PAEDIATRICS

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Elective Report 2013: Belize

During my time in the Western Regional Hospital in Belize, I spent most of my time in Paediatric Outpatients as they only had a very small inpatient ward which was only really used for surgical cases. There was very rarely more than one child on the ward at a time. If a child was critically ill for a reason that was not surgical, such as a chest infection or severe asthma attack, they would usually be treated in the emergency department and stay there until they could be discharged. This would usually be the same day or next morning after they had received fluids and antibiotics. Almost all paediatric cases were seen in the outpatients department of the hospital as they did not have a provision for General Practice like we do in the United Kingdom. They did however have some clinics outside the hospital where baby checks and vaccinations took place. The paediatric doctors dealt with all aspects of the children's care and it was not segregated into specialities like it is here in the United Kingdom.

In the paediatric outpatients, most of the patients came with complaints that would usually in this country be seen by the General practitioner. This included viral upper respiratory tract infections, mild gastroenteritis and asthma. However, in this clinic you would also see some more interesting cases. One in particular was a 4 month old baby that had been in previously with failure to thrive and was found to have a Hb of 5.6. It then transpired that the child's father had sickle cell disease and it was then presumed that this child had it as well. They would not do the test for the child though as it could only be done at a private clinic which the parents could not afford. The doctor agreed to this as it would not change their management of the child as all they would do despite having a firm diagnosis is give a transfusion to bring the Hb up to the normal range. I thought this was particularly interesting due to the presentation of this child and how differently they were treated in comparison to England. The doctor made clear that there was no screening for any conditions such as sickle cell and hypothyroidism at birth for these children. However she did state if they had realised the father had sickle cell disease they would have monitored this child's haemoglobin more carefully. There were also cases of children coming in with the possibility of autoimmune conditions such as hypothyroidism and they could not test for the auto antibodies unless it was done privately. They could send for a thyroid profile but this had to gain special permission so was only done as a last resort if no other cause for the symptoms could be found.

After seeing several patients with problems similar to what we see in the United Kingdom I was interested to find out more about the way the health system works and how they treat patients with long term health conditions. The health system in

Belize was very different to that in the United Kingdom leading to very different practice of medicine. In Belize the patients are only charged for investigations and receive treatment free and any Emergency care free. This meant that most people who came into clinic were treated presumptuously and over treated to try and cover all possibilities. Due to this way of working the patients also expect to get a treatment every time they see the doctor so they also treat conditions that in England we would treat conservatively. For example, a child came in with an upper respiratory tract infection. They did not have a temperature and looked well in themselves. We were asked how we would treat this child and answered with what we are used to from our GP placements which was conservatively, giving plenty of fluids, paracetamol if needed and to come back if there is no improvement or if it gets any worse. The doctor was quite surprised at our answer and told us that in Belize they treat everything aggressively to prevent it getting any worse. He then proscribed an antibiotic, an anti-mucoltic, anti-histamine, paracetamol and ibuprofen. This was common practice and I observed several other doctors treating upper respiratory tract infections in the same way. After observing this practice I asked if there was any governmental encouragement to be conservative and save costs anywhere and the doctors said there was not. That it was the patients they were trying to please not the government. I found this very interesting as although this does show a patient centred approach I wondered how sustainable this would be with an economical climate like Belize. It was also noted that even in an emergency situation treatments would have to be given without any investigations being done. After a road traffic accident as there was no form of scanner they patient was treated with manitol for presumed cerebral oedema and then all wounds were stitched and they were given antibiotics and fluids then observed as there was nothing else that could be done. It was remarkable that there was evidently not much money in the hospital as they could not afford scanners and they did currently did not even have an ultrasound scanner as they could not afford the technician to carry them out but they had a computerised health record system that was used country wide. All documentation, prescriptions and investigation requests were made on the computer and could be accessed by clinicians anywhere in the country. This was quite amazing as they appeared quite behind with so many other aspects of their health care.

It was very interesting looking at the pattern of illness in the Belizean population. I was surprised to find it was not that different to what we see in England. When I went there I was expecting to see more children with chromosomal abnormalities as there was no screening available during the antenatal period. However, this was not the case and it was unclear if this was because these children do not survive past very early infancy which is what I presumed the reason to be. I also did not see many cases of other conditions which I would have expected to be more prevalent in the population such as cerebral palsy. Again, I presumed the reason for this was due to the children not surviving past infancy.

It was interested to see the health advertising in the hospital. All around the hospital there was promotions for breast feeding. This was very actively encouraged from birth to one year of age. This encouragement appeared to work as women very freely breast fed their children all over the hospital and you would quite commonly see women openly breast feeding on public transport and other areas in the town. The main message that they were promoting with this advertisement is that it was the best way to keep your child healthy and that it was the cheapest way to feed your child. It was also interesting to note the advertisement for treating and not judging mental health conditions around the hospital. This was particularly interesting due to the doctor's negative attitude towards mental health and how it was not something that was treatable. There was not a psychiatrist in the hospital or in the area and the doctors made it clear that they would not treat disorders that they felt could be helped by the patient and that some of the conditions such as schizophrenia were a curse as opposed to a mental illness.

I found my experience in Belize fascinating and am extremely glad I got to see a health system completely different to the one I am used to. I think it will have influenced my practice as I will appreciate the privileges such as investigations and scanners but it has also improved my diagnostic skills using just clinical examinations and history taking.