

Alex Pinder

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GENERAL  
MEDICINE

Appendix 3 – Elective Report:

*"HIV is high in prevalence and due to the climate and non 1st world living standards, diseases such as diarrhoea, malaria, dengue fever and hepatitis are very common. These are diseases which are no commonly seen in the UK.*

*Most health systems in the world are very different to the NHS. Having a completely public system funded by central taxation is rare, as seen in my SSC in China. The quality of care is behind neighbouring Mexico but is getting better due to a higher level of western influence."*

I spent my elective in San Ignacio Hospital. This is a public hospital, located in the far west of Belize, relatively close to the border of Guatemala. The landscape around this area is far more tropical than the relatively cool coast of Belize City which borders the Caribbean Sea. For this reason, the diseases seen and conditions treated were quite different, even though these two cities were only around 70 apart.

**Objective 1** – I want to learn how to deal with medical emergencies in an environment with very limited resources.

After arriving into San Ignacio hospital on the first day of the elective, it was immediately clear that the hospital I was in was not massively underequipped. They had modern medicines and equipment which were not to the same standard as the UK, however they were perfectly usable and definitely safe. San Ignacio hospital itself is not in the centre of San Ignacio town itself, it is located around 3 miles away.

After spending a day in an A&E in the UK, it immediately becomes clear that people abuse the free service that is offered. I have seen on many occasions people come in for coughs and colds. My experience in Belize showed that over there, people although lesser educated, will come to A&E for events that usually warrant an admission. In San Ignacio (and Belize for that matter), there is a very active construction industry. This led to many of the admissions in A&E being of DIY/construction injuries, the vast majority were general injuries sustained by misuse of tools or accidents. Health and safety in Belize is definitely not up to Western standards.

Throughout the 5 week placement, I did not see any major trauma that was life threatening. After speaking to doctors, they said that the sort of horrific injuries we commonly see in London are relatively rare. I believe this is probably due to most cars and traffic in Belize moving very slowly due to lacklustre roads.

**Objective 2** – Although English is a main language, there will be people who don't speak particularly well. For this, I will need to get better at nonverbal communication.

On arrival into Belize, it became immediately clear that everyone spoke English. However, many people's accents were extremely hard to pick up. After 5 weeks of getting used to the accent, I was getting to grips with the vast majority of what somebody was saying. There was a great variation in dialects. This meant for the first few weeks, I was picking up on many mannerisms and nonverbal cues which were quite specific to the Belizean people. I have no doubt that this helped me in understanding what the people were trying to get across in consultations.

One example was of this relatively young man of around 21. He was a builder by trade and had come in due to some injury of his arm. He was trying to explain to me that it was hurting when it was flexed but I was unable to understand what he was trying to get across due to the undecipherable accent. Though a combination of words said slowly and play acting I managed to locate the exact area of pain and what things made it worse and better. I hope that when I qualify back in the UK, this sort of experience will make my job easier and the care given to patients better.

**Objective 3** – I also want to see how healthcare is delivered in a financially viable way to the civilian population”

The healthcare system is mixed. There is a general reliance on health insurance provided by the government but also available is private healthcare for wealthier individuals.

The government spends approximately 9% of its income on the health service. This is remarkably similar to the UK's spending and is in line with the western world's spending. However, the income of the Belizean government is so much smaller than everywhere else's that this money can very quickly disappear.

After discussing the healthcare system with the doctors, we were told that there is quite a large amount of investment in Belizean healthcare at the moment. However, this is localised to the private system. Belize is becoming a fashionable retirement destination for Americans. Due to this, there is obviously a lot of money to be made. Retiring individuals require frequent access to healthcare and immediate access to many drugs. The original situation was that they would need to fly back to the US to receive healthcare which not only costs money in transport but costs a lot in the US. And for this reason, it would be better for healthcare to be delivered in Belize to avoid the rampant costs of US healthcare and to avoid having to travel there frequently.

It is hoped that this investment in the private system, will pave the way for better access to treatment for the public system to.

Much like in the UK, having this mixed picture can work extremely well. The well off individuals will pay for private cover which takes the strain off the public system. This leaves more funds available for those who need it most.