DERMATOLOGY

Elective Report: Western Regional Hospital, Belmopan, Belize.
By Vishal Patel

The western health region in Belize has two public hospitals, one private hospital and five health posts. Western Regional Hospital has 50 beds and serves about 66,000 people a year. It provides both primary and secondary care services. In addition, five basic specialties are offered Gynecology, Surgery, Paediatrics, Internal Medicine and Psychiatry.

It has 2 wards: the general ward and the maternity ward. The general ward services include: care for children and adults, pre and post surgical patients, and intensive care. In addition daily clinics are held in paediatrics and general medicine. This is where I spent most of my time in order to see as many dermatology cases as possible. The five health posts acts as primary care centres providing general health education, treatment for minor ailments and referrals to health centers or hospitals.

The hospitals support services include a laboratory capable of diagnostic tests which include: haematology, biochemistry, urinalysis, parasitology, serology, and immuno-haematology. There is also a radiology department and a pharmacy. The pharmacy department offers daily dispensing of medication to out-patients and supplies the hospital and health centres with pharmaceuticals and medical supplies.

1 The conditions that commonly affect the Belizean population are similar to the uk, eczema, and infections being the most numerous. The lack of a dedicated dermatology service due to the confines of budget and infrastructure are what contributed to my not seeing as many dermatology cases as I would have had I been doing a dermatology firm in England.

Nevertheless, those I did see were on the whole similar to those I had seen in England, though I didn't see much psoriasis. Patients seemed to be presenting later than they would in England especially when it came to infections. This may be because it is harder for patients to access health care and therefore they have to go more out of their way to access it. This probably due to the lower number of doctors per head of population and lower numbers of health care centres. Meaning patients had to travel further and wait longer to be seen.

2 The infrastructure for delivery of care and therefore dermatological services is very different from the UK. The primary care network is much smaller. Therefore they are unable to provide the support that GPs provide to dermatology in the UK. without this first stepping stone into the service, patients present a lot later to hospital, only when their condition is affecting them significantly.

On one of the days we were able to attend a public health seminar where representatives of the ministry of health were present. They had a stall which contained an impressive array of binders containing a variety health statistics for the last seven or eight years. While these covered a number of specialities, they did not cover dermatology. This indicates where dermatology lies in the list of priorities for the Belizean health care system. And to be honest this is with good reason considering the budget the health service operates on.

3 People seemed to be more tolerant of skin of ailments as evidenced by their later presentation. The reasons for this have been discussed above. With regards to eliciting the health beliefs of Belizean people in regards to the health of their skin, I tried to talk to as many patients as possible. Aiming to elicit their individual health beliefs. This didn't go as well as planned and perhaps I should have created a questionnaire or at least used a list of standardised questions from the beginning. Instead I used a more conversational style hoping to build rapport and therefore find it easier to get responses to questions as personal as these. Unfortunately this took a lot of time and as I was asking patients for a favour in giving up time I was not able to spend as much time as I felt necessary without taking advantage of the patients good nature. As a result I wasn't able to compare the different responses of people cleanly, in a standardised fashion. The result was a very generalized set of responses from which it would be difficult to extrapolate a set of health beliefs that would adequately cover the bulk of the populace.

4 I had believed that as English was the official language of Belize that I would be communicating with the majority of patients in English or creole English. In reality a fair amount of patients at Belmopan western general spoke Spanish as their primary language. This may have had something to do with the fact that many of the doctors were Cuban. Because of this I tried to learn as much Spanish as I could especially medical Spanish so that the doctors would not have to stop so often to translate or fill me in as to to what was going on. This was very difficult especially in the beginning as I had no background in Spanish. But I began slowly learning first body parts and common words. The doctors in clinic were more than happy to help me learn and were very supportive and helpful. But I knew it would be a few weeks before I even attempted to try and communicate with patients in Spanish. I was surprised at how much \i understood from body language and pointing, and also at how much I didn't understand just from body language. Finding that I'd think I'd know what was going on only to have missed a small detail in the speech which changed the whole context of the situation. After a couple of weeks of self study during breaks and in the evenings I tried to converse with the doctors as much as possible (who as I mentioned before were mainly Cuban and therefore spoke Spanish as a first language and English as a second) in Spanish. This helped me to begin conjugating, and I felt this conversing helped me the most in attempting to learn medical Spanish. I also

asked the doctors to try and speak little bit slower with the patients to give me a chance of trying to understand what was being said. They would ask the patients permission explaining that I was trying to learn medical Spanish and the patients were happy to aid me. I found learning the different tenses and especially understanding and picking them up in conversation to be the biggest stumbling block. It is here that my learning plateaued the most. Tenses are obviously extremely important when taking a history and there really is no room for misinterpretation. I found that unfortunately almost of the the most commonly used verbs were irregular making it extremely difficult to learn just the present tense, never mind the future and past tenses. them in Although I didn't manage to get as far as I had hoped for this reason, I believe it is something I will persevere with in the hope that one day I will again be able to work in a Spanish speaking country. As for understanding Creole English, I didn't find it too much of a problem as people would begin to speak more mainstream English when they realized that I was having difficulty.

In conclusion I enjoyed my time at Western General immensely, I met some great doctors who were very dedicated and friendly. Who improved my knowledge and communication skills. My experience was very different from anything I've experienced in England, and I am very grateful for having had such opportunity. Which has allowed me to come back holding a different wider perspective on the profession.

Word Count: 1267