

## Elective Report

OBS +  
GTNAE

Acute Medicine/Obstetrics & Gynaecology  
Dr Guillermo Rivas (womenclinic@belizemail.net)  
San Ignacio Hospital  
17 Bullet Tree Road  
Cayo District, San Ignacio  
Belize

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### Elective objectives:

- ➔ What are the prevalent diseases/illnesses affecting the people of Belize? How does this pattern of disease contrast with the rest of the world?
  - ➔ How are health services provided in Belize? How does this system differ from the provisions available to the public in UK?
  - ➔ Improve my knowledge of infectious diseases in the third world
  - ➔ Improve my medical Spanish
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Belize is a small but very diverse country in Central America, just below Mexico. The official language is English, due to its British colonial history, however there are heavy Latin and Caribbean local influences meaning that the main languages spoken are Spanish and Kriol. This melting pot of different influences makes Belize an ideal place to explore medicine in another culture, as is the purpose of this elective. It also ensured that the language barriers normally encountered in practising in such a different environment could easily be dealt with using English as common ground.

Whilst providing a good opportunity to practise medicine in a different environment, both socially and culturally, the elective also gave me an opportunity to improve upon my spoken Spanish. This was an opportunity I revelled in, having had a basic level of understanding from GCSE Spanish. Despite English being the official language, patients in clinic mostly conversed with the doctors in Spanish, as was most comfortable for them, using fragmented English from time to time. The doctors would speak to us in English, which enabled us to get a better clinical picture. The elective taught me that a good level of medical Spanish is essential in working in Latin America, which I hope to do at some point in the near future.

Being a developing country of a relatively very small population, health provisions in Belize are scarce. The basic structure for public health services is provided by a network of seven district hospitals, divided into four regions, comprising of the Karl Heusner Memorial Hospital, a national referral hospital in Belize City, three regional and three district/community hospitals, approximately 40 health centres, 30 health posts and a mental health facility. There is also an infirmary for the care of geriatric and chronically ill patients. Nurses and midwives are trained at the Belize School of

Nursing. A new offshore medical University is presently operating in the country but to date, most doctors are foreign-born and trained. Whilst most Belizeans get free or low-cost care at this system of government-run hospitals and clinics around the country, there are also doctors with private practices who offer services for fee. Privately, a visit to the doctor will cost about US\$15-\$20, plus any medicines prescribed. A hospital stay could cost \$20-\$50 per day.

The scarcity of resources means that the medical system differs hugely from the UK; Western Medicine is at a complete loss when it comes to curing such epidemics as cancer, AIDS and the common cold. For a serious illness such as a heart attack, wealthy Belizeans have to cross the borders for good medical attention, choosing to go to Houston, Miami or elsewhere in the US.

In terms of the prevalent diseases/illnesses in Belize, the leading causes of death in Belize are cardiovascular disease, diabetes, hypertension, road traffic accidents (RTA's), cerebrovascular disease, and HIV/AIDS. As for infectious diseases, cholera and typhoid are deemed low risk, while Rabies is present. Honey bees in Belize are virtually all now Africanized. Chagas disease, or the "kissing bug" disease, is occasionally present in the thatch roofs of poorly maintained structures, dropping down to bite its victim. There is a very slight risk of Filariasis and Onchocerciasis. Dengue fever is uncommon but Dengue Haemorrhagic Fever has been widespread in the Yucatán, sometimes occurring in the Cayo district in Belize, especially during and just after the rainy season. Sand flies are common in mangrove swamp areas, and can cause Leishmaniasis. Several thousand cases of malaria are reported in Belize every year, mainly in the south and in remote areas of the north and west.

HIV/AIDS, although not an alien problem in the UK, was a particular topic I was able to see in depth in Belize due to its rampant nature there. This was an interesting discovery which I had not expected, most likely owing to the very diverse nature of Belize and its very casual, friendly environment. Dengue fever cases were also noted during my time in Belize. This is a tropical infectious disease not found in the UK, but usually in countries around the equator. Dengue is transmitted by mosquito and causes general symptoms of fever as well as a characteristic rash, and can develop into the potentially lethal dengue haemorrhagic fever and even dengue shock syndrome due to excessive bleeding.

This is a stark contrast from the UK, where the most common causes of death are circulatory diseases, followed by cancers, respiratory diseases, digestive diseases, and mental/behavioural disorders. This highlights the fact that UK causes of death tend to be more chronic problems, owing to a good system of public health and NHS provisions. The statistics for Belize, however, lean towards accidental and sexually transmitted/infective deaths, describing a more developing world picture. These are causes of death which, with good public health and safety awareness promotion, can be preventable.

All in all, the elective was a perfect opportunity for me to develop my understanding of medicine in a completely different environment, giving me tastes of many different cultures, and the variety of health beliefs tied to these different cultures, as well as



different languages, different healthcare systems, and different disease patterns all together. I hope to be able to take this experience and apply what I have learnt to my practice of medicine in the UK, especially when encountering patients with exotic cultures, languages and disease patterns.

