

Elective Report

Southern Regional Hospital, Dangriga, Belize.

April 11th – 29th 2011

1. Describe the pattern of disease in Belize.

Belize is a small Central American country with a population of around 300,000, comprising a broad diversity of ethnicities. In the north of the country there is a prevalence of Mexican, Mayan and Mennonite populations. In the south there is a more prominent Afro-Caribbean population, named the Garifuna, who were former slaves that were exiled from St. Vincent and settled on the Caribbean coast of Belize. There is also a considerable Chinese population scattered throughout the country.

Being placed in the south of the country, the majority of patients are Afro-Caribbean and this greatly affects the pattern of disease at the hospital. Many patients are diabetic with co-morbidities such as hypertension, obesity and cardiovascular disease. Due to lack of patient understanding and differing health beliefs, most diabetic patients are poorly controlled and therefore there is a high incidence of diabetic complications such as peripheral neuropathy, retinopathy and nephropathy.

A large proportion of the hospital and polyclinic patient load is related to obstetrics. As many of the local population rely on traditional medicines and only use the hospital as a last resort, one of the only reasons that local residents use hospital services as a first line of treatment is when pregnant. This is particularly evident in the polyclinic, where one consulting room is devoted to general practice, whereas two consulting rooms are devoted to prenatal clinics. In theatres there is also a large proportion of theatre time for caesarean section. A health drive for new mothers to breast feed their newborns dominates the posters on the walls of both the polyclinic and the hospital.

The Belizean population also have a significantly high risk of contracting infectious diseases. Common water-borne infections are bacterial diarrhoea, hepatitis A and typhoid fever. Vector-borne diseases include dengue fever and malaria. Leptospirosis is also relatively common in Belize.

2. Describe the provision of Healthcare in Belize.

The provision of healthcare in Belize runs on similar lines to the UK. There is publicly funded healthcare to all citizens who can produce a social security card, which is free or low-cost. This includes all necessary interventions and healthcare. There is also a private sector which is run through American insurance companies, and as such is only available to the most wealthy in the country (often ex-patriots from the US or elsewhere). Southern Regional Hospital does not do any private work and only provides care under the publicly funded system.

There is, however, a large discrepancy in regional funding in Belize, with by far the majority of money going to the capital and its surrounding region. This means that many procedures and investigations cannot be carried out in other regional centres, so patients must be transferred to Belize City. For serious conditions where specialised treatment is required (such as PCI post-MI) many Belizeans would choose to travel abroad, for example to Florida or Texas if they had medical insurance, or to Mexico for cheaper care.

Another issue concerning the provision of healthcare in Belize is the lack of any medical training institution in Belize itself. All medical and surgical practitioners are trained abroad and there is a lack of properly qualified and experienced healthcare professionals in the country. An agreement has been made with the Cuban government to send a certain number of doctor's on three year contracts to help alleviate staff shortages, in return for greater wages than would be available to them in

Cuba. This means that a great number of doctors at the Southern Regional Hospital are Cuban, with a smaller number of Belizean nationals who have trained abroad (usually in the US or at the University of the West Indies).

3. Reflections on professional practice.

One of the key issues that has been highlighted during my time at the Southern Regional Hospital is the essential role that patient education plays in their healthcare. For one of the days of our placement we attended a local charity meeting in the centre of the town to discuss diabetes and hypertension with local residents. The common problem that seemed to arise was that in general patients would only take any medication when they did not feel well. This is of course very counter-productive when being treated for hypertension or diabetes. Explaining to these patients that it was essential to take their medication consistently was difficult, but essential to their care. Another problem that we observed was the use of traditional medicines in the area. Drum healing, where different drum beats were played in ceremonies involving the patients, was widely accepted as an alternative to modern medicine. We explained to the patients that it was important that they used modern medicine in conjunction with their own beliefs in order to properly care for themselves.

Through these experiences it was obvious that giving a patient a regimen of tablets after a consultation is not how to properly treat them. It is essential to educate patients as to what their condition is, how their medication will improve their condition and how and when to take their medication. Furthermore, in the community many patients who need treatment will not come to have any sort of consultation, and therefore work must be done within the community to encourage people to access healthcare when it is appropriate.