

**Elective Report: Southern Regional Hospital 2011**

**Objectives**

1. What are the most significant health issues in Belize? How does the hospital address these problems?
2. How is healthcare delivered in Belize? How does this differ to the UK?
3. What are the main anaesthetic concerns in Belize?
4. What are the main A&E concerns in Belize?

**What are the most significant health issues in Belize? How does the hospital address these problems?**

Belize is a small country, roughly the size of Wales but has a population of 333,000 people compared to the 3 million people in Wales. It is one of the least dense countries in the Americas and with only eight Belize district hospitals people have to travel great distances to get medical care. This was made even more of an issue with the poor public transport on offer. Our placement was at Southern Regional Hospital where they offered a lot of services to combat this problem. The head of public relations explained that there were frequent outreach clinics to surrounding areas such as Citrus County and the Stann Creek district, some over an hour drive away. With at least two a week it really helps people with limited mobility, either due to a physical condition or financial situation that would normally prevent them getting to hospital.

Dr Cass, the Medical Director and specialist in epidemiology, painted a stark picture of the health issues affecting Belize. It was a picture of two parts. The first was an increasing western influence causing a rise in western illnesses such as diabetes, hypertension and heart disease. The second, surrounding countries such as Guatemala have been showing a steady increase in the cases of HIV and AIDS and now Belize is following in that pattern. This dramatic rise of new, preventable diseases is one of the main reasons why Belize has adjusted its healthcare plan from treatment based medicine to a more preventative approach. Dr Cass also described diseases that had been prevalent for many years such as dengue fever and malaria. The hospitals in Belize have become very efficient at treating these problems and I dare say they are recognised quicker and treated more efficiently than some hospitals in more developed countries.

**How is healthcare delivered in Belize? How does this differ to the UK?**

Southern Regional Hospital has 52 beds of which the majority were vacant. Needless to say this is not a problem faced in more developed countries such as the UK. This fact alone represents two things; the attitude of Belizeans and the focus of Belizean hospitals on primary care. Speaking to local residents, they see a hospital as a place to go when they have an accident or are feeling unwell. They get fixed up and given a prescription and they go home on the same day. The majority of them have never contemplated spending a night in the



hospital. This attitude is matched by medical staff and indeed the government. With a lot of resources put into the polyclinic and the Emergency Department, the focus is very heavily of primary care. In the UK, we still offer predominantly secondary care and in some places tertiary care. However more recently there has been a drive to give more responsibility to GP practices and the new polyclinics that are opening up around the country. Having visited Belize, it is apparent that in order for the UK to follow this example the population as a whole need to change their attitude to hospitals, not only medical professionals.

Whilst predominantly offering primary healthcare services, such as maternity clinics, general clinics and an emergency department, Southern Regional Hospital also has two main wards covering the four basic specialties: Gynecology, Surgical, Paediatric and Internal Medicine. There is a heavy weighting on maternity services in the hospital and over 50% of patients staying overnight are obstetric or gynaecology patients. There is also a large focus on postnatal and paediatric care. The specialities covered in Southern Regional seem to be representative of the hospitals in Belize, with patients having to visit neighbouring countries or the United States of America for more specialised treatment. We are very fortunate in the UK to have competent doctors in all fields of medicine available to us.

### **What are the main anaesthetic concerns in Belize?**

The main concerns in the field of Anaesthetics are temperature control and finances. Belize is a hot country, with temperatures reaching up to 35°C and during our visit they were experiencing a very dry, hot spell of weather. This makes it very hard to keep temperatures around 21°C which is important to prevent infection, reduce blood loss and reduce risk of intra-operative and post-operative complications. More than once operations had to be cancelled because of high temperatures in the operating theatre. When operations were allowed to proceed, they had to be performed quickly with the minimum amount of people in the room to prevent an increase of ambient temperature by body heat. For this reason observers were not allowed, if you weren't doing something you weren't allowed in theatre.

Another major concern in Anaesthetics was financial aid and indeed this was common throughout the hospital. The Belizian Healthcare System (BHS) is predominantly paid for from government taxes although it is widely known that this is not even enough to cover staff and running costs of the hospital, let alone provide anaesthetic medications, surgical equipment and other supplies. Belize, therefore, depends largely on charitable donations and also supplements its income in as many ways as possible such as allowing students from all over the world to come and work for a small fee. It also has agreements with many countries in the Caribbean such as Cuba, who provide doctors to Belize at a very low cost.

### **What are the main A&E concerns in Belize?**

The main problems seen in Belize are exacerbations of chronic conditions such as COPD and cardiovascular disease, as well as trauma from road traffic collisions as well as the occasional non-accidental injury. As previously mentioned, Belize is changing its approach towards chronic conditions and is working towards preventing exacerbations rather than treating them as they happen. It does this through many public campaigns as well as seminars

provided for the community. On one of these seminars for hypertensive and diabetic patients, I found out first hand just how hard it is to change the mentality of people not used to preventative medicine. It takes a lot of effort to persuade people the importance of going to the doctor for regular monitoring when they are well, especially when they are used to only visiting the hospital when they are ill. It is a long battle, but people are slowly coming round to the idea of regular check ups as well as monitoring at home.

Despite the move towards preventative medicine, people still turn up in the emergency department with heart attacks, strokes, infective exacerbations of COPD as well as many types of trauma. Due to the small size and limited resources at Southern Regional Hospital, there was only so much we could do on site. Our role was to stabilise patients, for example giving nebulisers to an asthmatic. If that failed to control the situation they would usually have to be transported to Belize City Hospital to receive further care.