

Elective report

I was fortunate to undertake my medical elective placement in the Central American country of Belize. There were many highs and lows but on the whole, it was an incredible experience all round, where I was able to learn a lot, not solely with regard to medicine, but with regard to modes of travel, food, cultural variation, budgeting, and most importantly, I was able to learn a lot about myself and my own strengths and weaknesses. Our medical elective component didn't go entirely to plan, however, we were able to undertake a worthwhile placement in a newly built hospital in the town of San Ignacio.

We travelled to Belize via Cancun as we were informed by several travel agents that it is relatively very expensive to fly directly to Belize as few flights go there. We took an overnight bus across the border from Cancun (Mexico) to Belize City (Belize), from which point we took several local busses (also known as the notorious 'chicken busses') to eventually reach our destination. The experience of boarding a 'chicken bus' was an experience in itself, having essentially been trampled on and pushed aside for the first bus we had waited 45mins for, we soon learned that the only way to board one of these busses is to hold our space – not something I feel too comfortable with, despite having used TFL. We eventually managed to board the 2nd bus after a further hours wait, by loading our luggage on via a back opening to the bus and then climbing in ourselves via the same luggage inlet – this was the legitimate way of doing things, we then enjoyed some relaxing reggae music as we progressed through our journey. The experience was a culture shock, but I can't say we didn't enjoy it somewhat. The people all around us were happy, talkative, colourfully dressed and friendly...we couldn't help but feel in high spirits ourselves.

Once we had settled into our B&B, we hailed a taxi and made our way to San Ignacio Women's Hospital. On approach it looked different to what I had anticipated, very bright and new looking – larger than I had expected, but it wasn't very close to town and seemed quite remote. It was great for us though as taxis from our B&B to the hospital were very reasonably priced. We introduced ourselves to staff at the hospital and located Dr Rivas. He was very accommodating and pleasant; he immediately took us to one side and gave us a thorough brief on the hospital and the main areas/specialties covered. After the brief, Dr Rivas gave us a comprehensive tour of the entire hospital, it was about the size of Mile End Hospital – so it was larger than I'd expected, but smaller than anything I'm familiar with in the UK. We then went away for a break to a small cabin opposite the hospital where we could purchase a few select foods and beverages. We later returned to meet Dr Romieres who gave us a further talk on the way the hospital is run, he also elicited our preferences and goals for the experience and guided us appropriately. After the introductions and the briefs we were essentially given free reign – in terms of what we would like to experience.

All the staff were very friendly and approachable. The most interesting thing for me at this hospital was the way they dealt with obstetric cases. There were separate bays for the different stages of labour, so the women were essentially moved from bay to bay as they progressed. The bays were only set up to handle specifically focused roles; for example, the 'early first stage' was not suitable for delivery. This took some getting used to as it pained me to watch women in such agony, being shifted around. Furthermore, from what I've witnessed in the UK, women have a delivery room to themselves, and often there are a range of different types of delivery rooms available for women to choose from, allowing for privacy and autonomy. At San Ignacio, it was common to have more than one woman delivering a baby in the same room, divided only by a curtain. One of the cases I witnessed involved a young (17-year old) Belizean lady who had signs consistent with pre-eclampsia. The hospital was not designed to deal with most complications, as it was classed as a Level 4 centre. This patient was swiftly transferred to Belmopan hospital (a Level 3 centre) where they are more suited to dealing with some complications. Cases can be escalated up to a Level 1 centre, depending on patient needs, however, travelling between these centres is not easy as the distance is marked (hours, rather than the minutes we are accustomed to in London).

I also found the emergency department (ED) quite interesting as despite not having witnessed one of these cases; I was informed that one of the most predominant presentations to the emergency department at this hospital was due to snakebites. We were informed that the most common sites were the posterior ankle/heel area, and that they often occurred between 5pm and 7pm – this resulted in me wearing hiking boots in the evenings! The hiking boots also served to protect me from the numerous stray dogs that roamed around the surrounding area. The other presentation I commonly witnessed in the ED was acute exacerbations of asthma – predominantly in children and babies. As a result, the hospital has a dedicated 'asthma bay' – however this 'bay' is located in what is essentially the corridor, with no curtains or anything that allows for privacy. The point of that however is so that the asthmatic patient can be observed for deterioration by anyone nearby. The main feature of the bay was the oxygen on the wall – attached to which patients would be seated there for as long as they would need. Their treatment also deviated from the BTS guidelines we are familiar with.

San Ignacio as an area is beautiful. As the hospital was generally rather quiet, we were given ample time to explore the country. Nearby there were caves and waterfalls, further out, we were able to visit one of the islands off the shore of Belize – Caye Caulker, where I was able to undertake some amazing open water deep sea diving.

The overall experience was epic, it isn't possible to convey it all in a few short words, but my general consensus is that all medical students should be encouraged to undertake an elective in a less developed foreign country – if not for the unique medical experience, it should certainly be at least for the survival skills and self awareness we come away with after throwing ourselves in at the deep end.