

I Thought I Knew About Diabetes

Stephen Brunton, Editor-in-Chief

Medical school and residency provided me a rudimentary exposure to the physiology and pharmacotherapy of diabetes, and after a few years of practice, I felt that I was managing my patients successfully. However, when I was diagnosed, after taking a point-of-care A1C test at a booth at a medical conference trade show, I had a rude awakening. I was asymptomatic, I wasn't overweight, I exercised regularly, and I had no known family history of diabetes, although I must admit that my father had an apple body shape.

So now I was a patient. I was a “diabetic,” a label that defined me by my diagnosis, as I have discussed in an earlier editorial (1). My diet required greater scrutiny, and my children let me know that they believed my passion for Australian candy was the culprit. I had exhausted my pancreatic reserve, and now I had to preserve what little β -cell function remained.

I was fortunate, though. I was familiar with the health care system. (I jokingly tell people I became a physician for self-defense.) I had a great primary care physician—one of the graduates of the family medicine program that I used to direct in Long Beach, Calif. I tried to be a “patient,” albeit an informed one, to ask the questions that needed to be asked and to follow the recommendations that were thoughtfully made. It was not an easy adjustment, but it was one I felt could make me a more empathetic provider.

Five years later, I had an even more impactful experience. My 8-year-old daughter was diagnosed with type 1 diabetes. Being a parent with a sick child is completely different from being either a physician in a position of authority or a fairly well-informed patient dealing with my own disease. I got to see the health care system from another viewpoint, a more dependent perspective.

As my daughter learned to measure her blood glucose, administer her own insulin, count her carbohydrates, and deal with being identified as a more “fragile” child, I came to truly appreciate how all-consuming diabetes can be. I looked to her physician for support, information, and kindness, and that was what he delivered. He also had diabetes, and he shared some of his experiences, which seemed to ease my daughter's concerns. When it was time for her to get an insulin pump and continuous glucose monitoring device, he showed her his own and told her that they made life a little easier.

As my daughter approaches her 14th birthday, diabetes remains a daily struggle. She tells me regularly that she wishes she didn't have the disease and complains about the challenges she faces in maintaining control, especially during the ravages of menarche. Our journey has taught me more about diabetes than I ever learned during my medical education. The providers I have seen for her health care, as well as my own, have given me a greater appreciation

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of the important role we play in our patients' lives and well-being.

My personal relationship with diabetes is part of the impetus for this *Clinical Diabetes* special issue on patient-centered care, one that focuses on the interaction between patients and their health care providers. The articles herein were selected to provide perspectives of this crucial element of successful diabetes management.

Various aspects of personalized medicine and the provision of patient-centered health care are presented in articles and commentaries throughout the issue. We also gain

insights into the good, the bad, and the ugly sides of the patient-provider relationship, as experienced by a patient with a 50-year history of diabetes, as she navigated her diabetes journey searching for Dr. Right (p. 331).

We have the privilege and opportunity to assist in the diabetes management of those who seek our care and hopefully to ease their burden and improve their quality of life in the process. We hope this special issue is of value to you in that endeavor and provides you an opportunity to walk in your patients' shoes and con-

template ways you can improve their experience of living with diabetes.

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P.S.: It is our intention to develop another special-topic issue for publication in late 2018. We would value your feedback on this issue and suggestions of topics for the next one.

Duality of Interest

No potential conflicts of interest relevant to this article were reported.

Reference

1. Brunton S. I am not a diabetic. *Clin Diabetes* 2017;35:125