

Elective objectives

- 1) Describe the pattern of disease/illness of interest in the population from what you see in your time in Belize and discuss this in the context of global health.
- including exploring causation of high HIV rates in Belize

The pattern of disease is different in Belize compared to other countries, although conditions like hypertension and diabetes are prevalent, other health problems like infectious diseases often dominant differential diagnoses. Due in part to the warmer climate and the reduced hygiene provisions in certain areas. For example in consultation with one of the general practitioners a female patient came in with retro-orbital pain, a symptom which could indicate Dengue fever. I feel this differential diagnosis would be viewed with more alarm in the UK but as this condition is fairly common in Belize – it can be rapidly managed effectively. This is especially true for rainier seasons when dengue fever is all the more common. Also another condition - Chagas disease is more common in Belize due to the nature of the disease. The disease is transmitted by a bug which in Belize is sometimes present in the thatched roofs of houses. The bug drops down to bite victims and infects them. Malaria is another condition which is prevalent in certain areas in Belize particularly the southern districts due to their warmer climate. For this reason I did not see many cases of malaria as I was in the Caya district which is more central Belize.

Snake bites are not uncommon in Belize. When patients are bitten often nursing staff – the first to triage the patients - are presented with remnants of the snake. This is because the public are very aware that different snakes can have different effects of patient's bodies due to the effect of toxins. Patients bring in the snake in the hope that an effective antidote can be quickly prepared. At San Ignacio hospital to keep track of which snakes are venomous and which are biting people with a greater frequency – records are made and brought in snakes are often preserved. This is very different to areas of the world where snakes are not prevalent in particular not venomous snakes - such as the UK – where adders are one of a minority of species which rarely bite the public.

HIV transmission rates are high in Belize because of a lack of earlier preventative measures. Earlier less sex education was taught and HIV had a social stigma attached to it. Also in Belize homosexual transmission of HIV is prevalent due in part to communities not always accepting homosexual individuals. Therefore people are less likely to come to consultations where questions may be asked about their sexual history or orientation. Female and male homosexuals also tend to be treated differently with the former facing less discrimination. As well as a lack of education a lack of resources means that HIV testing is not as widespread and is not always undertaken by susceptible individuals - as for example Belize's European counterparts who have high rates of HIV in their main cities.

2) Describe the pattern of health provision in relation to Belize and contrast this with other countries or with the UK.

Belize is a developing country proven by the differences between Belize's health statistics and ones in the UK. There are fewer health provisions although ones that exist are run by the government, as in the UK. The government run hospitals such as San Ignacio hospital, although given grants by the government also accepts donations from the public – as the hospital does not receive enough money to fund resources. As a result although the hospital has blood analysing facilities for example, there are not enough machines or lab technicians to allow speedy analysis. In addition there is not a sufficient number of government run hospitals to cover the area of Belize. There are hospitals within most of the districts – which is what Belize is split into but not all these hospitals contain all the required specialities. San Ignacio hospital itself did not have adequate surgical facilities so any elective procedures were sent to Belmopan. This is problematic for patients, as travelling to Belmopan takes time and money which not all patients have the luxury of. The major problem however that a lack of surgical facilities causes is a lack of emergency resources in urgent cases. This could result in avoidable deaths. Although surgical cases are sent to the capital Belmopan, if the case is serious enough to need urgent intervention the patient will immediately be sent to San Ignacio hospital where the patient will be aimed to be stabilised and then moved promptly to the capital. A similarity between the Belizean health care system and the UK is that a small fee is charged for prescriptions. This is required in both countries to help with funding other resources and facilities.

3) Health related objective – to understand HIV/AIDS transmission in Belize and health protection measures against it.

HIV infection transmission is mostly through sex in Belize where both homosexual and heterosexual transmission routes are prevalent. As discussed social stigma, lack of education and resources to allow for widespread testing means that HIV transmission rates are persisting to be high. In Belize preventative measures in the form of health promotion through safe sex posters are being used to tackle high HIV rates. Also most clinics especially family planning ones recommend HIV testing to patients – so at the very least HIV transmission for the next generation is being tackled.

4) Personal/professional development goals. To include some reflective assessment of your activities and experiences.

I aim to ensure that I take into account cultural differences in attitudes towards healthcare. I will also be sensitive to any social stigma of any condition that I am aware of. This is because from my time in Belize I have learnt that an appreciation of cultural and social differences together with effective communication skills, to counteract any misconstrued notions, can aid patient care immensely. I have also learnt since time is limited in clinic it is sometimes

better to labour one important point than just touch on lots of points that the patient may not recall later.