

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Belize has a population of about 330,000 people. The healthcare system has both public and private sectors, with a large portion of the cost being subsidised by the government. However the standard of care is very different to that in the UK. Diabetes is a lifelong condition that requires regular monitoring and a treatment regime that may need to be adjusted, especially when trying to get the condition under control. Public awareness of diabetes is significantly less in Belize compared to the UK. Many patients eat a diet high in salt which is highly fried, and often people not involved in jobs that require physical work live a sedentary lifestyle. This combination of poor diet and lack of exercise increase the risk factors of developing type 2 diabetes. The country however is actively trying to provide health promotion for type 2 diabetes. Patients in Belize have access to care in both the public and private sector. However a large problem faced in Belize is a shortage of doctors. Often there was only one consultant per speciality, and if this consultant was unavailable to work a particular day, it was often difficult to organise cover. For example, while I was at Belmopan Western Regional hospital there was a clear shortage of paediatricians. There were some days where there was no paediatric cover in the hospital, which is something that is less likely to happen in the UK due to the large number of locum and agency doctors available to work. This problem is faced not only in paediatrics, but also in most specialities across Belize.

From the outside Belmopan Western Regional Hospital appears very run down compared to most hospitals in the UK. From the exterior the buildings appear to be of a standard that wouldn't be accepted in the UK, however this appearance is commonplace in many developing countries. Due to the lack of hospital funding and because of the economy of country, many hospitals are based in ageing buildings in need of repair. However on entering the hospital it was clear that the standard of hygiene and cleanliness were high priorities. Patient bays and the floors in the wards were cleaned on a regular basis. After speaking to the doctors, a high emphasis on infection control is placed, and the hospital actively works to prevent the spread of infection.

The general medical ward was smaller than other general medical wards that we commonly have in the UK. While it is standard practice for oxygen to be accessible from most walls next to patient beds, most oxygen in this hospital was accessed via a portable oxygen canister. While most beds had oxygen nearby, often there was not a dedicated canister per bed. This meant that in an emergency the oxygen would need to be moved closer to the patient which would waste time. However there were some beds in the hospital, for example in the resuscitation bay and in some areas in the labour ward, which did have oxygen accessible via the walls.

Belize is a country in a hot climate, with summer temperatures ranging between 25-32°C throughout the hottest parts of the day. Areas of the hospital can get very hot, and especially humid. While the ward had some portable fans, I felt there were not enough to help ventilate the ward and keep patients comfortable in the heat. Every patient did not have access to a fan to help cool down, so it was common to see patients' family members manually fanning them when it was particularly hot.

The hospital had access to a range of basic medical equipment such as protective gloves, needles, blood bottles and alcohol gel to name a few, however the equipment was used very carefully and when needed only. It was clear that an effort here was made to not waste anything. This is different in UK as most hospitals have an abundance of basic medical equipment, which is used wastefully more than in Belize. In the UK all patients will be attached to an automatic observations monitor, however in Belize observations are often taken manually. While in UK the majority of blood pressure measurements are taken by automatic devices, blood pressure is still sometimes measured by hand in Belize.

It was clear that health promotion was underway at the hospital. Along the corridors in the hospital, and inside the wards there were many health promotion posters and leaflets available. Some areas of promotion included tuberculosis, dengue fever, breast feeding, diabetes and cervical cancer.

Diabetes is a big problem affecting the population in Belize, where the prevalence has increased over the past few years. Part of the health promotion is to educate the population about the condition. If someone is to understand about a particular condition: about how it is caused, why it is caused, how it presents and what can be done to avoid it, then they are better equipped to avoid developing the condition. In Belmopan Western Regional Hospital, health promotion schemes were underway to help patients with diabetes. To achieve this, a large number of posters were placed around the hospital and in waiting rooms where patients would be able to read them. Also, doctors and nurses were actively trying to educate their patients who may be at risk of developing diabetes. One of the doctors explained how it was a main objective across all of Belize to make efforts to health promote diabetes, as this could become a condition that puts a large strain on the healthcare system in the future. Across Belize there is access to support groups that diabetic patients can access, and also many events that aim to educate people on the streets of Belize such as health fairs.

In Belize the main languages spoken include English, Spanish and Creole, with the majority of the population having a good level of English. Speaking to those who spoke English was a good experience as it allowed me to practice my history taking and communication skills. Most patient's were very friendly and happy to allow you to practice histories and examination skills. The main challenge came when speaking to patients who only spoke Spanish. I spoke a low level of Spanish before going to Belize, and wanted to try to practice this with patients. I quickly learned that my level of Spanish was not high enough to safely take a medical history. Many of the questions I wanted to ask, or many points I wanted to clarify were outside of my vocabulary. I decided to ask the nurses who were available to translate for me and the patient on a few occasions which I found provided a good learning experience. This helped me practice taking a history through a translator, which is something that I will sometimes need to do when working in the UK. I was able to improve my practical skills quite frequently in Belize. I now feel more confident when taking bloods and putting in cannulas.