

1. Describe different diseases that present to Accident and emergency in Belize compared to the UK.

I found that the emergency department in Belize was very different compared to the UK. There are limited supplies and only a small emergency department existed. The type of patients I saw were different; there were a number of patients with asthma exacerbations, and to accommodate this they incorporated an asthma bay into the emergency department. Another difference I found was that there were a number of posters to raise dog and snake bite awareness, which is a big contrast compared to the UK. They also had protocols in place for this situation, which is obviously rare in the UK. This is in contrast to the UK where heart attacks, strokes and abdominal pain are the most common presenting symptoms I came across. There is also a prevalence of cholera, dengue fever, malaria and HIV. There is a HIV clinic which had a separate entrance compared to the hospital, which goes against the mentality that we have in the UK, which is to treat all patients equally and not segregate them. We questioned the doctors about this approach and they informed us that it was the patients themselves that wanted a separate entrance to the clinics rather than the doctors.

2. Compare and contrast healthcare systems in Belize and UK

Belize has both public and private health care however finances are mostly invested into Belize City rather than the local areas where we were based in. I found that there was a lack of staffing and resources within the rural places of Belize and in Belize City. I found that the acquisition of private health care was not only difficult due to affordability but also because most local hospitals did not offer it.

Belize has 4 healthcare regions including North, West, South and Central Belize. The central region is the largest of these, however, it is a fair distance away from the other areas, making it difficult for patients to get the necessary care in a timely manner. It is the only part of Belize that has tertiary care centre, although the other areas do have primary and secondary care.

3. Approach to acute care management

When a patient first arrives in accident and emergency they are triaged by a nurse or doctor. This initial assessment allows the hospital to stratify patients into different categories and therefore allowing them to be sent to the appropriate hospitals according to their diagnosis. As stated before there are 3 different levels of care, primary secondary and tertiary. The tertiary centre being in Belize City which may be at least 2 hours from either west or east Belize. The hospital to which they are sent to are told prior to the patient arriving however due to the long journey a nurse travels with the patient. During our time in Belize there was a pregnant lady who had a complicated delivery. She was sent to a tertiary hospital that took a few hours and considering she was quite close to delivering I found it a bit stressful as it was difficult to find out the outcome of the patients well being.

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

I think this is an important skill to improve on as in London, especially East London, there are a number of patients from various different backgrounds and cultures. Given the experience I had from Bart's health hospitals I was quite comfortable with adapting to the different culture that existed in Belize. I found that a lot of the patients in Belize had a huge amount of respect for doctors and medical staff, therefore most patients would listen to the doctors and act on the advice. This is a big contrast to the UK as often situations arise where patients approach the doctor with their own idea of what the diagnosis is and what they want as medication. I have seen a number of occasions where patients are often reluctant to listen to the doctors and continue with their own agenda.

- b) Improve and adapt examination techniques where appropriate.

During finals we had to learn the whole examination in an orderly and timely manner, however on the wards itself the examination has to be efficient and targeted towards the diagnosis in keeping. At first I did not find myself being comfortable in examining patients as I was weary that it was a different country and wasn't sure how different the culture and examination techniques were in a different country. However, after some time I found I was able to adapt to this change in method quite easily and found myself doing other examinations if I thought they were necessary. In conclusion I found this to be an enlightening experience and look forward to visiting other countries and experiencing the differences between the health care systems.