

Jyotsna Bhudia - Elective Report

San Ignacio Community Hospital, Belize

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Obstetrics and Gynaecology

OBS +
GYNAE

Belize is the most sparsely populated country in Central America with a population of approximately 333,200. In relation to population, San Ignacio is the 3rd largest city in Belize which is estimated to have a population of 17,000 people. There are only 12 hospitals in Belize which are either private or state funded. Each of these hospitals has a different level of care which ranges from 1-3, where the more complicated conditions and surgeries are dealt with at level 3 hospitals. San Ignacio community hospital is a public hospital and provides level 2 care. It offers services in General Medicine, Maternity and delivery but only has 16 beds.

The hospital was clean and the equipment was very basic. There was no operating theatre and so patients with complications requiring surgery would have to be transferred to Belmopan Hospital, a level 3 hospital 27 miles away. The members of staff at the hospital were highly skilled, very caring but did seem to have a large number of patients to deal with and the hospital was always busy and filled with patients to see.

Compare the differences between obstetric complications seen in Belize with those in the UK

During my time spent at San Ignacio community hospital it was very clear to see that many women only present to the hospital either during labour or because of serious complications such as bleeding. They don't inform the hospital or doctors about their pregnancies and therefore don't have the routine pregnancy checks and ultrasounds scans and so generally the doctors do not have any information about the patient or the pregnancy and a full history, examination and ultra sound scan have to be completed at the time of presentation.

This is very different in the UK as all mothers-to-be inform their GP as soon as they know that they are pregnant have to attend various GP, midwife and hospital appointments so that the pregnancy can be followed and monitored especially if the mother is known to have had any previous pregnancy issues and/or co morbidities.

Eclampsia is the most prevalent obstetric complication in Belize. In 2005 the maternal mortality ratio was 134 per 100,000 live births with 60% of deaths due to eclampsia, whereas in the UK, approximately 0.05% of pregnancies are affected by eclampsia. I got to see this at San Ignacio community hospital and I also saw how hypertension was managed. Dr Rivas would admit the patients in order to monitor their blood pressure and if necessary start the patient on labetalol as prophylaxis for eclampsia.

To understand how the health service and system works in Belize in the comparison to the NHS

The health care services in Belize are poor in comparison to the services provided by its neighbouring countries, Mexico and Guatemala but it is improving. The health system in Belize is both either privately or state funded and health insurance is available. Currently, the government is

the largest provider for health care in Belize offering good, low- or no-cost healthcare to most Belizeans. Belize has 1 medical college in the country; however the majority of doctors are trained abroad and there are a large number of volunteer doctors from Cuba.

In the UK, health care is provided by the NHS, a publicly funded healthcare system. It is free and readily available to anyone requiring the services. It provides a comprehensive range of health services with a large number of hospitals throughout the UK.

To learn about the management of common diseases in Belize

HIV/AIDS and sexually transmitted disease are very commonly seen in Belize and Belize has the highest rates of HIV/AIDS in Central America. The number of cases is rapidly increasing and the epidemic is generalised affecting both urban and rural populations. HIV is largely transmitted through heterosexual contact and the population infected is mostly within the 15-49 year old age category.

The doctors at the hospital were trying to promote safe sex and the use of contraception and would try to explain the benefits of using contraception and the risks involved otherwise. However there seemed to be a poor response to the use of contraception in general in Belize.

To learn how to communicate with a language barrier

The official language of Belize is English. However the majority of people, regardless of their ethnicity speak Belizean Creole and some 30% speak Spanish. Most of the patients at the hospital did speak English and this gave me the chance to practice and improve my history taking skills but there were a few instances when patients could not speak English. On these occasions I would try my best to communicate with the patient by using hand gestures, pointing and repeating myself. However, this would become very difficult and it would not give me enough information. I would then have to ask family members with the patient to interpret or ask the Doctor (who are all bi-or multi lingual) that I was sitting with to help me.

Having to communicate with a language barrier is very difficult and challenging for both the doctor and the patient and is something that I will have to deal with even in the UK, as I have experienced this during my time at medical school. However, it is quite different in the UK and we usually have interpreters available whether they are in person or over the phone which is very useful to have as it eases both the patient and the doctor.

Reflect on any experiences I encounter during my time in Belize

I really enjoyed my time in Belize at San Ignacio community hospital. The hospital staff were all very welcoming and they made me feel like I was part of their team. It made me realise that I do enjoy being in the hospital environment even in a foreign country and that at some point in the future I would like to go back and maybe visit other countries and practice medicine. It helped me appreciate how much we take for granted in the UK with free health care from the NHS and also how expensive medical care actually is.

If a patient reaches 40 weeks gestation, she is automatically offered a caesarian section as the risk of maternal and fetal death increases. These women are then offered elective caesarian sections for any subsequent pregnancies to avoid rupture. Caesarian sections were generally performed in a separate obstetrics theatre where the fast paced pattern continued. Surgeons were gowned and scrubbed as patients were being anaesthetised. The theatre was also crowded with junior doctors and medical students. In the space of an hour and a half 3 caesarian sections were completed. I never thought I'd a scene like this.

My experience, overall, was very enlightening. The pace of work and volume patients was a shock at the beginning of the placement. However, after accepting the way things were, I was able to look at learning opportunities. I was made to feel welcome by all the junior doctors (pre-registration house officers) which made this experience all the more enriching.