

## Elective Reflection and Report

OBS + GYNAE

Acute Medicine/Obstetrics & Gynaecology  
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### Introduction

Belize located in Central America, just south of Mexico is a small, predominantly English speaking country with a total population of 321,115 where the birth rate is 26.43 births per 1000, and the mortality rate is 5.87 deaths per 1000. Here in San Ignacio community hospital I spent 5 weeks working with doctors in the acute medicine and obstetrics and gynaecology departments.

### Language Barriers

Although predominantly English is spoken Belize I was fully aware before going that Spanish was still widely spoken (being in Central America) and I saw this as an opportunity to work through any language barriers that may have been present which is a skill that would be transferable to working across the ethnic diversities of England. I was also keen at the same time to improve my basic level of Spanish that I had developed from previous medical experiences in Hispanic countries.

When speaking to patients where language was a particular problem I soon developed a system of simple hand gestures and effective use of nonverbal methods of communication, which placed me in good stead to tackle this problem in the future. However, I must admit that with a basically knowledge of Spanish this problem was alleviated slightly. I would be interested to try such methods in a country where I speak none of the language to see if my nonverbal communication has improved as a result of this experience. I should hope that it has.

### Learn about the common diseases and how they are managed in Belize

This placement would also provide me with an opportunity to gain insight into the standard of healthcare in another part of the world and also to view a spectrum of different pathologies which I may not have had exposure to in London.

One of such diseases was HIV; although by no means unheard of/unseen in UK it is widely prevalent within Central America and particularly in Belize. I wanted to find out why this was. I spoke to both healthcare practitioners of San Ignacio Community Hospital as well as the patients attending the clinics. I was fully aware of the sensitive nature of such discussions and hence had to use a bit more tact when approaching such patients or such situations.

In terms of the prevalent diseases/illnesses in Belize, the leading causes of death in Belize are:

- cardiovascular disease
- diabetes mellitus
- hypertension
- road traffic accidents (RTAs)
- cerebrovascular disease
- HIV/AIDS

As for infectious diseases, cholera and typhoid are deemed low risk, while Rabies is present. Honey bees in Belize are virtually all now Africanized. Chagas disease, or the "kissing bug" disease, is occasionally present in the thatch roofs of poorly maintained structures. There is a very marginal risk of Filariasis and Onchocerciasis. Dengue fever is uncommon but Dengue Haemorrhagic Fever has been widespread in the Yucatán, sometimes occurring in the Cayo district in Belize, especially during and just after the rainy season. Sand flies are common in mangrove swamp areas, and can cause Leishmaniasis. Several thousand cases of malaria are reported in Belize every year, mainly in the south and in remote areas of the north and west.

### **How does Healthcare in Belize differ from that in UK**

As a developing country of a relatively very small population, health provisions in Belize are scarce. Seven district hospitals provide the basic structure of healthcare services in Belize. These hospitals are divided into 4 regions, comprising of the Karl Heusner Memorial Hospital, a national referral hospital in Belize City, three regional and three district/community hospitals, approximately 40 health centres, 30 health posts and a mental health facility.

There is also an infirmary, which can be compared to care home in UK, which provides palliative care for those that are terminally ill. Whilst there is no medical school itself in inland Belize nurses are trained at the Belize school of nursing. There is however, a new offshore medical university, nonetheless a majority of the doctors I spent time with were actually trained in neighbouring countries such as Mexico.

Whilst most Belizeans get free or low-cost care at this system of government-run hospitals and clinics around the country, there are also doctors with private practices who offer services for a fee.

The scarcity of resources means that the medical system differs hugely from the UK; Western Medicine is at a complete loss when it comes to curing such epidemics as cancer, AIDS and the common cold. For a serious illness such as a heart disease, wealthy Belizeans have to cross the borders for good medical attention, opting to travel to neighbouring countries such as Mexico or even to the United States.



## **Reflection**

My elective in San Ignacio Community Hospital in Belize was certainly an enjoyable experience. In some ways it was what I expected but in others it really was not. It truly gave me an opportunity to appreciate how fortunate at times we are as medical professions in the UK. The limited resources that the healthcare professionals in such countries often have to work with gives me a greater appreciation of the healthcare in the UK.

I gained some fantastic clinical experience in the hospital and I am sure my experiences there will aid me in my future endeavours as a medical practitioner in which ever field of medicine I end up in.

One of the best experiences of this elective was, somewhat surprisingly, the sense of community that I developed in San Ignacio, which is a community so far removed from my own. Spending five weeks in a small town like San Ignacio allows you to get to know people within the town very well and develop relationships with genuine people, which I found a great experience. I was well and truly an emotional goodbye at the end of it all!

Initially I was a little disappointed with the accommodation that had been organised for us through of the doctors at the hospital. However, we then took it upon us as a group to locate another place to stay. The main problem being the lack of air-condition initially as temperatures could climb to as high as 40 degrees during the day and not having air-conditions was a serious problem initially. However, this was a problem that was fixed quite speedily and we addressed our concerns to those involved in booking the accommodation and they were more than understanding.

I certainly would recommend this placement to other students. The placement allows for plenty of opportunity to see a beautiful country. However, as a word of advice I would avoid Belize City as a holiday destination and on the contrary use it as a through-route to getting to much nicer (and safer) places in Belize. This is the advice we received from a majority of locals in Belize.

The cheapest way to get to San Ignacio is to take a flight into Cancun and to take an overnight bus to Belize City and then change bus to get to San Ignacio. As a word of advice to people considering this elective in future; this journey is quite long and can be uncomfortable so I would recommend that full research is done into all the travel options before undertaking this journey as it may not be suited to everyone.