

ELECTIVE (SSC5b) REPORT (1200 words)

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

As part of my elective I volunteered at Western Regional hospital, a small hospital located in Belmopan, the capital city of Belize. I decided to do this elective as I thought it would contrast well with the volunteering I carried out with Floating Doctors, which gave me an insight into rural medicine in a developing country. Belize is a country in Central America; it is the least densely populated of all the countries within Central America. The primary language spoken is English, however a significant number of the population also speak either Creole or Spanish. In Belize like the UK everyone has access to free medical care with there being some private sector healthcare also available.

Western Regional hospital is a state-funded hospital, the healthcare in Belize is organised into regions of the country, with each of the other regions (Northern, Eastern and Southern) having their own hospitals. The largest and most modern hospital in the Western region is actually located in Belize City due to it having a much larger population than Belmopan, and is where the majority of the surgery in the Western region is carried out. Therefore patients requiring surgeries other than those related to Obstetrics and Gynaecology, in which Western Regional is the specialist center, would have to undergo an hour's ambulance journey to Belize City hospital.

Western Regional hospital provides both Primary and Secondary care, this is due to the fact that unlike the UK, GP surgeries are basically non-existent throughout Belize. Patients come to walk-in clinics within the hospital run by GPs, from here it is decided whether the patients need to see anyone more specialist or whether they need to be admitted. If they need to be seen by a specialist then they are normally sent directly to a specialist clinic in the western region, which run on a daily basis. This system seems to work well and most patients do manage to be seen and treated on the same day, which appears much better than what happens in the UK, with complicated referral systems and long waiting times. Western regional hospital itself contains two main wards with 20 beds each; A&E consisted of 2 resus bays, a few beds and several consulting rooms, the hospital also serves as the main Obs and Gynae centre for the whole western region and has a dedicated 14 bed ward specifically for this. In comparison to the very limited resources that I was faced with at Floating Doctors, the medical resources at Western Regional were very good, the wards and surgeries carried the majority of the same equipment you would expect to find in a hospital in the UK. The main difference that I noticed was the lack of advanced imaging modalities such as MRI, and also the suturing kits that were used, were not disposable like they would be in the UK, here they were just sterilised and used again. I asked why this was and it was simply because the government refused to pay for the more expensive disposable sterile packs, the risk with this is that it is a possible source of infection. There was also very limited use of non-sterile gloves on the wards when taking blood for instance due to them costing the hospital too much, which obviously not only poses a risk to the health of the patient but also to the medical staff themselves when dealing with blood products.

The two leading causes of death in Belize are Ischaemic heart disease and stroke according to the World Health Organisation, which is the same as the UK. The reason for this is that the diet that people in Belize have is one that contains a high amount of fried fatty food as well as a large amount of sugary drinks and sweets. Working in the hospital the Obesity levels among the Belize population was quite staggering, and it was clear to see that the major health burden in Belize is due to the

chronic conditions associated with this such as hypertension, diabetes and heart disease. The care that patients with chronic medical conditions receive in Belize is very similar to that of the UK with regular monitoring. HIV and TB cause a significant issue in Belize with both of them having the highest incidence and prevalence rates in the whole of Central America. The prevalence of HIV in the adult population is 2.1% which when speaking to doctors at the hospital is believed to be due to poor education on the importance of using condoms, as many of the women have depot-injections and feel therefore that they can have unprotected sex as they are safe from pregnancy. They also say that the negative stigma associated with HIV prevents men in particular from getting tested causing them to spread the problem further. However the Belizean government has spent a lot of money on this problem in the last few years to try and reduce the burden and the incidence rates are now starting to drop. The Incidence of TB in Belize is 37 per 100,000 compared to 12.3 per 100,000 in the UK, the treatment of TB in Belize is the same as that in the UK however whilst cure rates are very high in the UK, in Belize they are just over half. The reason for this is poor compliance with medication, the treatment for TB takes 6 months, which is a long time and will often lead to non-compliance. In the UK patients are often observed taking the treatment if they are suspected to be non-compliant however Belize does not have the funding to do this.

Childhood Vaccination schedules in Belize are very similar to that of the UK, however unlike the UK where the coverage of vaccination is extremely high, Belize is less well covered with the children within the cities receiving all these vaccinations but children living in the more rural communities who were likely not born in a hospital are not vaccinated. Therefore there is still an issue in the rural communities with children dying of preventable diseases and it is clear that access to healthcare for rural communities needs to be improved in the future.

I believe that the work I carried out at Western General hospital will aid me as I go forward into my F1, I got to perform cannulation, catheterisation and venepuncture on a wide number of patients which has only increased my confidence with these procedures. Whilst lots of the population of Belize did speak English, a significant number of the patients that I saw only spoke Creole or Spanish so I did at times struggle with the language barrier but the staff at the hospital were all very helpful with translating as there was no formal translator service. Overall this an excellent learning experience and I thoroughly enjoyed my time at the hospital.