

## Elective Report: Belizean Healthcare

11/4/2011 – 13/5/2011

### Objectives:

1. What are the most significant health issues in Belize? How does this compare with surrounding and more developed countries?
2. How is healthcare in Belize delivered and sustained? How does this compare with the UK?
3. Are there any healthcare promotion schemes? How are they implemented?
4. I would like to improve my ability to recognise a sick patient and triage a group of patients appropriately.

### **1. What are the most significant health issues in Belize? How does this compare with surrounding and more developed countries?**

When the asking our supervisor, the Medical Director of the Southern Regional Hospital, who specialises in epidemiology, he explained that the commonest problems for Belize include, HIV and AIDS, diabetes and cardiovascular disease as well as trauma, particularly from road traffic accidents. However, these are all relatively new problems that are increasing in incidence. Conditions that have been highly prevalent for many years include common communicable diseases such as malaria and dengue fever, infectious diseases such as cholera, influenza and pneumonia and respiratory conditions such as asthma and COPD, and created much of the work load whilst I was at the hospital. These conditions are said to be particularly prevalent in the districts of Cayo, Toledo and Stann Creek, and are within the catchment area of Southern Regional Hospital.

Interestingly, the increase in incidence of conditions such as HIV and AIDS is thought to have arisen from neighbouring Guatemala which has a very high prevalence of the disease. Indeed much of Central and South America are showing large increases in the incidence of infectious diseases such as HIV and AIDS.

Dengue fever and dengue haemorrhagic fever are becoming increasingly important public health problems in the tropics and sub-tropics. Exacerbated by urbanisation, increasing population movement, and lifestyles that contribute to the proliferation of man-made larval habitats for the mosquito vector, the worsening epidemiological trends appear likely to continue.

Health issues such as diabetes and cardiovascular disease seem to be comparable to more westernised countries and appear to show similarly increasing trends.

**2. How is healthcare in Belize delivered and sustained? How does this compare with the UK?**

Healthcare for the Belizean population has become a primary concern to their government and in 1996-2000, a National Health Plan was launched by the Belizean Ministry of Health. This Health Plan works to ensure access to quality health services for all residents.

To improve access to health services, hospitals have been built in every district of the country. There are eight district hospitals in total providing primary, secondary and in some cases tertiary care to their patients. They have also made a concerted effort to update treatment facilities, and have introduced preventative health strategies such as promoting health awareness with regards to infectious diseases such as HIV and AIDS.

Belizean healthcare is either free or very low-cost at the government run hospitals though private healthcare is also available. Though the Belizean healthcare system is far smaller than the NHS and more primitive, their similarities include being under resourced and not having a big enough budget to cope with demand. Both healthcare systems now work at concentrating resources on specific targets and use long term strategies such as health promotion as well as emphasising the importance of utilising primary care to curb spending at secondary and tertiary treatment centres.

Despite the fact that tax pays for the Belizean healthcare system, many of the hospitals still rely heavily on generous donations made by medical professionals visiting from countries such as the USA. Indeed the majority of equipment and supplies in the Southern Regional Hospital were donated and the hospital budget provided by the government was just enough to cover staff and running costs. Charging for medical students to spend their elective at a hospital seems to be another good source of income.

Indeed, the healthcare system in Belize has improved to such an extent that people from neighbouring countries, such as Guatemala, have started to take advantage which is putting greater strain on the healthcare budget.

**3. Are there any healthcare promotion schemes? How are they implemented?**

As mentioned, under the direction of the organisations such as the WHO, a huge emphasis has been placed on healthcare promotion with regards to HIV and AIDS as well as the ever increasing link with concurrent Tuberculosis infection. As a result, many of the district hospitals send staff to educate people both locally and to more remote locations. Sex education including the importance of using barrier methods of



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contraception has become an important part of the education programme, particularly when placed in the context of how the disease is spread.

The ministry of health has also realised the potential benefits of preventative medicine and are now trying to encourage people to go to their doctor for regular check ups or to seek medical help at an earlier stage. The Belizean mentality is to only seek medical attention once their condition has deteriorated and so the government are trying to stress the importance of early intervention. Again, this is implemented through hospital staff members going on outreach visits and holding regular meetings with affected patient groups. An example of this includes the increasing number of diabetic and hypertensive patients. Whilst working at the hospital, I had the opportunity to host a question and answer session for patients with diabetes and hypertension at the community hall. It was a great insight into how different cultures can really affect the kind of information one needs to get across. Their diet was high in fats and sugars but variety was fairly limited due to the availability of food. Advice was therefore given about how best to cut down on the worst foods and how to introduce exercise and other lifestyle changes.

A particularly visible healthcare promotion strategy was the hospitals attempt at encouraging breast feeding. They had held a competition for staff members to create a patient information poster about why 'Breast is Best'. When speaking to any member of staff about the topic, it was clear to see that the entire hospital was united in supporting breast feeding, as a result, not a single bottle fed baby could be seen.

**4. I would like to improve my ability to recognise a sick patient and triage a group of patients appropriately.**

The majority of my time was spent in the A&E department as I felt this would be the best place for me to encounter sick patients and develop the ability to triage. I worked at a regional hospital and so it was slightly busier than some of the smaller district hospitals. That said, the workload for A&E was variable, there were times where we might see two patients in a day but there were busier times too.

On one particular occasion, the morning had been fairly slow with one or two patients who weren't particularly sick, occupying a couple of the beds. Within the space of half an hour, we ended up with a young girl with a severe asthma attack, a fisherman who had a piece of a large hook buried deep in his forearm, a gentleman who had most of his biceps to a machete, a lady with preeclampsia and an elderly lady with heart failure. Despite being in a regional A&E, the hospital was still hugely understaffed and could only

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afford to employ one consultant and no juniors, it was therefore up to the consultant, a couple of nurses and me to deal with the sudden influx of patients.

I quickly learnt the importance of assessing the immediate needs of the patients followed by prioritising them using the 'ABCDE' approach. I learnt the importance of trying to stay calm, often by taking a step back from the situation as it allowed me to think logically about what to do next. Team work was also incredibly important in ensuring no patient was neglected but that each job was done properly and in the most appropriate order. Though the ability to prioritise patients is something that takes practise, I feel my experiences at the Southern Regional Hospital have given me a foundation with which to build my skills on in the near future.

**Elective Supervisor:**

Dr Philip Castillo,  
Chief of Staff,  
Southern Regional Hospital,  
Dangriga,  
Belize

## APPENDIX 4

### Student's SSC 5c (Elective Report) and Completed Risk Assessment

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future.

Name: JAMES BERWIN

Dates of elective: 11/4/2011 - 13/5/2011

Elective address: Southern Regional Hospital, Dangriga, Belize

Elective contact / Supervisor: DR PHILIP CASTILLO

Contact address (Telephone) / E-mail of elective placement: +501 522084

Subject: Belizean Healthcare

Clinical experience: Spent most of my time in A&E.

Good points: They let you get involved

Shortcomings: Can be quite quiet. Wanted to do surgery but surgeon was on emergency leave.

Deviations from risk assessment: N/A.

Accommodation: Blue Field Lodge, Excellent place to stay.

Travel arrangements: Fly to Cancun, bus to Chetumal, boat to Caye Caulker (stay for a few days), boat to Belize City, bus to Dangriga.

Other experiences and information useful to future students:

- Great diving (Blue Hole & Reef dives).
- Visit Caye Caulker, Ambergris Caye & Placencia.
- The trip in to Guatemala to see the Mayan Ruins of Tikal ~~was~~ is definitely worth it.

The elective assessment must be completed to provide evidence of satisfactorily completing your elective. You must also provide a completed risk assessment form (from appendix 2).

You will need to provide hard copies of Appendices 2, 3 and 4 to the Student Office within one week of the completion of your elective at the absolute latest. Remember that you will not be able to pass year 5 without having provided the evidence that you have satisfactorily completed your elective.