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Employment for People With Diabetes in the United Kingdom

I found the article by Songer et al. (1) on the employment spectrum of insulin-dependent diabetic people of interest. There have been few studies in the United Kingdom that have investigated the employment of people with diabetes (2–4). Much of the published work in this field originated in the United States and was carried out >20 yr ago (5–9).

We have completed a large survey in the U.K. of employment and its problems for people with diabetes (10,11). Questionnaires were sent to a random sample of 4000 insulin- and non-insulin-treated diabetic patients aged 17–65 yr attending clinics in eight different geographic areas of the U.K. Matched control data were also collected from people without the disease. Of the people with diabetes, 22% of men and 12% of women were currently unemployed, i.e., looking for work, compared to 8 and 5% of nondiabetic control subjects ($P < 0.001$). A greater proportion of people with diabetes were economically inactive, i.e., retired, unable to work, ill, or housewives compared with the control group (29 vs. 14%, $P < 0.001$). Young people with diabetes (17–25 yr old) had the highest rates of unemployment. A matched-pairs analysis confirmed that diabetic men had higher unemployment rates than their control counterparts (14 vs. 7%, $P < 0.001$). When comparisons were made between unemployment rates for the eight geographic areas and published unemployment statistics, unemployment was significantly higher for men with diabetes except for one center. A stepwise multiple logistic regression analysis indicated that variables predictive of unemployment were similar to those expected for people without diabetes. Over one-third of diabetic respondents from all areas reported having been unemployed at some point for >3 mo. We therefore concluded that unemployment was apparently a problem for the person with diabetes and particularly acute for the young. In terms of health and social outcome, this may have serious consequences.

Data on employment were linked to information collected from patients' diabetic clinic notes; this included the presence and treatment of any diabetic complications and the quality of diabetic control. Difficulties in obtaining employment because of diabetes were reported by 13% of the diabetic patients and because of illness by 2% of control subjects ($P < 0.001$). Nine percent of diabetic patients and 2% of control subjects reported having to change their job because of their illness ($P < 0.001$), and 7% of people with diabetes and 2% of people without diabetes reported losing a job because of their illness ($P < 0.001$). Diabetic shift workers were twice as likely as control subjects working shifts to experience problems with their job (18 vs. 8%, $P = 0.045$). Reports of any absence due to sickness in the last 12 mo were not significantly different for people with and without diabetes (49 vs. 45%). This finding is similar to that reported by Songer et al. for insulin-treated diabetic patients. However, absence due to sickness in >20 days in the last 12 mo was more common among diabetic patients than control subjects (29 vs. 16%, $P < 0.001$). Differences in employment problems between insulin- and non-insulin-treated diabetic patients are being analyzed (N.R., N.A. Yateman, L.E. Protopapa, unpublished observations). Eight percent of diabetic workers had not told their employers that they were diabetic compared to 35% in Songer et al.'s study. The people in our study who had not told their employers were more likely to be non–insulin treated, to be older, to have a shorter duration of diabetes, and to belong to an ethnic minority group. Songer et al. reported that dia-

betic people who told job interviewers of their condition were more likely to be refused employment. People with diabetes were therefore more likely to experience problems in obtaining employment and staying employed than people without diabetes.

We also examined the knowledge and attitude of employers to diabetes and diabetic employees (12). A questionnaire was sent to a random sample of ~2500 businesses and industries in the same eight areas of the U.K. Information such as absence due to sickness, suitability to different jobs, the number registered as disabled, and the provision of pension schemes was collected on the employment of people with diabetes. Only 19% of firms claimed that they would not consider a person with diabetes for employment within the firm. Nearly one-third of employers did not know whether they employed anyone with diabetes. A total of 7% of firms with a diabetic employee reported that diabetic workers were more often absent from work due to sickness. However, 16% of firms employing a diabetic person did not allow paid time off for clinic visits. The proportion of firms reporting that someone with diabetes had left work for health reasons was 6%; this was mainly due to chronic ill health or complications, few had left their jobs because of problems with diabetic control. Jobs reported by employers as being unsuitable for people with diabetes were mainly in the transport and operating fields. Shift work, work in confined spaces at high temperatures, and work at heights were the job conditions most frequently mentioned by employers as being difficult for a diabetic employee.

The general attitude of most employers seemed to indicate that diabetes in itself did not limit employment prospects, because most people with diabetes had few problems arising from their condition and made good employees in a range of occupations. Still, many employers are confused about the suitability of people with diabetes for different types of employment and their reliability as employees (13). This may be partly due to their lack of understanding about the differences between insulin- and non-insulin-treated diabetes, its managment, and the nature of diabetes-related complications.

Previous work has suggested that diabetes-oriented vocational guidance has been poor (14). It is important to increase the amount of information available in diabetic clinics on employment opportunities. It is especially important to try and improve such opportunities for young people with diabetes and encourage their self-management by helping them understand and control their disease in the work situation.

Studies are in progress to look more specifically at the employment of young people with diabetes between ages 16 and 21 yr. The information collected should enable the production of a British Diabetic Association dictionary on employment especially designed for young people with diabetes.

The satisfactory employment of someone with diabetes depends on the attitude of both the employer and the diabetic employee. Diabetes does not and should not be allowed to preclude productive employment.

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Quality of Life After Pancreas Transplantation

Ramirez et al. (1) from the University of Texas Southwest Medical Center concluded that pancreas transplantation in nonuremic patients is not a therapeutic option. They consider pancreas transplants in these patients only from the perspective of how the transplant will impact the patient's nephropathy and therefore conclude that the potential benefits of pancreas transplantation do not outweigh the problems attendant to long-term immunosuppression and the low overall success rate of pancreas