

Hypoglycemia and Employment/Licensure

In 1984, in recognition of the tremendous progress made in the treatment and daily management of diabetes, the American Diabetes Association adopted the following policy on employment

Any person with diabetes, whether insulin dependent or non-insulin dependent, should be eligible for any employment for which he/she is otherwise qualified.

Despite the significant medical and technological advances made in managing diabetes, discrimination in employment and licensure against people with diabetes still occurs. This discrimination is often based on apprehension that the person with diabetes may present a safety risk to the employer or the public—a fear sometimes based on misinformation or lack of up-to-date knowledge about diabetes. Perhaps the greatest concern is that hypoglycemia will cause sudden unexpected incapacitation.

Hypoglycemia (i.e., insulin reaction) occurs from a relative excess of insulin in the blood and results in excessively low blood glucose levels. The level of glucose that produces symptoms of hypoglycemia varies from person to person and for the same person under different circumstances. Hypoglycemia usually occurs gradually and is generally associated with typical warning signs, which may include rapid heartbeat, perspiration, shakiness, anxiety, and hunger. When symptoms occur, preventive action can be taken by eating carbohydrates. A hypoglycemic reaction is not ordinarily associated with a loss of consciousness or a seizure. However, if warning signs are absent or ignored and the blood glucose level continues to fall, more severe hypo-

glycemia may lead to an alteration of mental function that proceeds to confusion, stupor, and finally to unconsciousness. Most individuals with diabetes never suffer such severe hypoglycemia. The few who experience recurrent episodes can be identified by their medical history and placed in appropriate employment positions.

Hypoglycemia does not occur in people with diabetes who require only diet for treatment. Except in elderly or chronically ill individuals or in association with prolonged fasting, severe hypoglycemia is unlikely to occur when appropriate doses of oral medications are used to manage blood glucose. Most people recognize the early warning signs of hypoglycemia and can quickly counteract them by eating. Furthermore, the proper use of systems that allow rapid and accurate self-monitoring of blood glucose levels can assist people in avoiding significant hypoglycemia. Thus, most people with diabetes can manage their condition in such a manner that there is a negligible risk of incapacitation from hypoglycemia.

In summary, because the effects of diabetes are unique to each individual, it is inappropriate to consider all people with diabetes the same. People with diabetes should be individually considered for employment based on the requirements of the specific job. Factors to be weighed in this decision include the individual's medical condition, treatment regimen (diet, oral medication, or insulin), and medical history, particularly in regard to the occurrence of incapacitating hypoglycemic episodes.

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