

ELECTIVE (SSC5b) REPORT (1200 words)

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

I was fortunate enough this summer to undertake my elective at the Western Regional Hospital in Belmopan City, Belize. Before travelling out to Belize I had learned that in 2001, the hospital had opened up an inpatient psychiatric unit; the only region in Belize to offer such a service. As I plan to enter psychiatry as my chosen field later in my career I was understandably excited at this opportunity and structured my objectives around this. Unfortunately when I arrived in Belize I was informed that I would be unable to spend time in the centre. As a result I spent my time observing general medicine, and the other specialities that Western Regional offers, including obstetrics and gynaecology, and paediatrics. My report reflects this change into general medicine, as I am obviously unable to give answers to very specific questions based around psychiatric care, and the circumstances surrounding it.

Belize is a Central American country bordered by Mexico, Guatemala, and the Caribbean Sea. Due to English being the official language (it was previously known as British Honduras) it provides a unique opportunity as a medical student to spend time in a developing nation without having the massive impediment of a language barrier. The healthcare in the country is divided into regions; Western, Northern, Southern, and Central, with tertiary care being available in Western and Northern only. The only STI clinic in the country is in Belize City. The rurality of Belize makes providing healthcare hugely difficult. The dense jungle in the Southern region, so dense that many friendly nations use it to train their armed forces in jungle warfare, means that it can be over 3 hours by ambulance to the nearest medical centre. It barely needs stating that this is a shocking fact to those of us lucky enough to grow up with the NHS.

The hospital has approximately 12 doctors, 4 of which would be considered consultant level, and they were not all in the hospital at the same time. This meant that doctors often learnt as they went along. The doctor running the A and E department when I was there said that she didn't have much experience doing so but that "you learn quickly, you don't have a choice". She had no seniors to call upon and rarely more than a couple of colleagues working in the department with her. This sits in stark contrast to the NHS. We may not have the staffing levels we would like in hospitals in the UK, but you are certainly able to call upon seniors and colleagues to help when necessary, an option that was simply not open to the medics working in Belmopan. A normal working day in the hospital runs from 8am to 4pm, with a night shift being 4pm to 8am. During a night shift there is only one doctor on site.

Belize has no medical schools itself and a lot of the doctors are trained in either South America or Cuba, and as mentioned above, are often thrown in the metaphorical deep end quite quickly. This sink or swim mentality meant that doctors very rarely sought second opinions, with decisions often being made quickly. Experience then, is valued highly, and doctors are not above using local and historical remedies to aid them in their practice. This also helps when budgetary constraints mean that conventional medical treatment is unavailable. Some of these are things we'd recognize here in the UK such as aloe vera which can be used for sunburn, cacao which is used for eczema and dry skin, and ginger which is used to nausea and vomiting. Some less familiar ones are the catbush tree, which is

used as both relief of menstrual cramps and to induce childbirth, and chayote (a type of gourd) which is used as an apparently very effective treatment for hypertension.

Whilst these local remedies are often believed to work on the minor illness's they're aimed at, there are many more serious diseases in Belize that require timely medical intervention, and are incredibly rare within the UK. Diseases such as Chagas, Dengue, Malaria, and the one which dominated the news cycle recently, Zika. Successful treatment of these diseases often relies on early identification and intervention, which creates difficulties in the more rural areas of the country. It makes the idea of a "postcode lottery" look relatively tame in comparison.

I very much enjoyed my elective in Belize, but the low staffing levels left me wondering how difficult some electives could be. The doctors in Belize never pressured me into doing anything I was uncomfortable with, and I more often than not had the role of observer, but it could have been very easy to feel pressured into helping in what was frequently a very stressful environment. When you are physically watching people struggle, especially people who have taken the time to teach you and make you feel welcome in their country, it is very difficult not to feel like you should help. This is despite the help required being above your levels of experience and competence. Considering the circumstances in which they were working it was genuinely incredible watching the doctors go about their work, but it made me very appreciative of the NHS.