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KREPSKI

GENERAL

MEDICINE

Reflection on objectives for the elective

After spending my elective within Belize City, the largest city in Belize, I feel I have been able to gain an adequate overview of the services available. I spent some of my time within the primary and secondary care systems. Belize has a relatively high GDP per capita of US\$5970¹ for a developing country, however due to the inequality and the relatively high cost of living, 43% of the population live in poverty².

What are the common diseases that affect patients in Belize and how do they compare with the UK

The conditions affecting patients that I met in Belize are very similar to those I would meet in similar settings in the UK. The majority of patients presented with either upper respiratory tract infections or gastroenteritis. These were the same complaints I encountered commonly during my time within paediatrics.

In Belize there are some chronic conditions which patients have that are managed within primary care, just as is normal within the NHS. However there are only three conditions managed in such a way in Belize, these are: Diabetes; HIV; Hypertension. The cardiovascular complications of diabetes and hypertension are one of the main causes of death in adults, in Belize¹.

I did not meet many who had contracted a tropical disease whilst in Belize City, however tropical infections such as malaria are endemic in the rural areas of the country¹. Thus if I had done my elective in San Ignacio – a rural location – perhaps I would have come across these infections.

Within the UK many patients with mental health disorders such as clinical depression, are managed in the community. However, the management of these conditions is not covered by the National Health Insurance in Belize. This is presumably why I did not meet any patients presenting with acute or chronic mental health problems.

How does the Belizean health service operate and how do health professionals manage its scarce resources

The Belizean Healthcare system is provided by a mixed system, with both private and governmental financial backing.

¹ World Health Organisation. Country Cooperation Strategy: Belize (2009). Available at: http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_blz_en.pdf [Accessed: 9/05/12].

² Index Mundi. Belize Economy (2011). Available at: http://www.indexmundi.com/belize/population_below_poverty_line.html [Accessed: 9/05/12].

The government operates public hospitals such as Karl Heusner Memorial Hospital, which is the referral hospital for the whole of Belize. It provides services for everyone, including those who cannot afford to pay.

There is also a National Health Insurance (NHI) which provides low-cost healthcare to all Belizeans. The NHI covers most primary care services, including consultations, standard laboratory investigations and some imaging. For example a patient can have a full blood count and a chest radiograph if needed free of charge. However expensive procedures such as CT-scan, will have to be paid for by the patient. Most prescriptions are covered and the patient will have to pay only 10% of the cost, however specialist medications will have to be paid for by the patient.

Other areas that are covered by the NHI include paediatrics and obstetrics³.

For a consultation with a specialist, patients have two options either to wait for care from one of the public hospitals or to attend one of the private hospitals.

There are multiple private hospitals in the country and I spent some time with one called the Belize Healthcare Partners Limited. Here patients will be able to see a specialist at any time, however there is no subsidy for consultations, investigations or management from the government.

The scarcity of medical resources has highlighted to me the importance of the use of good clinical reasoning and acumen. After taking a thorough history and then clinical examination, doctors can then assess the need for investigations and pharmaceuticals. I think it can be all too tempting to order certain investigations or use medicines when they are not always needed. For example one child I met, presented with a mass behind their ear. After taking a history and examining the lump, the doctor had several differential diagnoses. However by using their medical knowledge and experience they were able to rule it down to an enlarged lymph node. Ideally they would have then ordered imaging of the head. However, unlike in the UK due to costs this was not possible

To see how medical conditions seen in the UK present compared to Belize

As I have explained earlier medical care provision is available to all at a very low cost or even free. Therefore I expect this is the reason why I did not encounter patients who presented with a very late stage of disease. Just as in the UK, patients with an illness will not be deterred from seeing a doctor due to monetary reasons.

In Belize certain chronic conditions such as hypertension and diabetes are monitored in primary care. Something I did notice was that patients in Belize suffering from these conditions were much younger

³ Belize National Health Insurance handbook (2009). Available at:
<http://www.socialsecurity.org.bz/download/handbooks/NHI.pdf> [Accessed: 9/05/12].

on average than those in the UK. I have to wonder whether this is related to the 45% obesity rates amongst the women in Belize⁴. After living in the country I can also appreciate the diet that many people eat here, which is very high in fat and carbohydrate, with a low intake of fruit and vegetables.

To become aware of how it feels to work as a health professional outside of your native country

When I first arrived in the hospital in Belize I felt very out of place. However I get a similar feeling when I arrive at any new hospital in the UK, then after a couple of days I feel at home. The same happened here.

Living in London – a multicultural city – I am used to the diverse population that lives in Belize city. However being one of very few Caucasian people in the hospital I did always feel like I stood out and that people were watching me with curiosity. Apart from the intrigued stares I was treated by all patients as I would in the UK and often with more respect. I think this experience has definitely given me the confidence to work abroad in the future.

I think that an area that would be harder, is getting used to not being able to use as many investigations and treatment as are available in the UK. Confidence in your own abilities though would grow with time and you would just have to adjust to that mindset.

References

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⁴ World Health Organisation (2012). Belize: Health profile. Available at: <http://www.who.int/gho/countries/blz.pdf> [Accessed: 9/05/12]