

The Americans With Disabilities Act and Diabetes

The Americans with Disabilities Act prohibits employment discrimination against qualified individuals with disabilities and requires employers to make reasonable accommodations to enable disabled workers to perform essential job functions (1). Examples of reasonable accommodations include schedule modification, job restructuring, and acquiring or modifying equipment. However, employers have the right not to hire or to discharge individuals who pose a "direct threat" to the health or safety of themselves or others if no reasonable accommodations exist, with decisions to be made on a case-by-case basis. For workers with diabetes, the Americans with Disabilities Act provides legal recourse against employment discrimination and, equally important, support for negotiating changes in the work environment that will enable them to perform the essential functions of their job and adhere to their diabetes regimen.

To identify work conditions that influence diabetes management we interviewed 22 of 29 practicing endocrinologists in the St. Louis area. Questions covered were 1) work conditions that make it difficult or easier for patients to manage their diabetes; 2) changes in jobs that would reconcile the demands of work and of diabetes management; and 3) company attitudes, policies, and procedures ideal for people with diabetes. Content analysis by two raters ($\kappa = 0.96$) identified four response categories: schedule (timing of work activities), work environment (physical facilities, social atmosphere, company philosophy/policy), job demands (essential job functions), and job characteristics (objective attributes that affect worker's behaviors and attitudes).

Virtually all the physicians (91%)

mentioned work conditions related to schedule (e.g., shift work, overtime, irregular hours, and timing of meals) as making diabetes management difficult. A wider range of conditions was referred to as making diabetes management easier, including flexibility and freedom (i.e., job characteristics), a set routine and consistent activity levels (i.e., job demands), and physical facilities, such as an adequate cafeteria and a place for monitoring blood glucose and injecting insulin (i.e., work environment). Suggestions for job changes to accommodate diabetes management also varied but were predominantly related to work environment (64%). Although the physicians could describe company attitudes, policies, and procedures ideal for workers with diabetes, they knew only a few exemplary companies ($n = 6$).

Findings from this study suggest a wide range of job accommodations can be considered to enable workers with diabetes to perform their job and attend to their diabetes management. In addition to work schedule, the essential functions of the job and work conditions, such as restricted allowances to leave workstations and appropriate space for diabetes care, need to be evaluated and reasonable accommodations identified that will reconcile requirements of the job and of the diabetes regimen. Work accommodations that support diabetes management have increased urgency now that the Diabetes Control and Complications Trial has demonstrated the benefits of intensive control and the accompanying threefold risk of hypoglycemia (2). Physicians and diabetes educators can help patients and their employers evaluate all elements of the workplace that influence diabetes control and determine reasonable accommodations that will support optimal work performance and diabetes management.

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References

1. Equal Employment Opportunity Commission: *A Technical Assistance Manual on the Employment Provisions (Title I) of the Americans with Disabilities Act*. Pittsburgh, PA, Superintendent of Documents, 1992
2. The Diabetes Control and Complications Trial Research Group: The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *N Engl J Med* 329:683–689, 1993

Ondasentron in the Treatment of Diabetic Diarrhea

Diabetic autonomic neuropathy plays an important role in the pathogenesis of fecal incontinence and diarrhea occurring in diabetic patients, especially with those who have