

Elective Objectives Report – Alexander Bevan

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Objective 1

Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in context of global health.

Belize has the highest diabetes related deaths in the Caribbean area. It also the single biggest cause of death in Belize, with 10% of the population dying from diabetes or diabetes related illness. In addition to this, certain co-morbidities/complications of diabetes are also particularly rife in the country: 30% of males and 22% of females have hypertension; 25% of males and a staggering 45% of females are obese; and 23% of males smoke (compared with 3% of women). With these statistics it's not surprising that diabetes 'related' deaths are the most common. Given the 'chicken egg' situation with diabetes (blood pressure, obesity, metabolic syndrome etc) it may be that the statistics are slightly inaccurate in reflecting the true prevalence of deaths relating to diabetes, but clearly it is a national health issue. This, however, is not dissimilar to diabetes as a rising problem on a global scale, including the UK and the USA. It seems to me from my experience in Western Regional Hospital, that the difference between the UK and USA and Belize was the time at which the incentive of 'lifestyle' as a factor in treating diabetes came in. Perhaps I am wrong, but I think that the push on lifestyle modification has been introduced into Belize later than that in the UK and the USA. However, even with the longevity of this in the UK and USA it still remains a severe problem there, therefore, in my opinion the public health initiatives to increase awareness of diabetes and other health related issues in Belize is in relatively early days, but it is completely in the right direction, and with a continued push will hopefully make a big difference (particularly with the younger generations) on the prevalence of diabetes and the number of 'diabetes related' deaths in the future.

Objective 2

Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries or with the UK

Belize has both private and public healthcare facilities, similar to the UK. The public healthcare is set out in many 'Health Centre's across the country, as well as a handful of hospitals across the country. The hospitals include a primary and secondary care facilities, which is (usually) different to the UK as the primary care facilities are in GP setting separate to the hospital. However the goal of these primary care facilities is much the same as the UK – to provide a 'gatekeeper' function to assess patients for their eligibility for referral to secondary care. The organisation of the public system is set up into 4 regions: Northern, Eastern, Southern and Western, and each of these has its own 'regional hospital (hence us working in 'Western Regional Hospital'). These individual regions, although public, are relatively independent with their own management. The percentage GDP that is spent on healthcare provision in Belize is 5.7, compared with the UK spend of 9.3.

In terms of my own experience of healthcare provision, although more basic in a lot of areas, and clearly from a poorer country with limited resources, the overall feel for organisation and structure is much the same as my experience of the NHS.

Objective 3

Explore patient education and government incentives for public health knowledge of diabetes, and how these compare with the UK

In recent years, in the media and through health care centres/hospitals etc, there has been a huge recognition of the prevalence, risks and effects on health of diabetes in Belize. This in turn has led to a push by the Ministry of Health of Belize for an increase of patient education, especially focussing on lifestyle but also touching on other areas. There are posters and leaflets available for the public, similar to the NHS and in the UK. They address factors such as what diabetes is; the types of diabetes; risks; how to prevent it (particularly focussing on diet and exercise); symptoms for recognising diabetes; and information on the complications of diabetes. These leaflets and posters were very much the same as I have seen in the NHS for increasing public health awareness of disease, including diabetes. (Not only for diabetes, there are clear public health poster campaigns throughout Western Regional Hospital, especially for breast feeding. This particular campaign involved providing 'official' information as well as local children creating posters which are in place all over the hospital). However, even with these awareness incentives the problem of diabetes still remains, and from my experience, hasn't really got through to the older generations, with obesity and diet still being a major problem in men and women. This may be just my personal view, and when thinking about the Belizeans in comparison with the UK, their level of knowledge and awareness in the older generations, and indeed their attitudes towards the information they may or may not be provided with, are of a similar level.

Objective 4

Personal/professional development goals.

I stated before I came to Belize I had never experienced healthcare in any other setting than the NHS and in the UK. I think as one moves through their career, whether changing areas of specialty, hospitals within the same country, or helping provide healthcare in different countries to their own, we're ultimately all building our experience of medicine and experience of meeting different people, in different situations with different problems. This is what medicine is all about; experience is invaluable. Therefore working abroad has massively contributed to this for me, even if I didn't find the hospital structure etc that different from working in the UK. It was really interesting working with the Belizean locals; I do work in a very multicultural part of London where I often come across patients of different nationalities, but here there are marked differences (for instance the incidence of machete injuries!). Further to this, being in a new country and seeing the local culture/way of life/food etc, was incredibly interesting and educational.

I hope to take the experience of working here in Belize, alongside the very nice and welcoming staff and patients I have enjoyed my time with, with me as I start to work professionally within the NHS; I'm am sure the involvement I have had here will ultimately make me a better doctor than I would have been had I not done my elective in Belize.