ELECTIVE (SSC5b) REPORT (1200 words)

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

For my elective I wanted to understand/witness the differences in medicine and public health between the UK and some of the poorest and least developed countries in the world, particulary focusing on the differences in acute care. I decided to untertake my elective in The Western Regional hospital in Belmopan, the capital of Belize. I chose this country because it is an English speaking country that is in the heart of Central America, thus allowing me to properly engage with medicine in this part of the world, despite not speaking any Spanish. After 6 weeks in Belize (as well as some additional time in neighbouring countries) I have been able to broadly answer the objectives which I set out to complete.

The prevalent causes of emergency admissions in Belize are largely the same as those in the UK with the addittion of a few extras. These extras include the emergency presentations of communicable diseases, such as dengue and malaria, as well a higher prevalence of gastroenteritis and trauma associated with violence (machette wounds are common). Accidental injuries such as those that occur in the workplace and those due to road traffic accidents also seemed to be more common. This is probably due to the general lack of regard for health and safety in Belize when compared to the UK (not wearing seatbelts etc).

Presenting complaints common in the UK, such as chest pain and shortness of breath, are still common place. However the patient demographic is different in several ways. Patients tend to present later, with more severe symptoms and on a background of poorer general health. In addition there is a higher proportion of younger patients presenting to a&e than expected (it wasn't uncommon to see cardiovascular disease in a 40 year old).

The reasons for these differences are likely to be multifactorial. Belieze is a developing country with more than half of its 300,000 total population living in poverty, resulting in both a lack of infrastructure and adequate sanitation. The more rural areas can be quite isolated from healthcare facilities, with some villages being more than 4 hours away by ambulance from the nearest hospital. Patient education and awareness of tansmission of communicable diseases is often sub par and many Beliezians in the more rural areas opt for the traditional non-westernised forms of medicine. Poor nutrition is also a contributing factor to overal morbitiy, with many of the population being either malnourished or diabetic.

The way in which the delivery of emergency care differs between the United Kingdom and Belize is largely due to the difference in infrastructure. Healthcare in Belize is divided into public and private healthcare. Public healthcare is generally very good in the big cities (the best being in Belize city), although a lack of funding means that resources are often stretched and can be extremely limited in more rural areas. Private healthcare is closer to that of western standards, but is primarily used by Expats and the upper classes in Belize. The Public health sector is divided into North , South, East and West.

I was based in the Western Regional Hospital in the countries capital, Belmopan, which is not as big as Belize City. The A&E here is much more limited than any of the hospitals that I have been placed at in the UK. There are only 2 resucitation bays and the option of 2 intensive care beds. Observation

screens are not available and all of the obs had to be performed manually. There is also a lack of ambulances serving the hospital, meaning that patients usually arrive by alternate means (another reason for delayed presentations). The medicine that is practiced however was largely the same, with most differences being due to lack of equipment (sterile gloves) over anything else. Whilst the hospital did have some specialities such as obstetrics and gynaecology, many of the patients require transportation to Belize cities' more comprehensive hospital for advanced care. I learnt that it is common for pateints, especially expats, to seek care for more complicated health concerns in neighbouring countries, particulalry Mexico, which has a far superior health service.

From walking around the hospital it was evident that there are at least some public health initiatives in place, in the form of posters about the transmission of malaria and dengue and actions to prevent their spread. However their seemed to be a lack of information regarding general healthy living. Many of the poplulation smoke, something that is made easier by the low price of cigarrettes and the ability to smoke them indoors, as well as in other public spaces. In addition, I noticed that a large proportion of patients were obese and that diabetes was extremely common. A lot of the carribean diet consists of deep fried foods with plenty of carbohydrates and very little fibre. This is an area that would be difficult to change as their food is so ingrained in their culture and identitiy. I did however notice that a number of the locals engaged in recreational physical activites, such as running and cycling. One area which the government has tackled well is vaccine preventable diseases, with Belize boasting no reported cases of measles or polymeylitis since the early 90's.

During my time in Western Regional Hospital, I did have to learn how to adjust my practical and clinical skills to suit the resource poor enviroment. It taught me to be creative when solving situations (such as using rubber gloves as tourniquets), as well as how to prioritise the distrubition of certain resources in order to minimise waste and maximise efficiency.

Overall, my time in Belize has been valuble and has left me with a greater appreciation of medicine in poorer, less developed countries. Most of all it has taught me to fully appreciate the NHS that we so readily criticise and are continuosly taking for granted.