

Elective report

My elective was undertaken at the women's health clinic at San Ignacio community hospital in San Ignacio Belize. I was under the supervision of Dr Guillermo Rivas, one of the two consultants working in that specialty there.



The hospital was small and basic. All the necessary equipment was present and it was clean, throughout the time there were only ever a few patients staying in the hospital at any given time, the busy sections were the outpatients department and the a and e department. One thing that was prominent was the abundance of posters covering all of the walls in the small building advocating one thing or another.

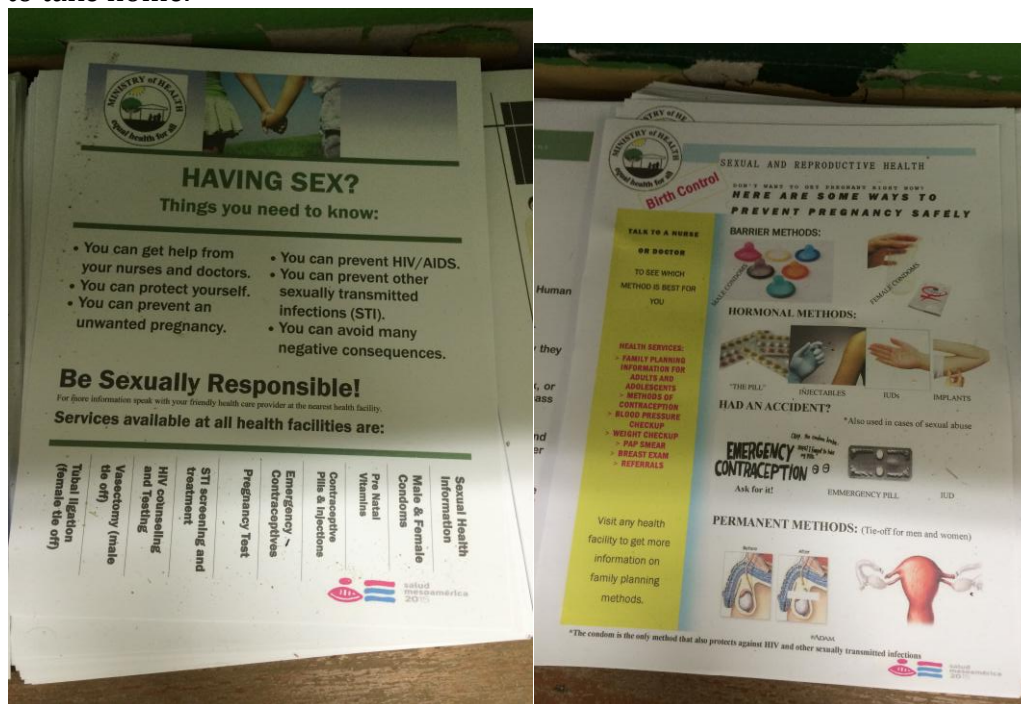
Objective number 1 for the 6-week period was to further understand issues related to women's health in a rural community hospital, with particular reference to public awareness, pregnancy and HIV. As mentioned in the previous paragraph there were many posters all over the hospital. Many of these were advocating the use of breast milk over formula milk. The hospital even goes as far as refusing to provide formula milk for those mothers who do not choose breast milk.



there are posters all over the wall also advertising the different types of contraception available at the hospital. One thing that really struck us was how different this was to the UK. In the UK I have never seen a publicly displayed advert for birth control from a healthcare perspective, and any posters I have seen have always been well thought out and printed off. The contraceptive poster was a large sheet of paper with various contraceptives stuck on.

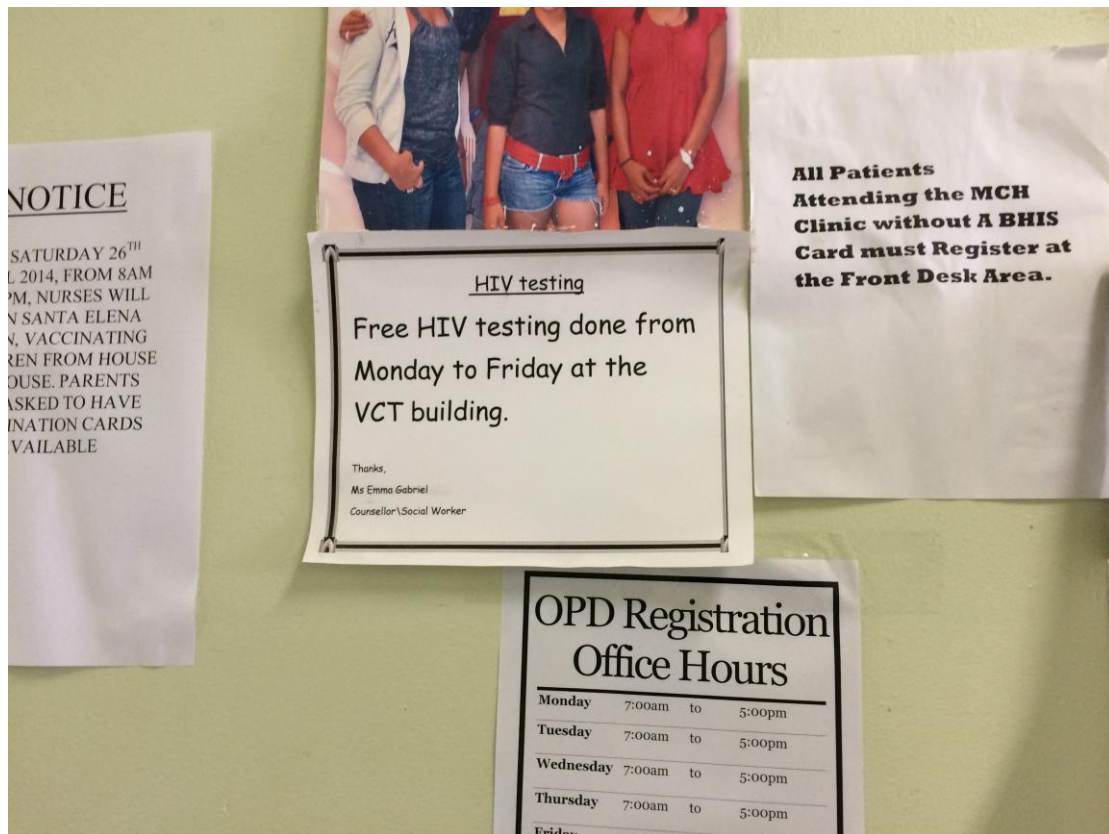


Similar information was displayed on leaflets, which were available for patients to take home.



During consultations we saw that abstinence was being advised as the main way of preventing unwanted pregnancies, it was difficult to determine if this was due to it being the cheapest form or due to the fact that Belize is a catholic country, we were told by Dr Rivas that it was a mixture of both.

One thing that became very obvious during our stay at the hospital was that there were high levels of HIV and TB. We were quoted that roughly one third of those in the hospital at any given point were HIV positive. It was really interesting to see the management of these patients and how the exposure risks were dealt with especially in expectant mothers. As my input was solely shadowing and observing, it was difficult to determine this difference first hand but from what was explained to me, there was little difference, with the exception of in the hospital breastfeeding wasn't discouraged in HIV positive mothers. HIV testing was routinely offered by the hospital.



The second objective was contrast the pattern of health provision in Belize. During my elective my only experience was of a government-funded hospital. But the overall healthcare system in Belize is comprised of two systems. The private system for those who can afford it and a government runs system. the government run system is not free but it is affordable for most Belizeans. For example one of our patients was going to have a C-section and her husband was require to source and pay for a blood donor, and although we never saw or asked about it, we heard from other students that patients are ever required to buy their own toilet paper. The hospital we were at doesn't do complex medical procedures; these are done at the city hospital.

The third objective was to look at disease presentation and how this is different. As with any country abroad, in a tropical climate a wider array of diseases need to be considered with a greater frequency, such as dengue fever and malaria. Other diseases that were more prevalent were hepatitis and HIV. Specifically related to the women's health specialty. There were more young mothers, multiparous women, and older mothers. We even had a young lady who came in whilst we were there who was 23, already a mother of 5 who hadn't realized she was pregnant until her water had broken.

The final objective set was to improve communication skills by carrying out several full histories on the patients that came in. as my placement mainl involved shadowing and there was a massive time constraint, I didn't do as mant full histories as I would have liked. i spoke to patients of course and got a vague idea of what was going on before, but by the time the patient was free to

properly talk to me I had witness the history and the examination of the patient
so the task felt redundant.