

Elective Report

Dates of elective – 21/04/2014 – 30/05/2014

Elective address – San Ignacio Community hospital. Bishop Martin Drive, Cayo District, Belize

Elective contact/Lead consultant – Dr Guillermo Rivas

Speciality – Accident and Emergency, Obstetrics and Gynaecology

Introduction

- Belize is a small country in Central America bordered by Mexico to the North and Guatemala to the west. Due to its historical links with Great Britain and its close proximity to its Latin America neighbours, Belize has a very ethnically and culturally diverse population, with influences from Great Britain, America, Hispanic/Mestizo, Kriol/African and Mayan groups. I chose Belize as my elective destination primarily because of its diverse population mix, the high proportion of English speakers, and its economic + healthcare differences compared to the U.K.

Describe some of the differences in A+E presentations between the UK and Belize in regards to disease presentation and management.

- Sag Ignacio Community hospital is a small 'Level 1' hospital meaning it only has limited resources to deal with acute emergencies; these being sent to the nearest Level 2 centres in Belmopan or Level 3/tertiary centre in Belize City for the most serious cases. Given its limited facilities and rural setting, the majority of cases seen were similar to typical cases found in NHS walk in centres including cuts, fractures and paediatric illness. There were however some major differences in regards to the diseases encountered. For example, a rare however not uncommon presentation was of snake bites, especially with young children/teenagers whilst playing in the grass. The major species of venomous snake in the area included Bothrops, (pit-vipers), Coral snakes and Barba Amarilla (Yellow bearded snake). Whilst on my placement I witnessed one of these in which a young child was bitten on the ankle. Specific protocol exists on the management and anti-venom given depending on the type of bite, symptoms present and description of the snake. This included

monitoring observations for signs of deterioration/fever, inspecting for any snake fangs left in-situ around the wound and checking bloods, particularly clotting, for any derangements caused by the snake venom. In this case, the child was unharmed aside from a painful ankle however such cases were an invaluable learning experience.

The hospital was equipped with 1 resuscitation bay, an asthma treatment bay where oxygen and nebulisers could be given and around 6 inpatient beds mostly used for maternity cases. Despite the small size I was surprised at how familiar the equipment/working environment was to the U.K. For example, whilst a lot smaller, the resuscitation bay, oxygen mask, cash trolley etc. were arranged just like they are in the U.K and I found I became familiar with the hospital very quickly.

Describe the differences between the organization of the healthcare system between the UK and Belize.

- Obviously health-care in the U.K is in the mainstay provided by the NHS with private companies providing a small % of healthcare. In Belize, the healthcare system is more of a mixed public and private set up. Most public hospitals provide care in the major specialities such as internal medicine, surgery, paediatrics and Obstetrics and Gynaecology, although the service they offer is more basic than that of UK standards. Private healthcare is more prevalent than in the UK, with many local hospitals and town centres having private clinics in various specialities. Given the economic differences between the UK and Belize, public healthcare/hospitals can be relatively under staffed and under equipped. For example San Ignacio community centre had a mortuary however no pathologist, and transfer times between San Ignacio to the bigger regional hospitals could often take greater than 1 hour. Despite this, there were some areas where the infrastructure surprised me. For instance, the computer systems allowed you to access patient notes, scans and blood results for all patients that had been currently/recently admitted from any hospital in Belize. I found this quite amazing as I have seen many times in the UK difficulty accessing scans between 2 hospitals in the same NHS trust (i.e. the Royal London and Newham).

How does the management of labour/antenatal period differ between the UK and Belize?

- Although this wasn't one of my original objectives, during my placement at San Ignacio community hospital I spent some time in the maternity unit as this was the speciality of the hospital's lead consultant. Ante-natal care is free and they try to offer many of the same basic services as the UK such as screening for gestational diabetes, pre-eclampsia and classifying pregnancies into low and high risk for extra monitoring etc. One of the major differences is in regards to healthcare attitudes towards pregnancy. In the UK some contact is usually made with a healthcare professional in the 1st trimester and a booking visit/dating scan is performed early. In San Ignacio however, one of the major problems is trying to get expectant mothers to access antenatal services earlier, with it not being uncommon for the 1st contact not occurring until the 3rd trimester. In regards to the management of labour, again San Ignacio community hospital had limited facilities, no operating theatre, and as such all high risk pregnancies/Caesarean were transferred/booked for level 2 hospitals. For women giving birth at San Ignacio community hospital, there were many differences compared to a UK labour ward. Women typically did not come to the hospital until well in the active phase of labour (often around 5 cm dilated) and the length of labour rarely exceeded 6 hours. Even more surprisingly, the hospital had no facilities for pain relief !!! There was no anaesthetist to provide epidurals, no stocks of pethidine/morphine based pain relief and for the majority of the time no/very low supplies of Entonox/gas and air. This really opened my eyes to both the limited resources the doctors in San Ignacio were working with, and also the cultural and psychological aspects involved in how much pain relief required in labour.

Thank You

- I thoroughly enjoyed my placement and time in Belize and would like to thank Dr G. Rivas and all the medical staff at San Ignacio community Hospital.