

**Elective report to Belize,
Belmopan western general Hospital**

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When choosing where to do my elective I had many parts of the globe, which I would like to go to and experience how medicine is performed. I finally decided to go to Belize in Central America. I had previously travelled to this country with when I was a school student with a world challenge expedition and had a pretty good understanding of the country due to that. At the time I always felt that if I did get in to medicine that this would be one of the places I would consider coming to for an elective. One of the advantages of Belize is that it is an English speaking country (which differs from the rest of central America which is Spanish speaking), this meant that it was easier for me to communicate with patients in this country and I felt that I would get more out of an elective if I could communicate effectively with the doctors, patients and other health professionals working at the hospital. After speaking with previous graduates of Bart's and the London about there electives and also reading elective reports from students who had undertaken there electives in Belize I decided to organise to go to Belmopan western general hospital. This is situated in the western region of Belize. Belmopan is the governmental capital of Belize, which was formed after hurricane Hattie, destroyed much of the previous capital and Port city, Belize City in the early 1960s. By the end of the decade the whole of the Belizean government had moved to Belmopan. Belmopan has a population of around 14, 500 with one major hospital. Belmopan western general is one of the 3 hospitals in the whole of Belize to have an operating theatre and with a special interest in trauma and anaesthetics this was ideal.

Objective 1: how the Belizean healthcare system compares to the NHS

Having trained in the UK I feel spoilt by a healthcare system that offers everything for free (although I know things are about to change). In Belize the government only contributes around 9% of its budget to its healthcare system (which is claimed through there tax system) and the rest is privately funded. The Belizean system covers emergency surgery and care, as well as obstetrics and most vaccinations, however for more expensive chronic conditions or serious conditions such as Cancer or neurological conditions funding is very limited and patients often go without proper treatment or only receive it due to donations from the US, Britain, charities and UNICEFF. The government does not cover elective surgery however the influx of voluntary surgeons from around the world does go someway to alleviate this problem, in this hospital at least.

Some clinics in Belize will charge patients for a consultation and some won't and most basic drugs can be purchased with a prescription at a subsidised price or even free in some cases.

It is clear that there is a huge shortage of medical professionals in Belize, and neighbouring Central American countries such as Guatemala provide some of the doctors. Caribbean countries such as Jamaica also practice in Belize as well as US volunteers and Cuban doctors making up much of the work force.

Objective 2: how Belmopan western general compared to an NHS hospital.

The differences between this hospital and an NHS hospital are huge. The first is the lack of resources. We complain about the lack of funding for resources in the UK but in this hospital it was a completely different story. Everything from antibiotics and other essential drugs were only used when really needed and even oxygen was prioritised to the most important cases, and often going to paediatric patients over adult patients. This is something we take completely for granted in the NHS. The Theatres were obviously not state of the art, and were in no way comparable to the ones I am used to in the UK. However the operating departments were the only places in the hospital to have full air conditioning and effective ventilation. The rest of the hospital was very hot indeed and thin comfortable scrubs were worn by all medical professionals at the hospital due to the heat. I was however impressed by the resourcefulness of both the voluntary doctors and the regular hospital staff in coping with huge patient demands, with little resources in a difficult clinical environment.

Objective 3 – Gain an understanding of trauma and emergency medicine in Belize

On arrival in Belmopan western general hospital I was surprised by both its size and its staffing. We were taken on tour of the hospital, shown the emergency department which was run 24 hours a day along with a surgical department, obstetrics department and two large general medical and surgical wards which other than being separated into male and female wings, took patients from all departments of the hospital. On arrival we were told that the autoclave machine used to sterilise instruments was broken and that all elective surgery had been put on hold, with only emergency surgery being performed. I shadowed two US surgeons, one being a neurosurgeon and one being an ENT surgeon. The training of these surgeons coming from the US was superb and I witnessed a lot of procedures I had seen in the UK but performed with limited resources. Head injury cases as well as other general trauma. Although I did not witness the surgery I did meet a patient who had sustained a gunshot wound. This was interesting as it was not something I had encountered while working in the UK.

I stated in my initial objectives that I wanted to witness more obstetric medicine. I did not observe as much as I had hoped as other students on electives had prioritised this as something they wanted to go into so allowed them to take the opportunities. One case that stuck in my mind however was a pregnant lady with multiple sclerosis, which is something I have not come across in the UK before. This was clearly going to be a complicated pregnancy; it would have been a good clinical experience to see how the obstetric team would have dealt with this patient when it came to delivery.

Objective 4 – improving on clinical skills

When on ward rounds it was interesting to see how important the general examination was in a hospital such as this. Due to the limitation of resources radiological imaging can only be ordered if it is deemed entirely necessary. This meant when confronted with patients with acute abdomens, something we see often see in the London, that the abdominal examination was crucial. The general surgeons and general medics used techniques such as rebound tenderness, which is frowned upon in our training as it can put patients in huge discomfort and isn't deemed useful with easy access to x-ray and CT. However in this setting I can see how it was a necessary part of the examination. As well as practicing examination skills, I also learnt a lot about ulcer wound care. Many patients presented with infected ulcers or open wounds which due to poor sanitation and high temperatures meant that these often became complicated and difficult to manage. Wound care was not something I had previously had that much experience with but now I feel I can assess, clean and dress a wound more appropriately. I was also given ample opportunity to improve upon my suturing skills as well as venepuncture and cannulation skills in the emergency department.

Reflection

Was it what you expected?

It's difficult to say what I expected. The hospital was larger than I had anticipated and was staffed by more foreign doctors than I expected.

Clinical experience:

Seeing clinician's rely on limited resources and utilising the clinical examination to it's full potential was a very good thing to experience. I think that in the future it will make me give think more about the signs I'm seeing when I examine a patient.

What did you learn about the people of the country?

Belize is a very Caribbean country. It is also part of the British Commonwealth and British people are welcomed there. I found the people to be on the most part, friendly and welcoming, as both a tourist and as a volunteering medical student.