

Elective report

Location: Western Regional Hospital, Belmopan, Belize.

Dates: 18th April-20th May 2011

Objectives

How do common psychiatric presentations and treatment differ in Belize with that of the UK?

In the UK the range of services and the treatment of patients with psychiatric conditions are of a very high standard. Mental health in the UK is a speciality of its own, with most of its services almost exclusively offered in tertiary centres. This is in order to reduce the stigma attached to many of the conditions, and to enhance patient compliance to treatment through arranging meetings at a mental health centre in the community rather than at a hospital. This appears to work well as the awareness of mental health in the UK is acknowledged. However in Belize the psychiatric services almost seem to be a world apart from that in the UK. Of note, the most shocking fact was that there were only 2 psychiatric consultants in the whole of the country. Furthermore, in contrast to the UK, it is the mental health nurses that carry out consultations, including the diagnosis and management of conditions, complete with the prescribing of medications. This is very different to the UK, whereby it is only the doctor who can diagnose and ultimately prescribe any medication needed.

Whilst on our elective we were able to observe consultations at the mental health clinic which was a part of the main hospital. Here we noted that the majority of cases were of schizophrenia and depression. In contrast to medical consultations, the mental health nurse did a lot of the talking which often involved telling the patient what they needed to do to address their stressors and to prevent any relapses from occurring. One such example involved a patient whose stressors involved the relationship with her son and daughter-in-law. Whilst here in the UK the health professional taking the consultation would talk through how the patient could deal with these stressors, in Belize the nurse would simply state what the patient had to do and then emphasised the importance of achieving this that before the next appointment.

The other major difference that I noted whilst in Belize was that HIV and AIDS medicine was managed by the mental health care team. This was because they felt that this was a heavily stigmatised condition which in the majority of cases involved a lot of psychiatric issues. Therefore the management of these patients, including any relevant drug treatment, is carried out solely by the mental health nurses. In contrast to this, patients who suffer from HIV or AIDS in the UK are referred to and managed by specialist teams in the field. Again it is solely the doctors who are able to diagnose and prescribe the treatment medication.

Compare and contrast the healthcare system in Belize with that of the UK.

In the UK the National Health Service (NHS) provides free healthcare for the residents of the UK. This includes both elective and emergency treatment, as well as a variety of different tests. However, in regards to prescriptions there is an exclusion criterion in place which entitles some residents to free of charge prescriptions, whereas others have to pay a fixed amount for each. The NHS is further split into many branches across the country to ensure that aims and targets set by the Department of Health are reached, and that the highest possible level of healthcare is available to residents. The services offered by the NHS are either primary, for example a GP practise, or secondary which are specialised including hospitals. In the UK there is also the option of paying for private healthcare.

In contrast to this the national healthcare in Belize involves a mixed healthcare system whereby the government only contributes a certain amount towards the country's healthcare. This means that healthcare is either free or low cost at government run hospitals and clinics. Free healthcare includes emergency procedures as well as certain necessary treatments such as vaccinations, however many elective tests, medications and procedures are offered at a low-cost price. Again, as with the UK, there is also the option of private healthcare in Belize.

In the UK almost all hospitals have an electronic system which stores patient details, and this is also true of the hospitals in Belize. Here they have a nationalised computerised system called the Belizean Health Information System (BHIS). This system is very similar to the various UK electronic systems in that you can efficiently order patient tests and prescriptions.

Ultimately, whilst observing clinical consultations and procedures we noted that both in the UK and Belize, these were very similar. Both countries ensure that there is a good level of patient centred care carried out by the medical team.

Describe the health promotion strategies employed in Belize for the education of common conditions and their management.

From our first day at the hospital we immediately noted the high degree of health promotion employed throughout the hospital. Around the wards and corridors there were many eye catching posters raising awareness of important health care topics for both staff and patients. Topics included HIV testing, infection control, stress and mental health issues. I noticed that there was particular attention made on the benefits of breast feeding, and throughout our elective time we noted that a large proportion of women would openly breastfeed their babies in public. This was widely accepted which only served to highlight the effectiveness of the health promotion strategies used throughout Belize.

The hospital also had its own public health care centre which was used as a site for antenatal and family planning clinics. Furthermore, the hospital provided many services to the rural

community of Belize. Every Wednesday they had a mobile bus service which would involve teams of nurses led by a doctor, spending the day in various local rural parts of the area. During our time on elective, we were fortunate enough to experience a morning with the mobile HIV unit. Here we informed the local community of what HIV is, how one could become infected with the virus, and what was involved in the treatment of the disease. Clinics would often rotate, and whilst on elective we noted there also to be a mobile family planning unit, a dental unit and a vaccination unit. The mobile units were highly effective at raising awareness of key issues, and educating patients on their health care needs.

Describe and reflect on an interesting case you were involved in. What was your involvement? How will this influence your future practise as a doctor?

During my first week on the wards, I clerked and examined a lady who had recently suffered from a miscarriage. Whilst speaking with her I discovered that she was alone, and that her family had no intention of coming to the hospital to visit her. She was very upset and further went on to explain that she had been blamed for her misfortune and that in her culture this was looked down upon. I was initially very surprised to learn that this was the reason for their absence, but as I spent more time speaking with the patient, I developed more understanding and insight into the Belizean culture and the problems that she was facing. I went onto explain that this was not her fault, and addressed her belief that she would now not be able to conceive again.

After my discussions with Patient X I realised the importance of taking time out to speak to your patients ensuring that all of their concerns are addressed. As a doctor I will respect the various different cultures and beliefs of my patients. I will aim to build trusting relationships, and through a non-judgemental approach, work with the patient to address their concerns and medical needs.