

Dayananth Mathanarajah Elective Report and Reflection

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Dates of Elective: 9th April 2012 – 15th May 2012

Location:

Acute Medicine/Obstetrics & Gynaecology

Dr Guillermo Rivas (Womenclinic@belizemail.net)

San Ignacio Hospital

17 Bullet Tree Road

Cayo District, San Ignacio

Belize.

Report

How does healthcare in Belize compare to that in England?

Prior to arriving at the hospital in San Ignacio, I didn't really know what to expect in terms of healthcare in this less economically developed country in Central America, but I did however expect that healthcare out there would have to be paid for in a private manner. However, it turned out that care was provided for free although care could also be provided via private care in some clinics for those who could afford it. In this manner healthcare in Belize is very similar to what is available in England.

What are the prevalent diseases/conditions affecting the population of Belize?

During my time in San Ignacio hospital, I mainly shadowed Dr Rivas, a consultant in Obstetrics and Gynaecology. When I first got there Dr Rivas gave us a talk about the kind of things we were expected to see there. This included the likes of stabbings, gunshot wounds, snake bites and occasionally patient suffering from Dengue fever.

He also gave us a lot of information regarding the epidemiology and other interesting statistics regarding Belize. For example, it has a population of 321,115 where the birth rate is 26.43 births per 1000, and the mortality rate is 5.87 deaths per 1000. HIV is also highly prevalent in Belize, where HIV and AIDS have a rate of 2.3% when last calculated in 2009 and the death rate from HIV/AIDS being around 500 per year.

Infectious disease is also a major problem in this country, namely Hepatitis A, typhoid, malaria, bacterial diarrhoea and, as previously mentioned, dengue fever.

How was it communicating with a language barrier?

If I'm being honest, my placement in San Ignacio did not give me a great challenge in terms of communicating with a language barrier and the people of Belize can speak English as well as Spanish and other national dialects. It was however a different prospect when taking histories and carrying out examinations of the patients, as the way things are phrased and asked are done in a different manner. It was also interesting to note that the medical terminology used amongst the professionals is pretty much exactly the same.

How does the doctor-patient relationship differ in Belize to that in England?

It was interesting to see how the patients relationship with doctors differ to that in England. For example in England the relationship is seen more as a partnership with the doctor and the patient discussing their approach to the condition with each other, and the options in terms of how they will be managed or treated, whereas in Belize this wasn't really the case. It was more of a one-way

relationship where the doctor pretty much dictates how the patient will be managed with the patient having a pretty limited input into it.

Another thing that I found interesting was the fact that confidentiality is not really as much of an issue as it is in England. Here in England, we go to great lengths in order to maintain patient privacy, and for good reason too, however in Belize there were instances where a doctor was carrying out two separate consultations in the same room at the same time! If this was carried out in England it would have been thought off as ridiculous, however in Belize it would seem that there is not enough emphasis placed on patient confidentiality.

How was the experience overall

Overall, I feel this was a great worthwhile experience to carry out. It was a good learning opportunity and it was a good experience to do some work outside of the NHS and England, to take in a new approach to medicine with different limitations and a different culture. I would recommend this work experience to other students looking to do some work experience in a foreign country.