

ELECTIVE (SSC5c) REPORT (1200 words)

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

My elective was in the Western regional hospital, in the capital city of Belmopan.

Belize is a very underdeveloped city, the Western Regional Hospital is not the largest hospital in Belize, and offers primary care in the form of Accident and Emergency, and secondary care such as general surgical and most specialist services. The specialist services are comprehensive such as gynaecology, obstetrics and newly added psychiatry. These departments were all equipped adequately compared to other hospitals I have seen in other developing countries.

However, oncology is not available to the public in Belize, with no oncologist trainee throughout Belize, even though cancer was a high up cause of mortality. Wider specialities, such as renal units, were often only available in private units mostly used by the wealthy and tourists, and in Belize City.

The hospital serves 66,000 people with only 10 doctors whom are hardly ever present at once. This was an extreme contrast to the UK where there are almost 3 doctors per 1000, and this is still considered inadequate.

What I couldn't observe and was a major objective was the chronic management of disease, which I had hoped to see in a more general practice setting. It seemed most patients didn't have regular follow up, and only came into hospital via Accident and Emergency when the chronic condition deteriorated, such as Asthma, which had its own station in the A&E.

Rather than health promotion and prevention focused on cardiovascular or cancer risk factors, as we would see in the UK, health promotion was heavily focused on maternal health, with plenty of posters encouraging breastfeeding and child immunisation.

From speaking to patients, it seemed when healthcare was not easily accessible, even via emergency services and many would avoid visiting the hospital to see an actual doctor, and visit the pharmacy for a short term solution instead. Although, the Belize ministry of health boasts a 'comprehensive public health system', it seems delivery is not meeting the public's needs. One very anxious young mother was waiting for a considerable amount of days, with a young 18 month-old baby who had 7 days of diarrhea. She said the doctors sometimes refuse to see unless it's urgent as life-threatening conditions came first. This seemed true, the A&E of five beds, being full most of the time, with patients with gunshot wounds, stab wounds and even snake bites.

In the end she said she gave up waiting, a single 23 year old mother, then had to rely on advice from her experienced mother and perhaps a nearby pharmacist.

The general surgery and medicine wards were often mixed if there was not enough space. Most patients also said they were reluctant to go to hospital due to not being seen by 'Cuban educated' doctors, these were not doctors educated in Belize, but educated under the 'idealistic' Cuban model, which places emphasis on primary and preventative care rather than Cuban-educated doctors as inferior to those educated in other medical schools.

At this level of healthcare there was almost no provision for chronic diseases, such as diabetes or hypertension. Most of the patients had very basic health education, and this was mostly centered

around communicable disease, with knowledge of natural remedies to cure them. There was very little knowledge of cardiovascular disease risk factors, even though cardiovascular mortality rate was the number one cause of death, with diabetes being the second.

With only 6% of the population being over 60 this means the majority of cardiovascular related deaths are occurring in younger people. This places a considerable burden of disease on a younger population. However, the healthcare system seems to not have changed with this pattern of disease, and focuses more on communicable disease, particularly, infectious disease such as malaria and dengue.

The hospital itself was very quiet, and there seemed to be underuse of services, other than Accident and Emergency. The wards had one or two patients per time, however, at most times most A&E beds were filled. There still seemed a sense of doctors being unable to cope and finding working conditions unmanageable due to lack of resources. However, I think these lacking resources were mostly doctors and nursing staff, rather than medical equipment. Due to this there was a priority in emergencies with other areas of need being neglected.

Imaging and laboratory tests were available, but had to be paid for by an out of pocket fee. This was very different to the NHS in the UK, and it greatly affected medical practice. Doctors in the UK can combine clinical examination and be supported by diagnostic investigations, due to the fee, this is often avoided in Belize and doctors rely heavily on clinical examination.

This also enables them to triage with greater efficacy, deciding what is life threatening, urgent and non-urgent. It seemed those that were non-urgent did not have their needs met. The doctors relied greatly on experience; there were also no guidelines or protocols, no second opinions. Even staffing was not on an organized or a rota basis and in this way the hospital was often very unorganized and unstructured.

I enjoyed my elective in Belize but did find it stressful when the hospital and staff were pressurized, particularly when staff was limited by support from assisting staff or infrastructure of the departments. This was unlike the hospitals in the NHS, where there is a sense of security from being able to bleep and get reviews and opinions from other teams, and having guidelines and regulations to fall back onto. Without these practice seems very daunting especially in urgent situations when decisions are made by one clinician and rely on their judgment only. It was also very difficult to see patients with very reasonable ailments turned away, and knowing the anxieties and struggles of these patients may be relieved by a ten-minute consultation that just wasn't possible under the circumstances. It was something not often seen as a medical student in the UK.

This only makes me grateful for the infrastructure and community within the NHS and the amount of support available for doctors within the NHS, and the high quality of comprehensive care patients are able to receive.