

Continuing the Tradition

Davida F. Kruger, MSN, APRN-BC, BC-ADM, Editor

Great is the art of beginning, but greater is the art of ending.

—Henry Wadsworth Longfellow

As I take the helm as editor of *Diabetes Spectrum*, I would be remiss if I did not first take a moment to thank and congratulate Belinda Childs and her team of associate editors. For the past 5 years, they have done an outstanding job bringing those of us who practice in the diabetes arena a journal filled with the latest research translated into practical applications for clinical use. The passion they bring to diabetes care was evident with each issue they published. Congratulations to them all on a job more than well done. It is an honor—albeit a daunting one—to follow in their footsteps.

I have no doubt we will see each of their names in future issues of *Diabetes Spectrum*, for in the way of the American Diabetes Association (ADA), no volunteer is allowed to fade away. We hope they will take opportunities to serve as guest editors and write articles and guest editorials for many years to come.

It is my privilege to be the new editor of *Diabetes Spectrum*. It is also my great fortune to be able to work with such an able editorial team. The new associate editors were hand-picked for their passion, dedication, knowledge, and desire to improve the lives of people with diabetes. I would be lying if I did not tell you that, selfishly, they were also chosen because they adhere to deadlines!

The work each of us does with the ADA has personal as well as professional meaning. I was 11 years old when my mother was diagnosed with diabetes. She already knew what the devastation of living with diabetes could be; her mother also had diabetes.

My mother died in 1982, just at the start of the Diabetes Control and Complication Trial (DCCT). This was before blood glucose monitors were really available and before the importance of good blood glucose control was understood. It was rare that a hemoglobin A_{1c} measurement was obtained. Instead, the gold standard was measurement of fasting blood glucose. Only a few oral agents and insulins were on the market. No one understood the importance of the team approach. Patients were rarely, if ever, included in the development of their own care plans. Our knowledge of diabetes and diabetes care was just emerging. Often, I think of what a higher quality of life my mother would have had with all that we know about diabetes today.

I entered the diabetes health care force in 1982 as a nurse practitioner, primarily to help with human insulin research trials and the DCCT. I thought I would work a few years, have a baby or two, and move on. Little did I know that I would be caught up in such a powerful and exciting time for diabetes care. I could never have imagined how much we would learn about diabetes or how crucial it would be for us to

translate that knowledge into practice. Nor could I have ever guessed how significant a role my patients would play in my ability to understand diabetes from their first-hand viewpoint.

The diabetes care community is different from other chronic care models. It is one of the few health care models that uses all of the various health care team members based on the needs of the person with diabetes. It is also one of the few models that recognizes the need for patients and their families to be part of the team, if not to lead the team. Because of this unique model, it is vital that the educational needs of all team members be met. The ADA, always a leader in diabetes care, publishes numerous journals for this reason. Over the years, through the dedication of many, *Diabetes Spectrum* has emerged to meet the needs of the health care team.

In the more than 20 years that I have been involved in diabetes care, our knowledge of diabetes and the best practices for its care and treatment has grown and changed significantly. However, the disease continues to challenge all who are touched by it.

During the years of our term, it is my hope that this editorial team will continue the tradition of former editorial teams of providing a forum for critical information to enhance our readers' clinical skills, with the ultimate goal of improving outcomes for people with diabetes.