

Healthcare provision for head and neck patients in Belize

1) Describe the pattern of disease in Belize with a focus on head and neck pathologies.

The specialty of Oral and Maxillofacial Surgery for the provision of head and neck care does not exist in a country such as Belize. With healthcare at a premium and long journeys to be made to centres that house highly specialised care, it is the general physicians that provide the majority of the care and are the gate keepers to onward referral if necessary. Head and neck ailments are under the care of ENT who cover both remits.

Head and neck cancers are extremely rare in this part of the work. Risk factors such as smoking is very low; 81.2% of the population do not smoke and although alcohol use is prevalent throughout the country the incidence seen or logged is extremely low. Upon discussion with my attending medical officer she only had remembrance of triaging one oral cancer in the past ten years of service. This low incidence may be do to social stigma or accessibility issues from rural locations to hospitals not allowing the population to obtain healthcare adequately. There is unfortunately no formal record.

More prevalent however is head and neck trauma. Even so this normally generates only three to five cases per month. The cause of such cases is usually related to accidents usually under the influence of alcohol and road traffic in nature. The timing of trauma is usually during 'payday' when people tend to go binge drinking. In addition there is no strict usage of helmets in the work place on building sites or whilst on motor vehicles. This generates additional risk and further causes of head trauma.

These cases are looked after by ENT specialists of which there are only five publicly based surgeons in the country. There are two surgeons based in Belize city hospital which is the closest to Belmopan.

2) Describe the pattern of health provision in Belize.

Outside of Belize City, there are seven additional hospitals that provide public healthcare, amongst which there are three regional hospitals: the Southern Regional Hospital in Dangriga, the Northern Regional Hospital in Orange Walk Town, and the Western Regional Hospital in the capital of Belmopan.

The Western Health Region has two Public Hospitals and one privately run hospital. There are five health centres and together they serve a population of more than sixty thousand people. The two public hospitals are Western Regional Hospital and San Ignacio Hospital which is considerably smaller.

The Western Regional Hospital provides both primary and secondary Care Services. Four basic specialties are covered; Obstetrics and Gynaecology, Surgery, Paediatrics, and Internal Medicine. An acute psychiatric unit was opened in 2001 to enhance coverage of Mental Health issues. In terms of specialists the numbers are limited with either one or two in each field and there are extensive problems when either is sick or away on leave. The Western Regional Hospital has 2 main Wards: General Ward and the Maternity Ward. The hospital is well staffed by Belizean, and volunteer health care professionals from Cuba and the U.S.

Most cases are treated in the rural outreach/polyclinics and posts as accessibility is a major issue. Only those with serious illnesses are seen and admitted at one of these regional hospitals or seen and discharged. Someone treated in a smaller unit requiring specialist treatment would be upscaled and referred on.

For example someone from San Ignacio hospital could require the urgency of say a specialist obstetrician at the Western Regional. The ambulance is either mobilised from the host hospital however there are usually various reliability issue with either the vehicle breaking down or no petrol being subsidised by the hospital and the receiving hospital will likely have to shuttle a

vehicle over. In the meantime the receiving senior doctors would have advised the host hospital on treatments to optimise the patient as the journey is likely to be a few hours.

3) Discuss the current public health concerns in Belize, ramifications and interventions.

One of the significant epidemiological trends in Belize is the increased prevalence of non communicable diseases such as diabetes mellitus type 2, heart disease, cardiovascular disease and cancers. Diabetes and heart disease are the two largest causes of mortality in Belize. Along with this HIV, homicide/RTCs and cerebrovascular disease make up the leading causes.

In relation to morbidity, complications of pregnancy, childbirth and puerperium makes up almost 40% of all morbidities. There is a lot of development that needs to be undertaken in this sector. Injury, poisoning and certain other consequences of external causes, acute respiratory infections, digestive & abdominal diseases and diabetes make up the top three in terms of morbidity.

Along with these health concerns the major concerns are with communicable diseases namely vector borne disease and HIV/TB. Dengue continues to be of concern, with all four serotypes confirmed present in Belize. The prevalence in urban communities is three fold in comparison to those of the rural communities. It's incidence is greatest in the Belize District and Cayo Districts.

The integrated community framework has seen a decrease in the prevalence of malaria. Belize is in the pre-elimination phase for malaria control. Malaria has decreased approximately 95% from 2007 to 2012. There are no confirmed cases of Chagas, and continuous screening for blood donors enhanced the surveillance for Chagas. HIV is now considered a disease of men who have sex with men with a prevalence rate of 13.85%.

Social circumstances into which people are born, grow up, live, work, grow old, and die, impact upon health and wellbeing. They hold large sway and ramifications for these diseases and interventions. They contribute to inequities that impact on health. Others include]education, poverty, access to water and other indirect causes such as behavioural lifestyle choices.

4) Adapt to different and difficult work conditions. Build my professional practice to these varying circumstances and environments.

The working conditions in the hospital are vastly different to the U.K. With limited resources it was initially difficult to adapt to the working conditions but as shown by the other doctors it was easy to adapt. I found my time very enjoyable and enlightening.

Bibliography

Belize Health Sector Strategic Plan 2014–2024 Ministry of Health Online accessed 09/06/2017