

Elective Report

Hospital- Western Regional hospital, Belmopan, Belize

Objectives

1. Describe the pattern of disease and illness in Belize
2. Describe the pattern of health provision in Belize in contrast this with the UK.
3. Learn about tropical diseases which I have not seen in the UK such as dengue fever and malaria.
4. Obverse the communication skills of the doctors in Belize and compare with the UK with a view to improve my skills.

Context : Western Regional Hospital is based in the city of Belmopan with a population of 20,000. It is a small public hospital with 50 beds. There are two wards general and maternity with a small accident and emergency. There are also 2 theaters for general surgery and gynecology.

As soon as we entered Belize it was obvious that living standards and healthcare would be very different from the UK. The pattern of disease and illness in Belize surprised me. I expected a range of diseases encountered in the UK as well as some tropical diseases. In reality the disease profile seemed very similar to Tower Hamlets! The majority of patients we saw had cardiovascular disease such as hypertension, acute coronary syndrome and peripheral vascular disease. In addition we saw an abundance of diabetes which was poorly controlled. This meant we saw several non healing ulcers. These conditions in most cases were brought on by an extremely poor diet high in fatty foods. Meeting people in and out of hospital it is obvious that a large proportion of the population were extremely overweight. We learnt from the doctors that there are cultural factors influencing this. There is a strong notion that 'bigger is better' and more attractive to the opposite sex. In several general clinics we saw many patients with diabetes and cardiovascular disease. When counseled by the doctor on healthy eating and the dangers of obesity, the patients would often seem disinterested with little faith in the doctor's advice. This creates a huge demand for health services which the country does not have the resources to provide and the people cannot afford. This was clearly something that the government had picked up on as there were several health promotion posters around the hospital informing patients about healthy eating. However seeing people on the streets, patients reactions to the advice in clinic and even obese nurses, it was clear that the message was not getting through.

Rather than the range of disease, it was healthcare provision which for me was the starkest difference to healthcare in the UK. The Belizean government spends on 9% of their national budget on healthcare compared to around 60% in the UK. In theory healthcare in Belize is free of cost. This includes visits to hospital, vaccinations and in some cases the cost of transport to Belize city hospital for emergency surgery. Although this is a significant cost that the government is paying for, there are many costs that the patient will incur such as 'special tests' which are as simple as X-rays. CT scans are not available in Belmopan, patients would have to incur travel costs as well as the cost of the CT scan in Belize city. MRI scanning is not available anywhere in Belize. Also although medication is partly subsidised, the patient will bear a significant cost. We saw many patients who had to consider their financial situation when deciding on treatment options. Ward rounds would

entail lengthy discussions about cost rather than best possible treatment option. An example would be a woman with a large abdominal abscess. The surgeon offered to take her to theatre to do an open drainage however stated there were many risks of spreading the infection throughout the peritoneum. The surgeon advised a better method would be to use ultrasound guided aspiration. The patient could not afford the ultrasound guided procedure and was attempting to gather borrowed money from family. This took several weeks while abscess grew to 15cm in diameter. Many patients were in similar situations. In addition the cost of long term medication proved impossible for many patients. This was especially true for asymptomatic diseases such as hypertension, where the patient felt they did not need medication and therefore were unwilling to pay. This in turn would influence the rates of acute coronary syndrome. With little resources the doctors were highly skilled and stretched themselves as best they could. For example the general surgeon would also do some gynaecology procedures as well as undertake general medical ward rounds.

Before starting the elective I had hoped to see cases of tropical disease which are very rare in the UK. Unfortunately, although we did receive teaching about the tropical diseases from the doctors we did not encounter any patients with them. However around the hospital there were posters about dengue fever suggesting that cases did occur. Although we did not see any patients we received excellent teaching on cholera, malaria, dengue fever and chagas disease. The teaching was based on cases that had previously come into Western Regional Hospital. Belize carries the highest risk of malaria in South America.

The communication skills of the doctors in Belize also highlighted a difference with the UK. Doctors spoke very frankly to patients. At times I felt there were poor communication skills due to a lack of empathy. Also at times I felt that the doctor's tone of voice sounded like they were blaming the patient for their disease. This was seen in clinic when doctors were advising patients on eating habits and lifestyle changes for patients with cardiovascular disease and diabetes. It was clear that the doctors were frustrated that the patients did not exhibit an internal locus of control and take responsibility for their health. Although this frustration is understandable, poor communication skills may have inhibited patient understanding and response to the advice. It often seemed that the patients were disinterested and were not taking on board the advice given. Although there were posters around the hospital about healthy eating it was clear that patients and the general population were not considering the advice. This highlighted to me the need for further wider communication with the general population about healthy eating.

In conclusion, I very much enjoyed my time at Western Regional Hospital. I learnt about how cultural beliefs of what is attractive to the opposite sex had led to a high rate of diabetes and heart disease in Belize. I also received excellent teaching about tropical medicine. In addition I gained an insight into medicine in a less economically developed country and appreciated how management was not solely dependant on the best possible treatment option but also what technology was available and what could be economically viable for the patient. I also appreciated the communication skills teaching I had received from my time at university and realised its importance. Additionally I learnt the value of teamwork in the face of limited resources. The doctors did a phenomenal job with the equipment they had and all worked together to give the patients the best possible treatment they could.