

ELECTIVE (SSC5c) REPORT (1200 words)

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

1) Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: Describe the most common Obstetrics and Gynaecological conditions that patients present with in Belize. Compare this to UK based hospitals admissions for Obstetrics and Gynaecological patients.

Belize has a population of around 340,844 and is a country bordered on the north by Mexico, and on the south by Guatemala. San Ignacio is a small diverse town housing around 15,000 inhabitants to the west of Belize. Having been given an opportunity to complete a medical elective at the San Ignacio community hospital in Belize, I have been able to fully appreciate the obstetrics and gynaecology field in this developing country. Little did I know these conditions are not too different to the ones faced by doctors in the United Kingdom.

One thing to note is that San Ignacio community hospital is a primary level hospital, this means in general it tends to deal with uncomplicated pregnancies. Nevertheless conditions such as miscarriages, premature and complicated delivery were still prevalent. It is well known that staff and resources are limited in such countries, and this was apparent when observing one such case. Dr Guillermo Rivas had a patient that was delivering in the breech position. It was clear that the use of instruments such as ventouse and forceps would have benefited this patient, however Dr. Rivas didn't have the luxury to use such items. Most caesarean sections would then be undertaken at nearby hospitals due to limited resources. Given that the rate of instrumental delivery in the UK has risen to around 70,000 patients, it goes to show the importance of having these tools at hand in a clinical setting. With only 10% of Belize's total income being spent on healthcare it emphasizes the importance of resource allocation.

As Belize is a developing country women who have multiple co-morbidities are less likely to receive the care they require. This is due to the limited understanding of these conditions and limited resources available to treat these conditions. This is compounded by the fact poverty is widespread in this community. This in-turn leads to women developing pre-eclampsia and then eclampsia, which is the most common antenatal condition in Belize. Management of such conditions were similar to that seen in the UK.

Health promotion was also very apparent at the hospital as there were posters scattered around. This is done to highlight the fact that teenage pregnancy and sexually transmitted diseases, particularly HIV, are common in the area. Although cluttered and difficult to read at times, there was some effort for health promotion. If we compare and contrast that to the UK, not only do we see health promotion at hospitals but we are exposed to it via numerous campaigns, leaflets, internet, TV commercials to minimise their effect. Where as people who do not attend the hospital in Belize may never have even heard of these issues. Limited understanding of this is a probable cause however, this can also be attributed to the fact many Belizeans are devout Catholics who oppose the use of barrier contraception. There were also posters indicating that snake bites were also quite common in the area. The hospital had anti-venom at hand in case of any emergencies. Greater education on all these topics would be very beneficial, but again by having a limited number of healthcare

professionals it would be hard to deliver these services. One way could be to try and distribute leaflets across San Ignacio and Belize in general.

2) Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: Describe how patients present to doctors in Belize. Is there a similar GP gatekeeper set-up as per the UK? If not, how is it different

The healthcare system in Belize is divided into both a private and public system, similar to that of the UK. There is however a division of care with the rich receiving the best private treatment and areas such as San Ignacio limited to receiving sub-optimal care. In the UK antenatal patients initially present to the GP, where their care is organised by assigning a midwife, providing regular appointments and scans to ensure the well-being of the foetus. Any problems at this stage and their care is escalated to the appropriate obstetrician. This is where the care drastically differs in Belize. Obstetric patients receive inadequate or no antenatal care again due to limited staff numbers and non-compliance. Only a handful of patients had regular blood sugar and blood pressure checks. Most patients only presented directly to the doctors in the clinic or the hospital late in the pregnancy for delivery or if they feel a complication has arisen. More complicated obstetric emergencies would have then been referred to a secondary or tertiary hospital such as Belmopan or Belize City hospital. This more often results in dire consequences for the foetus. Patients usually have to be convinced by their relatives to attend in the first place. Patients would therefore be unaware if their new born had conditions such as neural tube defects and down's syndrome. The lack of support to patients continues after delivery as there is limited aftercare too. Patients would be briefed by a nurse about their baby and discharged with no follow-up plan. In contrast in the UK a six week postnatal appointment is made to ensure the well being of both the babies and mothers during their puerperium phase.

3) Health related objective: How prevalent is termination of pregnancy in Belize? What techniques are in place for termination of pregnancy? What ramifications does this have with regards to health outcomes for both mother and child?

There are many reasons why a woman may decide to terminate her pregnancy, for example for the health risk to the mother or for personal circumstances. Apart from exceptional circumstances, under UK law a woman may undergo termination of her pregnancy if this occurs prior to 24 weeks gestation. This occurs either by pharmacological methods or surgery such as vacuum aspiration. The Department of Health released figures showing that in 2013 there were nearly 190,000 abortions in England and Wales reached. Although there is a growing concern for teenage pregnancy in Belize as explained earlier, to my surprise the termination of pregnancy is illegal in Belize. The primary reason for this is believed to be because of the views of the majority of Catholics in Belize. This may in itself prove to be one of the factors contributing to the number of underage pregnancies. It results in a continuous spiral of a teenager not knowing about contraception, getting pregnant and unable to terminate her pregnancy which adds to this growing problem. The elective surgeries that do take place are only partially subsidised by the Belize government. There are volunteer doctors from neighbouring countries that sometimes are able to offer these services for free.

4) Personal/professional development goals.: To gain a basic understanding of obstetrics and gynaecology in a resource poor setting such as Belize. To gain an understanding as to how the management offered to patients differs from Belize and the UK.

I was expecting clinical medicine to be practiced differently in both Belize and in the UK, but until you actually see it with your own eyes it's very difficult to truly appreciate it. Albeit the conditions and demographics of the patients seen were similar in both countries, it was the lack of resources and management options that doctors had to play with which really stood out. This experience has highlighted the difference in the quality of care between the UK and Belize and has shown me how important educating patients actually is. What some doctors are able to do with such limited resources is truly remarkable. Attending a hospital in the UK you take for granted the many different departments and specialities working together to provide you care. A person can be sent for a CT scan or MRI and the results can be back within minutes to give a definitive diagnosis. They can then be cared for with continuous bedside monitoring using ECGs, CTG etc... Where as in the San Ignacio community hospital you are greeted only to find a maternity and an accident and emergency department. There is no CT or MRI scan to provide any diagnoses, no bedside monitoring to ensure you don't deteriorate, but instead you're relying solely on your history taking, examination and observation skills to come up with a diagnosis and care for a patient. Seeing some of these things was quite upsetting at times and it really made me feel grateful in the UK we are lucky enough to have the NHS.

Overall, I found this experience very challenging and rewarding at the same time. I was able to witness how the Belize health care system differs from that of the UK, how doctors would handle particular obstetric and gynaecological conditions and how patients felt they were being cared for. Even with the lack of resources the doctors still remained very skilled and competent at their profession, for which they deserve full credit for. I would like to thank Dr. Rivas for giving me this opportunity and I hope to be able to implement what I have learnt in my future day to day practice.