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Elective Report –San Ignacio Community Hospital, Belize 2012
Mohammed M Rahman

The government is the main provider of health services. San Ignacio Community Hospital is a local hospital catered to around 20,000 residents of San Ignacio. The hospital has a small Accident and Emergency department and a Maternity ward and serves as a poly clinic rather than a hospital. Patients requiring more complex emergency treatment or a higher level of maternity care are transferred via ambulance to the capital city, Belmopan which is 20 miles away. There is no medical school in Belize and doctors who practice in Belize have been trained in neighbouring countries such as Guatemala and Mexico, and some are educated in medical schools in the United States.

A major reform of the health sector, including reorganisation of services, infrastructure development and financing is currently underway designed to improve the efficacy and quality of health care services and to promote healthier lifestyles. Services provided by the regional hospitals such as San Ignacio is complemented by national programmes for maternal and child health, environmental public health, education regarding nutrition, communicable disease control and HIV. The leading causes of death in Belize are due to heart disease due to a poor diet, diabetes, hypertension and road traffic accidents.

The main focus of my elective was Obstetrics and Gynaecology. Belize has a maternal mortality rate of 94/100,000 (WHO 2003) compared to 12/100,000 in the UK. Whilst sitting in clinic, I observed many women who had poorly controlled hypertension and subsequently had pre eclampsia. Pre eclampsia and eclampsia are the leading cause of admission in the maternity ward in San Ignacio Community Hospital. A free prenatal care service is available to all pregnant women carried out by community midwives. However, it is often the case that expecting women only attend once to a prenatal clinic and attend the hospital again during the delivery. Thus high risk pregnancies are often missed.

A new digitalised online health information system links the Ministry of Health with the country's public and private hospitals, laboratories and clinics. The system allows data to be made available to authorized users anywhere in the country almost as soon as they are entered in the system. Benefits include the use of alerts and reminders to decision-makers connected to the system, a greater ability to track and monitor infectious disease outbreaks. This system enables health care professionals to track attendance to prenatal clinics.

A major recent improvement is that women are now allowed to bring a companion into the delivery room with them, which is something that up until 2009 was forbidden. Women are now favouring giving birth in hospitals than at home. In the cases where women live in remote villages, it is often the case that healthcare workers will travel to the individuals. Caesarean sections are rarely carried out in Belize. This is due to the lack of operating theatres in the community hospitals. A complicated delivery requiring emergency caesarean section will have to be transported to a hospital in a major city, which can often take a while to reach.

There are vast differences from the standard of care delivered in the UK when compared to Belize. The scarcity of resources due to Belize being a developing country with a very small population meant that the standard of care and infrastructure differed vastly from the UK. Most wealthy Belizeans would choose to go abroad to the United States for medical treatment. The hospital which appeared to be clean had very basic facilities, and although each member of staff was dedicated and passionate about their job, the hospital was very understaffed. A very small number of patients were ever admitted on the ward.

We take for granted the readily accessible services available to us. The patients had a far greater trust in their doctors in Belize. This may be due to the lack of higher education in Belize and a far less understanding of basic sciences. There is also a far greater respect for doctors in Belize when compared to the UK and Europe. One thing that bemused me during the elective period is the lack of patient privacy on the ward. Cases are discussed openly between healthcare professionals and there are no curtains to draw around the bed. However, the patients did not seem to be phased by this and were more than happy to be seen by the doctor and to be examined in front of other patients. More intimate examinations however, were performed in one of few side rooms. Whereas in England there is a large focus on gaining consent for any examination or intervention carried out on the patient, this was not the case in Belize. Patients were often told what to do and expected to comply. Patients were often poorly compliant, resulting in the doctor telling them off and being very blunt with patients. I did not see any use of alcohol gel in the hospital and hands were not routinely washed from examining one patient to the next.

Belize is a majority English speaking country due to its colonial history. However there are also Spanish and Caribbean influences and thus Spanish is also largely spoken in Belize. This made Belize an ideal place to gain clinical experience in a country whose culture is far different from that of the UK. Despite English being the national language, many patients conversed in Spanish with the doctor, whilst mixing in the odd few English words which made understanding the clinical picture a little more challenging. The doctors were kind enough to translate from time to time so we were not totally clueless as to what was going on. I noted that no permission was sought to have a medical student present during the consultation. Although most patients were pleased to see foreigners take an interest in Belize

To sum up my experience in Belize, I met some highly skilled and dedicated members healthcare professionals who genuinely wanted to care for their patients, only to be frustrated by the lack of resources available to them.