

## Elective report

OBG +  
GYNAE

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### Objectives

1. SCHOOL OBJ: Pattern of health provision: □□

How do services of health care in Belize differ to those offered in the UK? What are the possible reasons behind this?

2. SCHOOL OBJ: Pattern of disease/illness of interest:

What are the commonest Obstetric and Gynaecological conditions in Belize? How are they managed? How does this compare to the UK?

3. Research the extent of health promotion in the hospital with specific regard to the education of patients within Obstetrics and Gynaecology.

4. Describe and reflect on a difficult clinical case which you were involved in and explain how this will guide your future practice.

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My medical elective took place in the Western Regional Hospital (WRH) in the Belmopan region of Belize. My first impressions of the hospital were that it was very small and basic and extremely hot, both in the waiting rooms and on wards. It was however clean and easy to find your way around. The hospital offered outpatients, emergency medicine, internal medicine, surgery, paediatrics, and the only acute psychiatry unit in Belize. WRH has the biggest obstetric and gynaecology practice of all the hospitals in Belize, so much so that any complications during labour experienced by women in any of the surrounding hospitals are immediately sent to WRH to be dealt with.





In comparison to the NHS health service, albeit not perfect, the services provided in the WRH are a long way from the standard of care offered in the UK. Wards looked dated and despite the stifling heat had no air conditioning or fans (except for on the nurses stations). The beds were extremely basic, consisting of simply a steel frame with no cushioning or air support and consequently, we saw a number of patients with severe pressure sores.

Despite many of the wards having empty beds, waiting areas were extremely crowded. During my morning at the family planning clinic for example, there was so little space in the area used to conduct the clinic that most ladies would be standing holding children and attempting to breast-feed.

Not all medications are provided by the health service and some of the more expensive antibiotics etc are required to be bought by relatives. This poses a big problem if a patient doesn't have many people to visit, or if the family cannot afford the medicines. We saw a lady who had a fractured tibia (and infection) who was unfit for surgery and was left for 3 days without antibiotics because nobody came to visit here in this time to pay for the medicines. This same lady suffered a very low haemoglobin during our stay in WRH and required a blood transfusion. The nurse told us that in non-acute patients with a low haemoglobin, they are not eligible for a blood transfusion from the blood bank and instead must rely on their families to donate blood to them, otherwise they go without.

Another problem we experienced a lot during our placement was that of running out of medical supplies. Frequently there would be a shortage of full blood count bottles and the standard needles to take blood and give injections. The staff were resourceful with what they did have, however one of the more eyebrow raising things we saw was on the paediatric ward when a newborn needed IV fluids via the umbilical vein. There were no cannulas to do this and so the staff used an NG tube as improvisation.

Not only was there a shortage of medical supplies but there were limited resources in the way of scans and operating theatres. For example, there was no CT scanner within the hospital and cases needing CT's would be referred to Belize city. Simpler scans such as ultrasounds were also a problem and would only be performed twice a week on a Wednesday and Thursday by a trained sonographer, regardless of urgency or necessity. This issue was most apparent on my time in the O&G clinics where I've been used to (in the UK) the luxury of being able to perform scans on ladies, where appropriate, there and then during clinic.

Undoubtedly, these problems are all down to cost and the fact that there is not enough money within the Belizean healthcare system to care for the number of people requiring treatment. Me and my peers did reflect on our time in WRH and we believed there was perhaps a bad distribution of money within the hospital, for example, whilst wards and waiting areas were without fans, the staff offices were completely air conditioned; even though there were at times no blood bottles, the staff all used netbooks to access patient records etc.

I spent the majority of my time in O&G, particularly with Dr Melvin Ayala, one of the lead obstetricians in Belize. The conditions experienced by the ladies I saw were no different to those in the UK. There was however a significant number of pregnant women with diabetes, gestational diabetes and hypertension, and as a result, most clinics centred around educating women on these conditions, on their medications and on how to help themselves. There were, more than expected, many patients who had been told their fetuses had malformations. All of the women had decided to keep their babies, and what was nice to see was that there was a big emphasis on counselling patients with such issues and this was enquired about during every appointment. Antenatal clinics were much the same as in UK hospitals with regards to history taking and examinations. Of course, it was not a one-stop shop as ultrasound scans were only available on specific days. What was quite irritating throughout consultations was that the clinic would be interrupted on a number of occasions by different members of staff for no good reason and with no apology to the patients. There was very much a defined hierarchy in the medical profession and a lot of respect given to doctors by the patients. On the other hand, doctors were very preaching towards patients when educating, and sometimes came across quite rude I thought. With the changes to teaching of communication skills in medical schools in the UK, I think there has been a big move away from this sort of relationship with patients.

Health promotion was very big in WRH and it was so good to see such big emphasis on practices such as breastfeeding, vaccinations, AIDS testing, safe sex, healthy diets etc.



Posters were literally on all walls of the hospital focusing on a variety of things, and then in specific wards there would be concentrated efforts towards that particular specialty. For example, the family planning clinic would have posters promoting vaccinations, newborn and childhood illnesses and the signs to look out for, breastfeeding benefits, vitamins needed during infancy and other important things to educate patients on. I was very pleased, and surprised by the health promotion both via these posters and also during clinics and ward rounds by doctors and nurses to ensure patients were doing the best things for themselves and their families.



Posters on the walls around the hospital were mainly hand-made, as were signs for particular wards and the operating theatres.

A case that I was involved in that made me reflect on how I would practice in the future was when I visited the Belmopan halfway house – a psychiatric unit for the long term care of patients with mental health problems. I spoke with quite a few patients who had very obvious disabling and disfiguring side effects from psychiatric medications. I asked the nurse why their side effects were so pronounced and she explained that in Belize they often run out of a particular medication their patients may be on, and rather than order in advance or wait for their medicine to come in stock, they give an alternative which is of the same drug class. When the original drug eventually comes in, they add this back on and as a result, patients end up being treated on 3 or 4 drugs at one time. In UK psychiatric practice, we try to use monotherapy as much as possible to avoid these effects, and this case highlighted to me the importance of regularly reviewing patient's medications because of the nasty effects that can be caused. Furthermore, I will make sure I discuss with patients before starting new medicines about the pros and cons of particular drugs and to educate patients to be vigilant of any unwanted side effects they may experience.