ELECTIVE (SSC5a/b) REPORT (1200 words)

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

Within Belize there is the highest prevalence of HIV and other infectious diseases in Central America, which given that they also have the smallest population in the the region, this is an alarming statistic. There has therefore been a significant push by the Belizian government to try and tackle the problem and the burden that it places on health resources. This is often attributed to the low standards of education about how disease transmission occurs, including other infectious diseases such as TB, gastroenteritis and malaria. However, the doctors and other allied health professionals that I had the opportunity to talk to said the biggest problem they faced was the lack of human resources and very limited funding with other competing health priorities. Unlike the UK, infectious diseases such as malaria and dengue fever, as well as other infections trasmitted by parasites are endemic in certain regions. With the lack of necessary resources to eradicate sources of such infection and shortage of trained medical professionals and basic equipment,

I was surprised to find however, that the chronic condiions commonly affecting patients in the UK were the biggest burden on health resources in Belize. For example the amount of people suffering from metabolic type syndromes globally is reflected in Belize. In the UK cardiovascular disease and cerebrovascular disease are the biggest cause of mortality and morbidity. I was surprised to learn that over a quarter of the population suffers from hypertension and nearly half of the female population is obese or overweight.

In Belize, as is the case in the United Kingdom, there is both public and private health provision. During my elective I did not get the opportunity to spend time in a private health setting, but what I was told that for middle-class people it provides a much more rapid service, and if patients are willing to pay, more advanced investigations and therapies. However, on the whole the main advantage is the rapid access to treatment. The Ministry of Health is responsible for the delivery of healthcare to the public, and making sure that the finite resources are distributed fairly amongst the population. While in the UK approximately 10 percent of the GDP goes towards healthcare, funding the NHS, just less than 5 percent of Belize's GDP goes towards healthcare. Their overall GDP itself is significantly smaller than the UK economy to begin with. Therefore this represents a significant shortfall of funding when comparing the two countries, and would be unfair to make a direct comparison between the two countries.

While working in the hospital in Belize, the ground upward structure present in the NHS, with several junior doctors, middle grade doctors covering several different specialities, while being supervised by a handful of senior consultants. Unlike in the UK there is less specialised provision of healthcare, with general hospital physicians and surgeons taking care of patients. I feel this system works well as with their limited resources available as discussed above, they are able to diagnose and treat a breadth of conditions. An obvious difference is the proportion of patients that are seen in a primary care setting in the NHS compared with Belize. In the UK this is a very important strategy to promote lifestyle interventions, manage chronic illness, deliver public health strategies, and act as an immediate point of access for patients who have recently become unwell. With their limited financial resources and small population, it is understandable why there is no separate primary health sector.

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Lifestyle intervention occurs later as opposed to first line, otherwise just symptomatic treatment. For example the amount of people that would benefit from exercise and dietary advice to reduce the rates of obesity is staggering and the surge motivation that a healthcare professional can provide to someone who might otherwise find it difficult to make suitable lifestyle changes, has been well documented, and the earlier this occurs the better the long term impact. The same is true with smoking, nearly a quarter of the male population smokes however, I was told that there is very little addional support such as nicotine replacement therapy available to patients, largely due to expense, and the government has not increased taxation on tabacco products to the point that it will reduce their demand. This has been recognised by the public health bodies in the country and hopefully lifestyle modification will play a bigger role in preventing disease.

For the large part of my elective placement I was working in the emergency department and minor injury unit of the hospital. They were both attached to the main ward which accomodated all inpatients, post op patients, critical care patients, and paediatric in-patients. Due to the high turnover of patients, and no specialist gastroenterologists on site, the doctors at the hospital only dealt with early possible presentations of GI malinancy and if highly suspected, these patients were referred onto larger hospitals nearer to Belize City where specialists were available to see them. Also the imaging techniques available at the Western regional hospital only went as far as abdominal x-rays and barium follow through. Neither of these modalities are enough to accurately rule out or confirm a GI malignancy such as endoscopy or advanced imaging that patients in the UK have available such as contrast MRI.

As mentioned earlier only basic imaging modalilities simple, as a junior doctor in the UK I will likely have easy access to simple plain xrays and ultrasound. If it was deemed to be clinically relevant and would help reach a diagnosis and assist the management of patients, other basic investigations are readily available. Further still, if there was more concern about a patient or more uncertainty surrounding a particular case, other more advanced imaging is available if the rationale for them exists and will help to aid a clinical diagnosis. In the UK this may require a request from a senior doctor and vetting by a rediologist who will consider the benefit of putting a patient through such an investigation. Spending time with the physicians in Belize who do not have such tests readily available showed the importance of taking a thorough history keeping in mind important negatives that will narrow down a differential diagnosis

While i did not feel that examination techniques differed greatly from those we practice in the UK, unlike the UK even more senior doctors completed thorough physical examinations, as the cost of simple bloodwork that almost every patient recieves in the UK poses a far greater opportunity cost to the hospital.

Having never been in a medical setting outside of the UK, working in the Western regional Hospital of Belize certainly did provide a cultural shock, however, I feel it was an invaluable opportunity and am grateful for it. As a student in Tower Hamlets, East London, I am already exposed to an ethnically diverse population. This already allowed me to encounter several challenges particularly during primary care placement when we had to see our own patients, using interpreters and respecting cultural differences. While the Carribean population of Belize spoke English, they possessed a very different dialect and had different cultural behaviours, but while these were often less formal, they were very respectful of healthcare workers and openly appreciative of the help that they are getting.

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