

## Elective report

Dates: 25<sup>th</sup> April – 20<sup>th</sup> May

Hospital: Belmopan Western Regional hospital

Supervisor: Bernadette Nicholson [rhasouth@yahoo.com](mailto:rhasouth@yahoo.com)

Subject: General Medicine / General Surgery & Trauma Surgery

### Objective 1

**How does Belize cope with its high prevalence of HIV/Aids?**

With over 2.1% of its population HIV positive approximately 3,600 people in Belize suffer from the disease thus giving it the highest incidence of HIV in Central America. During my placement in Belmopan however I did not encounter any patients with the condition as it was mainly concentrated along the coastal areas. The majority of carriers are women with over 2000 reported cases in 2011. The United Nations Development Programme (UNDP) along with other HIV charities have begun to contribute funds to the country each year with the hope to not only treat but educate the populace about safe sexual practice to help lower its incidence. UNPD specifically aim to "deliver life skills-based HIV education to secondary school students; provide access to condoms and subsidized referrals and testing for sexually transmitted infections; design and deliver psychosocial support to people living with HIV; provide support services to children affected by AIDS; and offer anti-retroviral drugs free of cost at all treatment points".

### Objective 2

**How does the Belizean government provide healthcare for its citizens?**

As it is developing country Belize has a much lower GDP compared to that of the UK so it is surprising to see the Belizean healthcare system with governmental welfare components. The government alone contributes approximately 9% of its annual budget to healthcare costs. The national service covers a variety of conditions ranging from those in obstetric and gynaecological to most vaccinations however abortions must be privately funded. Clinical consultations are also free to the public and the majority of prescription drugs are also free or subsidized except that of speciality diseases such as cancers that may incur full cost for patients.

Elective surgeries are not covered by the national service though during my placement in Belmopan there were two visiting trainee surgeons from the U.S army providing cost free surgery. This is quite common throughout many of the hospitals in the country as trauma and general surgeons from both the U.S and European countries often visit for exposure to operations not frequently encountered at their home countries.

The National health care although partly funded through taxes also gains funds through donations from the U.S., Britain and other various charities including UNICEF.

The majority of doctors practicing in Belize are often from neighbouring countries that include Guatemala, Jamaica and some from the United States however a large number of physicians are often from Cuba. Indeed Cuba exports a vast number of doctors throughout all countries of Central America particularly those of in desperate need medical assistance.

### **Objective 3**

**How did the level of care in Belmopan Great Western Regional hospital differ from that of the hospitals on the NHS?**

With Belize having a poor economy it is not surprising that hospital funds and resources are greatly lacking in comparison to that of the UK. Hence from day one it was apparent that there was deficient equipment and staff even for a hospital of relatively small size. The operating theatres were not up to the standard I would've normally expected however there were some facilities such as good air conditioning and ventilation in one whole wing of the hospital and well-organised recovery rooms. I later found out the air conditioning alone was costing the hospital large amounts of money through electrical costs but was a necessity as they could not do without due to the high temperature of the region. Some doctors mentioned patient care was sometimes limited by the number of resources available and children often took priority over adults if there were shortages of oxygen tanks etc. I was overall impressed by the level of care the hospital was able to provide by the end of my placement. It clearly showed the resourcefulness of its healthcare professionals. Adjustments were made easily when problems such as shortages in equipment came about.

### **Objective 4**

#### **Clinical Experience**

I planned on observing trauma and general surgery however the machine used to sanitize the surgical tools was broken before the day of my arrival hence my exposure surgical theatre was great limited. Only emergency surgeries were performed, others were sent away to different hospitals for elective procedures. I shadowed two surgeons from the United States one of which worked voluntarily and was in part training for the US military hence the level of expertise observed I was quite high as they were trained in America.

During the medical part of my shadowing I found there were only four medical bays each acting as wards for Obs&gyne, paediatrics etc and all under the same wing. What was most surprising was the ward rounds performed each morning by the consultants as it seemed he was somewhat of a medical Registrar. They reviewed each case with a surprising amount of knowledge as they moved from speciality to speciality.

Although Belize is an English speaking country I still found a language barrier when clerking patients. Being close to Guatemala some that I spoke to seemed to have a mixture of Spanish and English at times. Although the doctors were well versed in English it was still hard to follow consultations at times due to the colloquial speech. Towards the end however I started adjusting making this less of an issue.