Daniel Christopher
Ha 08366

Elective Report

Objectives

1. Describe the pattern of presentation of hypertension in Belize and discuss this in the context of global health
2. How does the Accident and Emergency department in Belize differ from one in the UK
3. Improve practical skills
4. Improve confidence and ability when seeing patients. Improve communication skills using patients from another country with possible language barriers.

1. Non-communicable diseases are the biggest threat to health in Belize. Diabetes, hypertension and obesity are amongst the most common of these non-communicable diseases as shown by a recent epidemiological study conducted in 2008. This study had interesting results and showed that 28.7 percent of citizens suffered from hypertension, with only half knowing that they had such a condition. There was a higher prevalence in females compared with males and the prevalence also increased with age, with the over 40's having nearly twice as many sufferers as those in their 20s and 30s.

Even in those that knew of their condition treatment was poorly maintained, as only one third of these patients followed a treatment plan suggested by their physician. Treatment consisted of similar techniques used in the western world such as reducing dietary salt intake, physical exercise, weight loss and medication as a last resort. The patients that were told to take medication would only do so on an irregular basis, as it is expensive relative to the average salary in the country.

The problem is only getting worse with diet being a massive contributor. The study showed most of the population ate stewed and fried meat at least once every two days, almost certainly leading to obesity and hypertension. New cases were being diagnosed at a rate of 12.1% in this specific study showing this is a growing problem and potentially lethal unless something is done effectively and quickly.

Hypertension is actually generally considered a disease of the western world. This study has therefore shown that it is a disease that is spreading globally. It is a ticking time bomb that is evidently spreading across the globe to developing countries and eventually maybe even the third world depending on how things progress.

2. The accident and emergency department in the Western Regional Hospital has many differences to that of an A and E department in this country. The first thing that was immediately evident was the size of the department. The waiting area consists of plastic chairs in an open terrace, which is much smaller than any in the UK. Cubicles are much smaller and basic compared with their UK counterparts, making consultations slightly less comfortable for the patients and even doctors.

There is a lack of any IT system to inform patients of the waiting time, or even to aid the doctors in terms of past medical history (ie notes). Instead, as I had expected, things are simply done on paper.

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The equipment and resources are much more basic and I had expected this. There is only one surgeon working in the hospital, obviously meaning a very limited capacity of surgical emergencies. If there are two surgical emergencies (which there hasn't been so far) I do not know what would happen. I would expect some sort of priority system to be put in to place.

In terms of equipment, there are no luxurious blood gas analysers that make our jobs in the UK that much easier. It is much more basic. For example, they have a designated "asthma room" which consists of a bed, chair and an oxygen cylinder with a facemask. In terms of imaging, things are again very basic. There are no CT scanners available for head injuries or trauma calls. If one is needed the patient must be sent to Belize City over an hour away, which could be crucial in saving a life or losing one.

There are similarities however, there is a triage system in place, which prioritises cases, much like the system present in UK. This works well with a medium amount of demand. If demand increased I do not know if there is enough staff or organisation to deal this.

3. In terms of my practical skills, I feel that I have improved in terms of confidence and ability. We were expected to take blood, cannulate, give fluids and dress simple wounds. These are relatively simple tasks that I will be expected to carry out in my foundation years. This elective has almost certainly aided my basic development in these areas, meaning I will be more comfortable in my role for the coming two years thanks to this opportunity.

4. English is the main language in Belize, although different dialects are known to be spoken. I therefore did not find language to be a barrier to communication. I took this opportunity, however, to try and improve my communication skills, explaining every procedure to the patient as clearly and thoroughly as I could. I would then make a habit of asking the patient if he/she had understood all that I had said, and if there were any questions they would like to ask me. I made a conscious effort to explain everything clearly, more so than I had done in my five years in England, as I felt an increased responsibility here and from now on, as I am now a doctor. I am now someone who the patients look to for information. I must therefore help ease their worrying and answer their questions to make their time in hospital as pleasant and stress free as possible.