

## Elective Report

I undertook my elective at the Western Regional Hospital in Belize. Belize is a small country that is located in Central America and has a population of around 350,000 individuals. Belize was previously a British colony; therefore the official language spoken in Belize is English. Usually travelling to foreign countries has the limitation of language barriers however due to English being spoken throughout the country it made it easier to communicate with the local inhabitants. Belize though small is a mix of many different cultures, ethnicities and languages, making it a diverse country to study medicine in.

### How do the medical services in Belize compare to those that are available in the UK?

When we first arrived at the hospital I was surprised at its small size. The hospital serves a large region in western Belize and all major health problems present themselves to this hospital. The hospital had only 2 wards, one that had beds for the medical, surgical and paediatric patients and the second was for maternity. The emergency department was again small having four beds available for patients. The busiest part of the hospital was the outpatient department; it consisted of several rooms off a main corridor, which was lined with patients awaiting their turn to see the doctor. I was surprised that this small hospital was capable of accommodating so many people considering it only had a few dozen beds available. When we arrived we were given a tour of the hospital. The doctor who gave this tour was a general surgeon who had worked at the hospital for many years and was clearly passionate about his job and the hospital. He took us around showing us the buildings and the small improvements and extensions to the hospital that had taken place over the years. He informed us that though this was the biggest hospital in the area, it only had an X-ray and an ultrasound machine available. If patients needed any other forms of imaging they would have to go to the capital, Belize City. This presented many problems, for example if an individual came in with major trauma, the surgeons without imaging such as a CT would have to open up the patient to look for damage of the internal organs. This huge limitation in their imaging techniques meant that the most important tool the doctors had was their clinical examination which guided them to what should be done, and at times this meant taking extreme measures to help patients. After hearing this I realised no matter how much we complain with the NHS and our hospitals back home, we are very privileged to have the excellent health care we receive. Even small hospitals have a range of different imaging modalities including CT scanners.

I was surprised to learn that the healthcare in Belize was free to the citizens, which is something that I did not expect. The imaging that was undertaken, as well as some of the tests however, was charged by the hospital. For example if the patient wanted an x-ray or ultrasound scan, they would have to pay. This made me realise that it must be difficult for individuals with little spare income to pay for investigations for their health. Furthermore, it may put some individuals in a very difficult position; whether to have tests and investigations done and pay for them or not to have them done and potentially risking their health.

Back in the UK doctors are trained in how to communicate patient's with unpleasant news, to be understanding and empathetic, they are also taught to respect the patient's privacy and space. In Belize however these skills were not practiced in the hospital we worked in. For example on one occasion a patient entered the emergence department complaining that a fly had flown into her right ear. The doctor sceptical of her claim questioned her on the incident and then eventually had a look in her ear. The patient was scared of the instrument examining her ear and secondly was in some pain and therefore the doctor had great difficulty in examining the patient's ear; she moved as the doctor came close. The doctor became quite agitated and eventually frustrated at the patients behaviour and instead of being empathetic and speaking in a calm tone was speaking loudly and showing his frustration clearly to the patient. On another occasion I was waiting outside a room for the doctor in the outpatient's clinic when one of the nurses told me that instead of waiting till the consultation was over that it would be fine for me to walk in during the consultation, and the doctor and patient would not mind at all, even during examinations. This was true as when I was sitting with the doctor, on many occasions patients randomly walked in to speak to the doctor, and no notice was taken of the patient sitting with the doctor. These experiences taught me that medicine is taught differently in different parts of the world and in countries where money and resources are limited, health care focuses firstly on treating the patient's condition or disease and other aspects such as good communication skills and an empathetic approach come later.

#### What are the most important health conditions in Belize?

Before undertaking my elective in Belize, I read about the important health conditions in the country, and I understood that dengue fever was a very important problem. When I was in the hospital however the doctors informed me that there were few cases of dengue fever currently and due to the general awareness of the condition it was treated much before the development of serious signs and symptoms. I was surprised to be told that a very important condition that was prevalent in Belize was diabetes. Due to the diet and genetic of the population in Belize diabetes has become a very common condition with significant mortality and morbidity and is growing rapidly. There was a lot of health promotion around the hospital informing individual's about diabetes and the risks it can post to one's health. During one of the surgical ward rounds we saw an individual with a diabetic foot. He had multiple toe amputations and was in hospital due to the development of an infection at one of the wound sites. During the admission the surgeon was considering whether he would need another amputation, and decided it would depend how well the wound healed from the infection. Fortunately with a dose of antibiotics and good wound care, the infection cleared up and no further amputation was needed at present. This experience illustrated that diabetes is a large problem Belize. From speaking to the patient I also learnt that the impact of complications of diabetes in Belize is much more server in Belize than back in the UK. There were no referrals to the ophthalmologist or the chiropractor; also there was no social support system to help individuals who were incapacitated due to diabetes.

My time in Belize was thoroughly enjoyable. Spending time here showed me how medicine is practiced in an environment that is very socially, culturally and economically different to the UK. It has made me appreciate the health care resources that we have access to in the UK

and as well as the excellent opportunities and training that we receive throughout our careers in medicine in the UK.