

Elective Report

I undertook my elective placement at San Ignacio Community Hospital in Belize. San Ignacio is a medium sized town near the western border with Guatemala, in the Cayo district of the country, one of 9 organisational districts which make up the country. It is a small nation, in the north eastern area of Central America, with a population of just 356,600 people (as of 2011). In a region predominantly Spanish speaking, Belize interestingly is a former British Colony gaining independence in 1981 and now part of the Commonwealth, and as a result, its main spoken language is English. This was a major factor in my decision to come here as I felt being able to communicate both with staff and patients effectively would be beneficial. There is some Spanish spoken however, alongside English-Creole and some Mayan speaking villages and tribes remain to this day. Its position geographically affords it a tropical climate with dry and wet seasons, and seasonal hurricanes. Its geography ranges from coral sand islands, to mountains and green forests.

1. Discuss the pattern of illness in the population presenting to San Ignacio Hospital and how this is affected by local conditions.

Before visiting this institution, I had notions in my head of a small and ailing building offering a limited service. I must say on our arrival I was surprised. There had in recent years been built a large and purpose built facility just 5 minutes by car from the main town. Although it is called a hospital, the attending staff admitted it was more of a polyclinic. The facility was divided roughly in half, with one half being a large outpatients department which held clinics every day. The other half comprised a delivery suite and obstetric wards, pharmacy, and a small emergency department with trauma room, which is where I spent most of my time. There was no operating theatre. San Ignacio community hospital was the main centre for the district, serving the entire region. I soon learned that Belize, despite its small population, has the highest incidence of HIV/AIDS in central America, with people aged 15-49 most affected. This was reflected in the pattern of illness we saw with numerous people attending the outpatients department for HIV clinics, as well as admissions to the emergency department. Around the town there were numerous posters and wall murals highlighted the HIV problem with the aim of trying to educate the local population as well as advocating people to volunteer to come forward for testing. We saw many admissions of more elderly people as well with diabetes and high blood pressure, to a small area where nursing staff did BP and blood glucose monitoring. Another major problem plaguing the area is dengue fever. Although I did not see any cases of what I came to learn is a very serious and life threatening viral illness, there was a huge public health drive within the hospital and in the community highlighting the problem and ways in which its affect could be mitigated by reducing its transmission via its mosquito host. They were pleased to say the control rates for this and other tropical infections eg. malaria were good.

2. How is healthcare organised and delivered in Belize and how does this differ to the NHS in the UK?

San Ignacio was a public hospital which received funding from the government. There are both public and private facilities available in the country with charges depending on local district policy. Patients here presented to the emergency department and were treated without charge, and also were able to

attend the outpatient clinics and antenatal services for free as well. There was no charge for the elderly, children or pregnant women. The pharmacy had a well stocked dispensary and although it was supposed to charge for prescriptions, after hours there was no cashier so often this charge was waived. HIV medication was free however. Although not all services were available in San Ignacio, what was available was available to all. This I felt was in keeping with the NHS ethos of all people being able to receive healthcare which is free from the point of entry.

3. How are emergencies dealt with in a small district compared to systems in the UK? Is there provision for trauma?

Most of my time was spent in the emergency department. This was open 24/7 staffed by a single physician and a nursing team. There was a resus bay, a ward with 4 adult beds and 2 paediatric cots, as well as a 'trauma room'. There were emergency admissions for asthma which were treated in house. Although it was called a community hospital, the staff said it was really 'level 1 polyclinic'. This meant that they should attempt to treat and discharge patients where possible. If admissions were made, the aim was to discharge them within 24 hours. During this time they would stabilise the patient and if needs be, move them on to another hospital. Often this meant going to Belize City which was about 1.5 hours away by ambulance. Trauma was reasonably common, especially in the form of car accidents which is typical of an urban population. There was little in the way of gun crime, but machete attacks are not unheard of. As I said before, the department was staffed by one physician and there is no anaesthetist, surgeon or operating theatre. When I asked about how what happens if a trauma comes in, the reply was a shrug of the shoulders and being told "you deal with it". This is of course different to the UK, in particular London, where we have a trauma network with designated trauma centres.

4. Reflect on time spent in a developing nation and what has been learned from the experience.

I thoroughly enjoyed my time in San Ignacio. I was made to feel very welcome by the staff and by the very friendly local community in which we stayed. It was pleasing to see a purpose built and well equipped facility providing free healthcare. If I were to go back I would perhaps try to spend some time another hospital in one of the larger cities for comparison. It was interesting to see the burden of tropical disease in an area and the successful steps with which it was tackled. We are lucky in this country that we have hospitals where we can request blood tests or radiological investigations at the click of a button, something which was not available here. Overall I would say this was an enjoyable and profitable placement which I am glad to have had the privilege of undertaking.