

The people of Belize have a lot of pride for their country. They speak in English. They have to travel quite far to visit the hospital. Most people still rely on farming and manual work to make a living, especially in the Belmopan area. They have a lot of respect for doctors.
What did you learn about the health care professionals you worked with?
Many of the healthcare professionals are not Belizean nationals. They are many foreign doctors from Cuba and America. They are keen to teach.
What did you learn about the health care system in that country?
Belize has both public and private healthcare systems in place; the system works although a lot of the hospitals suffer from capacity issues. There is also a problem in that the only tertiary centre is in Belize City, so a lot of referrals need to be made to this hospital.
What were the best bits?
Meeting patients from a different country, although most of the clinical conditions treated were similar to that of the UK.
What were bits you least enjoyed?
The hospital is very hot, and sometimes the doctors tended to teach through 'learning by humiliation' which was not very nice.
Were there any shortcomings?
There is a 'go now' attitude within the hospital administrative team. I think they are used to students not staying at the placement and therefore they expect you to leave straight away and are surprised when you stay. They should promote education of medical students in a more structured way.

### **Elective report: Panama 2015**

Between the 6<sup>th</sup> and the 19<sup>th</sup> of April 2015 I undertook an elective in Bocas del Toro, Panama with an organisation called Floating Doctors. I chose to complete this elective because I had always had an interest in medicine in the developing world, in particular tropical diseases and maternal medicine. I had heard positive reviews about this organisation in the past; therefore I felt this elective placement was exactly what I needed to expand my medical knowledge and practical skills.

Floating doctors is a charitable organisation that provides free health care to the Ngäbe population in Panama. This is an indigenous group found most often in villages which are too far away to access the public healthcare facilities offered by the Panamanian government. To these patients, Floating Doctors offers health promotion, education, medical consultations and pharmaceuticals at three monthly follow up visits. The villages are accessed via Cayucos, which are open topped boats made out of tree trunks, hence the name, Floating Doctors. These boats tend to quickly fill with water in the rain, and are terrible to sail in when it the sea has heavy waves.

My elective was based around maternal health in rural Panama. I chose this topic as I knew that Floating Doctors provided the majority of prenatal care to the Ngäbe population. My first objective was to look at the difference between the management of pregnant patients and how this differed from that of the United Kingdom (UK). What I found were many differences, for example, within the Ngäbe population it was completely acceptable for a 14 year old to be pregnant with her first child, whereas in the UK that would be a relatively rare occurrence, and even raise safeguarding issues. There was also a difference in family size; Ngäbe mothers

would have an average of six children whereas in the UK, the average is more likely to be between two and three.

During my time with Floating Doctors I was made aware of how the delivery of prenatal care differed significantly between the two countries. Having studied obstetrics in my fourth year of University, I knew that women in the UK should have their first booking visit within 12 weeks of becoming pregnant. At this point they should have already been taking folic acid, and had adequate education on what foods/drinks/activities to avoid. At their first visit these women receive a variety of different blood tests to check for markers of their own health (for example, their hemoglobin), as well as the health of their future child by ruling out any transmissible diseases. They then have input from a midwife throughout their pregnancy, with two separate ultrasound scans, and the majority of women give birth within hospitals, in consultant led facilities. The Ngäbe population does not receive such dedicated management; in fact, most women will not even use a pregnancy test to know that they are pregnant. In the past, the majority of women would have gone throughout their pregnancy without ever having seen a doctor. In the village, local 'midwives' or village elders deliver the babies, which leaves little to be done in the event of a complication. As previously mentioned the majority of prenatal care to this patient group is provided by Floating Doctors. This organization provides multi vitamins to pregnant women and health advice such as the avoidance of dehydration, and what to look out for in terms of complications i.e. bleeding. Floating Doctors also has an ultrasound machine which is brought out on clinics. With this machine, the mother is able to see the fetus, and occasionally the sex can be determined. Patients enjoy this part of the scan making it more likely they will attend the next Floating Doctors visit. For the doctors, it is useful to see if the fetus has a heartbeat, whether there is one fetus or two, and whether the placenta is in the correct position.

The difference in delivery of prenatal care between the two countries made me wonder whether there was a difference in the maternal mortality rate. In an article published in 'Health in the Americas (2007)', the maternal mortality rate of Panama was reported to be 70 per 100 000 in 2003. In the UK, for the same period, it was 14 per 100 000, reflecting a marked difference in the survival of mothers giving birth. Despite these differences, the trend in both countries is one of a decreasing nature, possibly reflecting greater access to prenatal care, and in Panama in particular, greater professional input in the labour process.

In Panama maternal deaths tend to be direct relating to obstetric complications occurring during pregnancy, labour and the six week period after giving birth. Postpartum hemorrhage is a major cause of maternal death as unlike the UK, there is no 'active management' of the third stage of labour therefore there is often a risk of uterine atony. Hypertension is a major contribution to indirect maternal deaths, and there are also a number of deaths that arise from abortion each year. In the UK, the most common cause of direct maternal death is sepsis whereas psychiatric factors play an important contribution to the development of indirect deaths.

Due to the limitations Floating Doctors faces in terms of financing and the availability of specific medications, tests and medical equipment; the most important this organization can do in terms of health promotion is educate the patients. The process of educating a patient is something anyone can do from medical student, to pharmacist, to doctor. During my time with Floating Doctors I was involved in advocating the depot injection for contraception, and even got to administer it to a number of patients. This allows women to take a greater independence over their own fertility, although the concept of this was quite scary for some of the women. Safe sex was also promoted through providing the patients with information about how to use condoms, and giving these away for free, although during my time with Floating Doctors there had not been enough donations of condoms in order to provide these to all patients.

I feel like Floating Doctors really opened my eyes to how medicine is practiced when you do not have a hospital to fall back upon. It is quite an experience having to pack up all the provisions you think you will need for the day and take them on a boat to a village in the middle of nowhere. One memorable experience was going on a home visit in a village called Shark Pool. The patient's daughter had travelled by herself to the makeshift clinic to tell us her mother was sick, and that she was pregnant. Grabbing what we could carry – the emergency bag, ultrasound machine and observation bag, we travelled through thigh high mud to reach the patient, not knowing what would happen when we got there. The patient was diagnosed with genitourinary infection and required an intramuscular cephalosporin; unfortunately, this was not present in the emergency bag. The patient's daughter then had to follow us back to the clinic, so that we could give her a bag full of different antibiotics and a small note on how the patient would have to take them. When I was with Floating Doctors it was as if all the rules and regulations I had learned throughout medical school had gone out the window; confidentiality did not exist, children as interpreters was fine and consent, at times, was only implied. Despite this, what Floating Doctors does for the people of Panama is phenomenal. They provide medical care to people who otherwise might only see a doctor every couple of years. It was an incredible experience and one which I will use to face the challenges of life as a junior doctor.

### **ELECTIVE (SSC5c) REFLECTION**

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future. (Please complete the sections below).

Was it what you expected?
No, it was much better – and at times, much worse!
Clinical experience?
Really good, as a medical student (especially a final year) you get thrown in the deep end. You're able to have your own consultations, and make your own plans, but always have a number of doctors you can run this by. The only downfall was that sometimes there were too many doctors to have your own stations, and in these situations you play the role as an observer rather than a provider. No surgery, so if you are interested in this – DO NOT GO. Mainly saw things you would see in general practice. I did not see any tropical diseases. Lots of O&G and Paeds.
What did you learn about the people and the country?
I learned that Panama tends to rain a lot – so pack wellies, and a rain jacket! The people of Panama have a lot of respect for doctors and are very friendly. They speak in Spanish but there are plenty of interpreters with the Floating Doctors crew, although it's a good opportunity to practice.
What did you learn about the health care professionals you worked with?