

ELECTIVE (SSC5c) REPORT (1200 words)

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

Introduction

Belize is a country in the East of Central America with small islands such as San Pedro and Caye Caulker within its jurisdiction. It is a coastal country that shares borders with Mexico and Guatemala. It retains Queen Elizabeth II as head of state in relation to its past when the country was referred to as British Honduras. It is known to have the lowest population density in Central America and has a vast array of cultures and backgrounds with the main languages spoken being English, Creole (English and French varieties) and Spanish.

Belmopan is the capital city of Belize. Healthcare to the area is provided by Western Regional Hospital located in the city itself.

1) Describe the common conditions that are faced and treated by the healthcare system in Belize of the population?

Acutely, the population encounters issues with infectious disease of various types including hepatitis A, water-borne infections, such as schistosomiasis, infections of the intestinal tract due to contaminated food and mosquito-derived infections such as Yellow fever and Malaria. Many of these issues are down to sanitation, particularly in rural communities as well as a lack of preventative measures such as protection from insect bites.

Lifestyle related diseases such as cardiovascular disease (ischaemic heart disease and stroke), cancer and diabetes are among the top causes of death within the country. These have been associated with both non-modifiable risk factors such as age and gender but also modifiable factors such as smoking, diet and obesity, accounting for a rise in the incidence and prevalence of these diseases in those of working age.

Belize also has a huge problem with blood and sexually transmitted diseases. With HIV accounting for 11% of deaths according to the CDC (1). In line with this, other sexually transmitted diseases are extremely common in the country such as genital herpes, syphilis, Chlamydia and gonorrhoea. Such conditions also impact pregnancies and posed a challenge to the obstetric and gynaecology departments in Belmopan.

Road traffic accidents were also a cause for concern and were a common presentation to accident and emergency. These could be attributed to a lack of clear road markings, a loosely enforced speed limit and a lack of preventative measures from those travelling such as not wearing seatbelts.

2) Describe the organisation and provision of healthcare in Belize? What structure does it hold?

In the United Kingdom, healthcare is mainly provided by the National Health Service (NHS) with private companies also operating to providing other routes for patients to use. In Belize there is a similar system of operation, with the Ministry of Health regulating overseeing the healthcare sector for the country. Western Regional Hospital belonged to the public sector for healthcare provision. As the name suggests, this belonged and provided healthcare for that particular region of the country, with Northern, Central and Southern regional healthcare systems also in place.

In a country with such a low population density, accessing healthcare may not always be possible mainly due to the travel involved and the fact that a significant proportion of the country may live in rural areas. As a result, primary healthcare clinics have been set up to allow greater access for people living in such areas. Finally, of note was the presence of USNS Comfort as part of Continuing Promise 2015 to help provide a range of services that would boost healthcare provision as well as other areas important to the country combined with a sharing of ideas and plans to put in place that may improve practise in the country (2).

3) Describe the healthcare promotions currently used in Belize and the methods employed to convey them?

Many Belizeans do not have access to the technology that we in the UK do that the government can use for health promotion and to tackle the big issues at hand, such as the Internet. However throughout the country there were examples of attempts at healthcare promotion, particularly when it came to sexual healthcare, such as the following example in Figure 1 of a poster seen in a local bus station. In the hospital itself, there was a strong healthcare promotion towards the benefits of breastfeeding for the mother and child and the encouragement of this with information about technique and best practice. Midwives at the hospital were also on hand to help with this, particularly for first time mothers.

With the incidence of diseases such as HIV on the rise in the country, there is naturally great concern about tackling the problem, particularly given the stigma surrounding the disease but there is also encouragement in that testing is reaching a greater number of people than before, allowing for more diagnoses to be made and treatments to be administered sooner than before.

Some of the other healthcare promotions that we have seen in the UK were not present in Belize. Most notably, this included the absence of a push to prevent smoking-related deaths, through images and warnings on packages and heavy taxation.

4) Describe your experience of working in an unfamiliar environment and among different cultures to those already experienced? What have you learned from these experiences that can be of benefit in your working life in the future?

Having never travelled to a country such as Belize before, where the population often lives rurally and the healthcare systems are not as advanced as what I have been exposed to in London, I expected the adjustment to this area to be difficult, but having spent my entire medical education in the culturally diverse area of Whitechapel, where much of the population does not speak English, I found myself adapting the Belizean culture more easily. Given that the local population mostly spoke English, taking part in consultations proved to be fairly simple. There were occasions where the patient would revert to Creole, which would cause issues at first but all patients would be able to clarify without a need for translating and the similarity to English meant that by the end one could grasp what the patient was referring to.

The culture was a vast contrast to that experienced from my placements in the UK. Many people were uninformed about factors they could change to improve their health circumstances, citing the need to improve public education regarding health and the difficulties in promoting healthcare to people. Although equipment levels were not as plentiful as we have in the UK, the hospital still had all that one would need to provide basic healthcare in the acute setting to the patient such as cannulae, intravenous fluids and syringes. However there was greater emphasis on the use of clinical skills and examination in the diagnosis of patients. Without a vast array of imaging on hand, the opportunity to practise thorough history taking and examining could not be missed and was an aspect I was able to take advantage of. I feel as a result I have been able to become more clinically aware with greater experience and exposure to a vast array of symptoms and clinical signs. That coupled with the exposure to a different culture and population has meant I have had a richly rewarding experience that I can take back to my practise in the UK and implement the lessons taken away, such as the emphasis on a good history and examination when one does not have immediate access to tests and the ability to provide basic healthcare well such as taking blood and providing fluids for the patient in the acute setting. Finally, it has opened up the possibility of practising in such settings again in the future, should the opportunity arise.

Bibliography

1. Control CfDPa. CDC in Belize 2013. Available from: <http://www.cdc.gov/globalhealth/countries/belize/pdf/belize.pdf>.
2. Embassy BU. USNS Comfort visits Belize [Webpage]. 2015 [cited 2015 May]. Available from: http://belize.usembassy.gov/pas_usns_page.html.