

# Western Regional Hospital: Elective Report

## Background

This summer I undertook my elective in Western Regional Hospital (WRH) in Belmopan, Belize. WRH is a small, government funded hospital located in the capital of Belize. Belize is split into four health regions. WRH is one of two public hospitals in the Western Health Region which is responsible for the care of 61,000 people (1). There are a total of 50 beds in the hospital across four wards; General, Paediatrics, Maternity and Psychiatry, as well as two outpatients departments (General and Child and Maternal health), two surgical theatres and the Emergency Department.

Despite being the only hospital for the capital city it is not a tertiary centre, lacking specialties like orthopaedics and neurology. Many trauma or specialist patients are therefore stabilised and sent to the hospital in Belize city for more advanced care. Although the hospital is government funded, it's evident there is lack of funding and many resources are scarce therefore patients must pay for certain tests, scans and surgery.

During my placement, I was able to experience most of the specialties available in the hospital, including; Paediatrics, Emergency Medicine, Anaesthetics, General Medicine, Obstetrics & Gynaecology and Psychiatry. Furthermore, we had regular teaching on Friday mornings.

## Aims of the Elective

- i. To experience healthcare in a different setting to that of the UK, aiming to learn about different treatments and the effect of limited government funding on what's available.
- ii. To develop my clinical skills in areas I am not confident in due to either lack of exposure or limited experience.
- iii. To learn about health problems not prevalent in the UK.

## My Clinical Experience

I was lucky to have extremely varied clinical opportunities on my elective, from helping out in anaesthetics to working with patients on the psychiatry ward. I began my placement with the anaesthetics team, giving me the opportunity to help with the induction of anaesthesia, monitoring patients during surgery, recovery from anaesthesia and observing surgeries. I was shocked by the lack of resources in theatre, most notably the limited supply of emergency medications, surgical gowns and specimen pots. On my first morning, there was a 2 hour delay in starting surgery because there were no surgical gowns. It was also surprising to find theatre staff bring in empty kitchen jars from their homes to use as specimen pots and send to the laboratory. Another interesting aspect of surgery was that the surgeons would often rotate what surgeries they would perform. For example one surgeon was doing appendectomies one day and the next he was doing caesarean sections (C-section). This was due to the lack of staff who all have to be trained in many different areas.

Whilst working in recovery, many of the patients were post C-section. Due to the limited resources, they don't get given Syntocinon or Syntometrin for the 3<sup>rd</sup> stage of labour and have high rates of Post-partum haemorrhage. It was therefore an important part of recovery care to perform uterine massage and to check regularly for any bleeding, something I was confident in doing by the end of the placement. Additionally, in recovery I was tasked with writing in the post-op notes, a skill I will find useful during my time as a junior doctor.

Another area I found the experience invaluable in was the Emergency department (ED). Despite it being a small department with around 6 beds, there was a vast range of cases coming through the door at all times. For example, patients undergoing a toe nail removal due to an infection, to hand crush injuries, severe diabetic foot and myocardial infarctions.

A common problem seen in both the ED and in surgery was diabetic foot. Public health was a major issue in Belize and there was very little health education. Diabetes was very prevalent however was often much more severe than cases I'd seen in the UK. It became apparent that patients didn't truly understand the importance of taking their medication and adapting their diet if they had no symptoms. Many of the cases we saw had therefore progressed from ulcers to severe gangrenous lower limbs requiring prompt surgery. The lack of health education was a big problem in Belize, however due to limited government funding there was little investment in this area therefore it is likely to remain a common problem for a while.

During my time in the ED, I was taught how to suture, an invaluable skill across many specialties. I was able to practice this several times, allowing me to become confident to practice back in the UK. In the ED I was also given the opportunity to interpret many ECGs, enabling me to practice the knowledge I already had as well as build upon it.

During my time on the psychiatry ward, I got the opportunity to take histories from patients and review their drug charts. The psychiatry ward was a bit of a shock to observe initially as the patients have very little there. There were 4 patients, each with their own room, all the walls were plain white and the ward resembled a clean prison. They only saw a doctor around once a week, they had no psychotherapy or any other therapy and didn't get the chance to do any physical activity (despite their "daily timetable" stating they did all of this everyday). Myself and some of the other students thought it may be beneficial to their progression to try and interact with them as much as we could. We did group physical activity sessions, spoke to them about their recovery and tried art therapy with one patient who had a particular interest in art. Despite this not being like any psychiatry I've been exposed to in UK, it felt like we were making an impact on the patients. Even when I was placed in other department, I would go to visit the psychiatry patients most days for around 15 minutes as many of them sadly didn't get any visitors.

The paediatric ward was interesting due to the unfamiliarity of the cases. For example, one patient had been bitten by a snake and one had dengue fever (as it was dengue season).

## Reflection

On reflection, I believe my experience met the aims of my elective. I was able to experience a very different healthcare system and learn about conditions less prevalent in the UK. I acquired new skills for example suturing and uterine massage and am more confident in many areas thanks to many of the kind and enthusiastic doctors at WRH. It was fascinating to see the severity diseases can progress to when there is less access to affordable health care and poor health education. Furthermore, I was unaware how interesting I would find the public health and economical sides of healthcare, something I will now take an interest in back in the UK. This was a fantastic opportunity during which I learnt a lot and I am grateful to all the staff at WRH.

## References

i. Western Health Region. Available at: <http://www.health.gov.bz/whr/> [Accessed 2<sup>nd</sup> September 2017].

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