

Although these studies are rather simplistic and do not lend themselves to statistical analyses, they suggest that caution be used in the selection of syringes for use in CSII and that adequate warning be given to users of CSII to protect their systems from cold and wind, and cushion them from even light trauma during periods of cold weather.

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Establishing Standards for Patient Educational Publications

The quality of diabetes patient educational materials is, to be generous, uneven. Over the past two years I have reviewed some two dozen book-length publications including manuals, cookbooks, and miscellaneous works directed primarily at the person who has diabetes. These were new books, mostly softcover, recently purchased by our university's medical school library or by me directly from the publisher.

It has not been a happy experience, for I have met on those hundreds of pages purveyors of myth, outdated information, sheer falsehood, condescending, cutesy advice, and loony philosophy.

At first I was faintly amused and pleased with myself for being able to judge variations in quality. But then it occurred to me that the main reason I could tell that some of the books were terrible was that I already had a fairly extensive layman's background in diabetes literature. How, I wondered in alarm, would I be able to discern the advice of widely respected experts and persons of substantial experience from the ranting of crackpots if I were new to diabetes or had very little knowledge? Worse yet, how could I recognize that which was simply poor quality—inaccuracy, omission, mistaken judgment?

The act of publishing confers a certain legitimacy. Too often the general reader may not be skeptical enough, may tend to think that if the information is in a book—especially a book written by a doctor or a professor—it must be right. Unfortunately, that is not true of diabetes management any more than it is true of pop psychology or fad diets.

Because of the increasingly competitive publishing business and the fact that there are no general publishers' standards for medical advice books, I suggest that it is time for the diabetes community, through the American Diabetes Association, to establish a review system that publicly recog-

nizes excellence in the field of diabetes educational materials.

How to go about it? First, physicians and educators, through the professional section of the ADA, would have to agree that (1) there is a need for some systematic evaluation of diabetes educational materials and (2) the obligation is theirs to see such a system put into practice.

Who would do the evaluating and how might the system work? I should think a sizable panel—maybe 25 or more—could, upon the recommendation of several members, award recognition (such as a sticker to be placed on book covers) to those books that meet its published criteria. By the same token, the panel could withhold recognition from works failing to meet one or more of the criteria.

Beyond that, I cannot specify. I can offer only a few assorted notions on the subject. One concerns the objectives of a materials review system. It would seem to me the charge to the panel or committee would be to ensure promulgation of diverse opinions through the use of criteria that are as objective as possible: currency of fact, high editorial standards, compatibility with ADA guidelines and goals for diabetes management, etc. In no case should a review system become the handmaiden of one faction or school of thought at the expense of others.

Further, the review panel or committee should be broadly representative. Surely physicians, dietitians, and educators should be included. But there should be among its members some consumers—a teenager, a young mother, an adult who has had diabetes for a long time, an older person. And, if you will forgive my parochialism, someone with a background in the mechanics of language who can evaluate the effects of written messages—ideally a high school or college English teacher (!) or a journalist or advertising writer.

The question of how people, already burdened with business and professional obligations, can find time to read and evaluate the plethora of books in print on diabetes is the most troublesome. Perhaps they would review only materials submitted to them by authors. Or perhaps they would review only certain kinds of publications, such as books published by commercial publishers and offered for sale to the general public (as opposed to hospital manuals and other proprietary materials). Perhaps they would deal only with newly published works. Perhaps there would be a maximum number of reading assignments for each member and a minimum number of reviewers for each book.

Perhaps by making assignments and setting deadlines and using printed review sheets and a postal service the review panel could work efficiently. I shall leave the details to them.

But it is time to establish some standards in the field of diabetes patient educational materials and to acknowledge those works that measure up. It is time to provide consumers some guidance in evaluating publications that, for them, may affect their very lives. Do I hear any volunteers?

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