize has given me invaluable experience not only in experiencing a different medical setting, but also in communicating with different health workers. It was similar to working in a multidisciplinary team as in the UK, however there were huge cultural differences which made me realise how important cultural sensitivity is especially when working in the medical setting. I was able to help in clinic by taking histories and being able to have mini-consultations with the patients. On the wards, I joined in the ward round and felt like I was an active member of the team, contributing in the discussion about patient care. Interacting with the patients however was the highlight, as it allowed to further explore their health beliefs more deeply and this helped in understanding why they undertook certain behaviours., which ultimately may have contributed to the development of their conditions.

Overall I had an eye-opening and brilliant placement at Western Regional Hospital, which made me appreciate how little resources and funding can still provide a huge benefit to a small population and also made me reflect on the abundance of facilities, equipment and staffing we have in the UK in comparison. The diseases and medical practices encountered in my 6 week placement were varied and sometimes hugely different to anything I have seen in the UK, but I gained great exposure to a new culture and setting which will help me to work in London, where cultural sensitivity is hugely important. I hope I can use this experience to hone both my clinical and communication skills when starting work as a junior doctor.