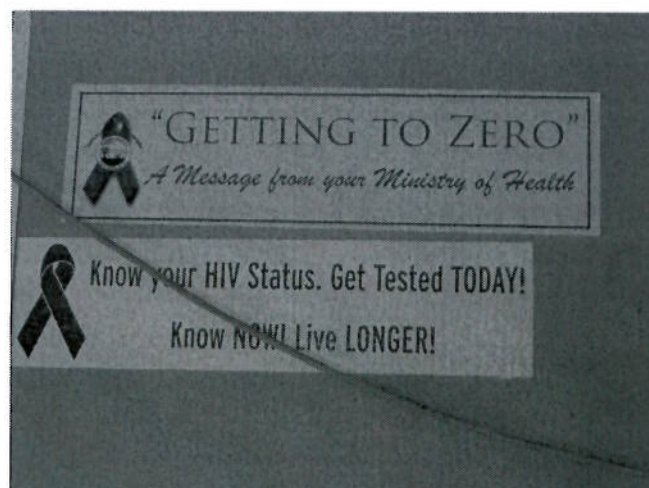


Elective Report

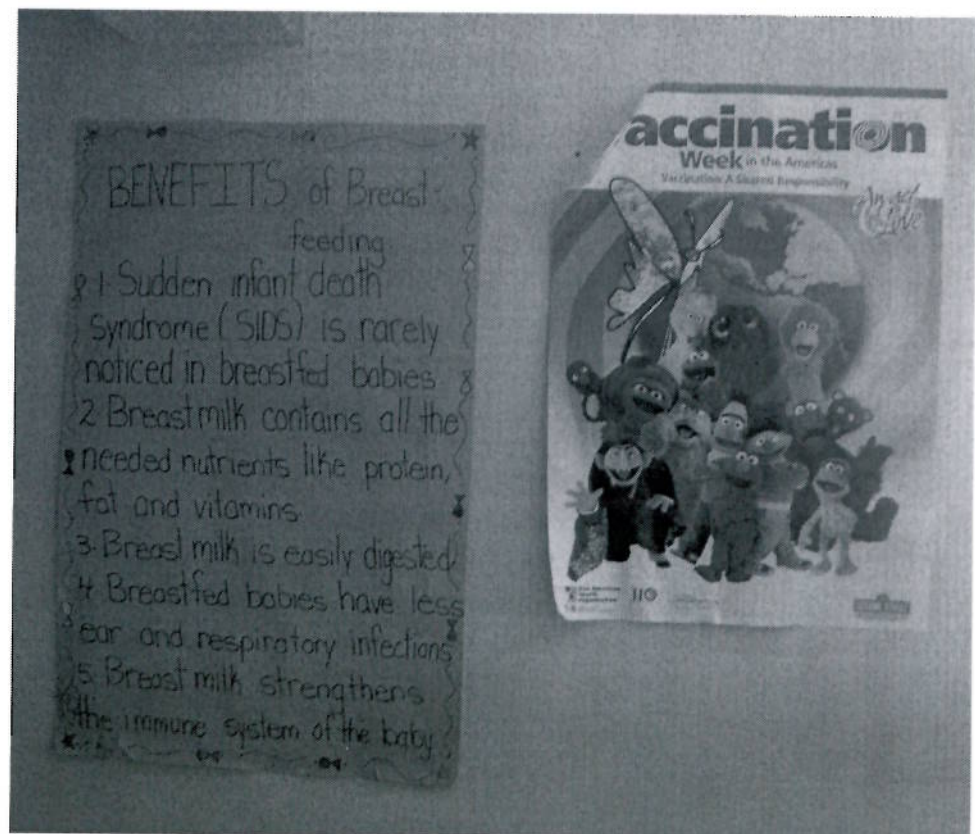
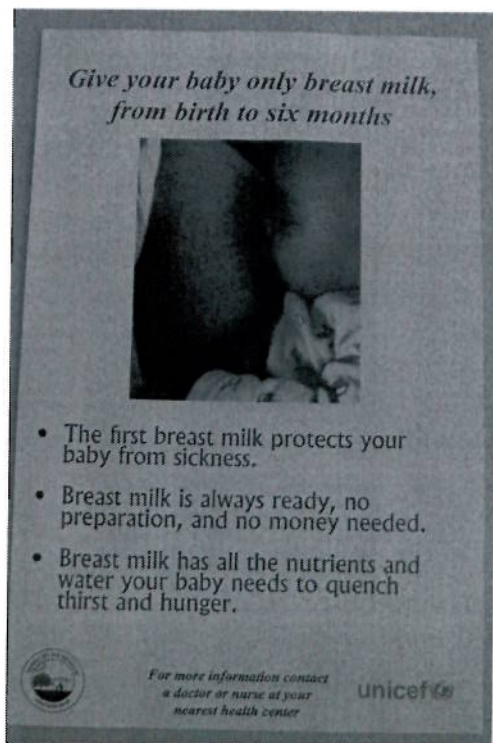
The first learning objective set out was to describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health. One of the most prevalent medical conditions that was seen in patients in the hospital was cardiovascular disease and sequale as a consequence of it. Cardiovascular disease is one of the major causes of mortality in the area. There were cases of vascular ulcers, that had become quite severe as the patient had not been aware that it needed medical attention, or not really paid attention to it, or indeed did not know what was going on. Similarly, cases of type 2 diabetes were extremely prevalent in the hospital. There were many cases of gangrene and surgical amputations of toes for example on the surgical wards. From a public health point of view, I was interested to see how these conditions were managed and whether there are public awareness campaigns on health promotion as in the UK. On the ward rounds, the consultant would spend time asking patients about their diet and exercise levels, if they have modified their diet and explaining to them that these things have a great impact on their prognosis as the Belizean diet is quite high in fat and carbohydrates. Some patients seemed to take this into account, however there were some patients that did not seem phased, and that probably were not going to make any modifications to their lifestyle. I found it very interesting that none of the patients seemed to question the opinion of the doctor, or in fact ask many questions about their condition or care.

Infectious diseases such as HIV and malaria are also other conditions that commonly present to hospitals in the country. The hospital was very keen to promote public health, with many signs up around the hospital making patients aware of things such as vaccinations, infection control and HIV testing such as the poster below. One of the new health strategies that we were informed of, to be launched soon was a campaign called "Know Your Numbers". This is to be a health initiative to encourage the public to be aware of important parameters such as blood pressure, cholesterol, glucose levels and CD4 count, to be aware and take responsibility for their own health. Also interesting, was the fact that there are also large advertisements throughout the country about HIV, increasing awareness and providing information on how it is spread.



A second learning objective set out was to describe the pattern of health provision in relation to Belize and to compare and contrast it to that of the UK. The government of Belize is the main provider of health services. This is via four health regions, each with a regional health manager. The Ministry of Health is responsible for regulation in a centralised, vertical structure. Social Security is responsible for work related disease insurance. This is similar to the UK in which the National Health Service provides healthcare to the population.

I also aimed to observe treatment regimes and public health strategies for the prevention and or treatment of illnesses common to the population and compare and contrast these to that of the UK observed in clinical practice. As I mentioned earlier, the hospital is very keen on health promotion and displays lots of posters informing patients and advising them of ways to look after their health. The new initiative of "Know Your Numbers" is another way of encouraging public awareness of health responsibility". There is a lot of health promotion when it comes to Obstetrics and Gynaecology. The hospital displays a large amount of posters promoting breast feeding, explaining the benefits and encouraging this over bottle feeding, and there are also many leaflets on this topic in the out patient clinics. Staff at the hospital have informed us that the hospital recently underwent a campaign to become 'baby friendly' and thus became very involved in promoting the health of mother and baby. Examples of two of the posters are shown below, as is a poster promoting vaccinations. This is very similar to the UK, where a large part of health promotion involves increasing awareness through posters and schemes displayed to the public.



Treatment regimes are mostly similar to those in the UK, including surgical procedures, however have limitations due to resources, which means that the desired treatment or procedure cannot always be carried out. Regarding imaging, the hospital does not have access to a CT scanner, therefore any head injury that requires a scan needs to go to Belize City, which is a couple of hours away. The hierarchy of clinical staff is also very similar to that of the UK, and it was interesting to observe the role of the junior doctor on ward rounds and compare to that in the UK; it is very similar, with the junior being expected to present each patient and explain the most up to date information to the consultant, and answer any questions of the senior, whilst recording and making notes of the clinical decisions.

The final objective involved gaining confidence working in a different cultural environment and observing similarities and differences in practices to those in the UK. Some of the similarities and differences faced have been discussed above. One difference not mentioned is that of the size of the hospital and numbers of patients and empty beds. The hospital is a relatively modest hospital and there was not a high demand or turnover of beds; in fact at any one time there were under populated wards, with quite a few empty beds. Working in a completely different environment is challenging as it takes you out of your comfort zone at first. When you are unfamiliar with a place, staff, hierarchy of personnel, as well as clinical practices and different cultures, it is daunting approaching hospital staff as well as patients, for fear of offending or not doing something correctly. However, all the staff and patients that I have encountered were extremely friendly and helpful and keen to answer questions, which made me feel at ease and comfortable. The main difficulty that was faced working in another country was that of a slight language barrier. Although most patients spoke English, and this, along with Creole, are the predominant languages spoken, there are some patients that speak only Spanish, which made it difficult for me to converse with them. In future, I think it would be very useful to take lessons in the relevant language beforehand for maximum benefit.

In conclusion, an elective abroad has exposed me to the practice of medicine from a different perspective and allowed me to observe how a hospital is run in a different environment. I have also been able to meet new, very friendly individuals, with incredible hospitality and an exciting culture. It has been an excellent experience from both a medical and personal point of view.