

Elective Report - Belize

1. Describe the different diseases that present to A&E in Belize compared to that seen in the UK

In Belize the most common presentations to A&E are asthma for which there is a special asthma bay, trauma (minor injuries), gastroenteritis, dog bites and snake bites (which are commonly sustained in the evenings). There is also a prevalence of malaria, cholera, dengue fever and HIV. This is due not only to poorer sanitation in places but also due to a lack of education with regards to the acquisition and transmission of these diseases. The HIV clinic of the hospital is located outside of the main hospital building so that HIV positive patients cannot be seen by others when going into the HIV clinic. In comparison the most common presentations to A&E in the UK are stroke or myocardial infarction, trauma and abdominal pain.

These presentations obviously vary depending on the demographic of the hospital and whether or not the hospital is in a rural area or a city. This will also dictate whether or not the hospital is well enough equipped to treat the patient or if they cannot, to stabilise the patient and transfer them to the nearest hospital which can.

2. Compare and contrast the healthcare systems of Belize and the UK

In Belize there is a public health service, however the problem is that the vast majority of funding goes to the hospitals in Belize City. This leaves the healthcare in the rest of the country at a great disadvantage; there is a great lack of resources and staffing. For those who can afford it there is also a private healthcare system, but this is often beyond the reach of most Belizeans so many members of the public choose to try homeopathic traditional treatments before seeking medical attention.

In the UK we have the NHS but also a private healthcare system available as well. Like the UK, Belize has primary, secondary and tertiary levels of care. Belize is split into four health care regions: Northern, Central, Southern and Western. Since the central region provides healthcare to the largest proportion of the population it is the only region that has access to tertiary care. The remaining three health care regions have primary and secondary healthcare availabilities only.

Even in the tertiary centres there is a lack of funding in the public hospitals. In the A&E department where observations are recorded from patients on a two to three hourly basis, all observations are taken manually and there is no continuous monitoring or electronic equipment in use.

3. Approach to acute care management in Belize

In Belize when a patient presents to A&E they are triaged by a nurse or a doctor. Once the assessment has taken place and appropriate investigations carried out it is decided whether

or not treatment is within the capacity of the attended hospital. There are three levels of care; these are primary, secondary and tertiary. If a higher level of care than available is required an ambulance is organised and takes the patient to the necessary hospital. The hospital is informed in advance of the patient's arrival. However, if the patient is coming from a hospital in the West of the country, the nearest tertiary centre is in Belize City, in the East, and this is at least a two hour drive away. Due to the length of the journey a nurse travels in the ambulance with the patients.

4. a) Improve ability to communicate with those from another culture

Despite the fact that Belize is an English speaking country they use a lot of slang and local vocabulary that initially was difficult to understand. However, overall, verbal communication was still easily achievable. The Belizean population generally have a great amount of respect for doctors so it was easy to communicate with people for this reason as well; they were willing to take the time to not only explain their symptoms in detail but also to listen. Given that we have spent our medical school years in hospitals in East London where there is a wide cultural variation I felt I was able to adapt well in this new cultural environment. Here, I was able to continue developing my communication skills with those of a different culture to me and by the end of the elective I felt much more confident in this setting. The need to avoid using medical jargon was regularly highlighted. This experience has been of great benefit in preparing me for my career in East London.

b) Improve and adapt examination technique where appropriate

Having recently completed finals I felt that my knowledge to carry out clinical examinations was at a good standard. However, at the beginning of this elective I felt I did not necessarily have the required level of confidence in executing these examinations. I believe this was due to the fact that I was in a very different environment; not only was I in a country I had never been to before but also the hospital had less medical resources than we are used to in the UK. Therefore, whenever the opportunity arose I made sure to examine patients. By doing so and by becoming more familiar with my surroundings I was able to become more confident in my skills. This experience taught me how to adapt to new environments quickly and effectively.