

## Elective Report 2014

Christopher Wild

[ha08364@qmul.ac.uk](mailto:ha08364@qmul.ac.uk)

Elective Location: Western Regional Hospital, Belmopan, Belize

Elective supervisor: Dr Jesus D Ken

Set Objectives:

1. Describe the needs of the population with regards to anaesthetic care and compare this with that of the U.K
2. Describe the provision of acute care in Belize and compare it with that of the U.K
3. To develop an understanding of common pathology in Belize and contrast it with that of the U.K
4. To become more confident in dealing with common practical procedures in preparation for Foundation Year 1.

During my time at Western Regional Hospital, I saw a wide range of pathologies. However, the pathologies we were encountering were vastly different to those in the U.K. In the UK, a developed country, infectious diseases play a relatively minor role overall. In London, this is to a lesser extent, given the wide range of backgrounds and cultures. In the UK, cardiovascular and cerebrovascular diseases are the leading causes of death. Although this is still common in Belize, it is to a lesser extent. Malaria, cholera and Dengue fever remain endemic in certain regions of Belize, particularly the poorer areas. Better sanitation and clean water provision have helped reduce the incidence of some of these pathologies. Also, treatment for malaria has improved massively over recent years. However, they are still prominent.

During our time in Belize, we noticed many HIV/AIDS campaigns written on billboards suggesting that this is a concern high on the Government's agenda. Again, this is in contrast with the UK where HIV/AIDS is a lesser concern as anti-retrovirals are available despite their cost. Trauma is very common in Belize, either through violence in gangs or by road traffic accidents. The standard of driving in Belize is very poor. The cars and trucks appear to be very old and there appeared to be no real speed limits. If there were, they were neither obvious nor strictly enforced. We noticed that seat belts were rarely worn by drivers and many vehicles did not have them. As well as this, the standards of the roads were poor. Tarmac roads were few and far between with many roads having pot holes and loose gravel. Taking all these conditions into account, it was no surprise to me that road traffic accidents are exceptionally common in Belize. Again, this differs to the UK where car safety is taken

for granted and speed is monitored almost everywhere you go either by speed cameras or by the police.

The doctors were very welcoming and allowed us to get involved in patient care. Despite their heavy workloads and long hours, they still provided teaching for us when possible. Because of this, we were encouraged to get hands on experience in comfortable surroundings with supervision. This involved taking bloods and giving fluids.

As expected, there were differences in techniques and certainly equipment while I was out there which was different to what I was used to. This was good as there are differences even within the UK with different trust policies and equipment. The skills are transferable and I felt that I have developed a lot more confidence in doing these procedures which I think will help me when I start my job in August.

Healthcare in Belize is provided both publically and privately, making it pretty similar to the UK. Public healthcare is available to everyone. We were told that most of the funding is given to Belize City Hospitals which perhaps explains understaffing and lack of resources. However, private healthcare is playing an increasingly important role, now providing for about 15% of the population

In Western Regional Hospital, anaesthetic care is very different to that of the UK. Given the population which the hospital covers, there is only one anaesthetist covering two operating theatres. There are anaesthesia nurses providing the anaesthesia under senior supervision. Induction procedures are similar to that of the UK and so too are basic monitoring equipment such as electrocardiography and capnography. However, given the amount of trauma that the hospital encounters, I was surprised that there weren't more operating theatres and surgeons/ anaesthetists present.

Postoperative care is very different to the UK. I was very surprised when we were showed the intensive care unit of the hospital. It was a small room with the entrance being obstructed by equipment. It had two beds in it and the only noticeable difference between that room and the general wards was that it was air conditioned. Both beds were in constant use throughout our stay, suggesting that there is a demand for beds. I was surprised that there were only two. The patients were looked after by the nurses and the team which they were under. There was little in terms of sophisticated monitoring equipment like there is in the UK.