

I Am Not a Diabetic

Stephen Brunton, Editor-in-Chief

Words matter. I cringe when I hear my colleagues identify patients by their diagnosis. Although it might seem ridiculous to call a patient with a low blood count an anemic, someone with elevated LDL cholesterol a hypercholesterolemic, or a person with angina a myocardial ischemic, we somehow seem comfortable describing a person with diabetes as a diabetic.

Are we implying that our patients are their diagnosis, that diabetes is their most significant identifier? Are we, in fact, diminishing them?

I remember a story that my father, a family physician, told me. Many years ago, he attended a social gathering at which the host introduced every guest by his or her diagnosis. After a while, it became uncomfortable, not only for my father, but also for every cirrhotic, diabetic, hypertensive, and manic depressive in attendance. He shared this experience with me as an important object lesson that our patients are more than their disease.

Labeling people by their diagnosis is so pervasive that many of our patients identify themselves as diabetics. If describing people by the color of their skin could be perceived as racist, then why doesn't identifying people by their medical condition carry a similar negative connotation? Aren't we being "diseaseist?"

Research has shown that, after receiving a new diagnosis of a chronic illness, a patient may experience many harmful effects, including lowered self-esteem, increased sickness behavior, greater feelings of vulner-

ability, and various other negative manifestations. If we identify patients as their diagnosis, we exacerbate this situation. In addition to the associated medical problems, there are social problems to consider. Children identified as diabetics can feel isolated from their "normal" peers. Being a type 2 diabetic carries with it a measure of blame and shame, with implications of an indulgent lifestyle.

Having diabetes is challenging enough for our patients without having it define who they are.

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This issue marks the inauguration of two new offerings we believe will be of particular interest to our primary care readership. "Quality Improvement Success Stories" highlights diabetes quality improvement (QI) initiatives. Our first installment (p. 168) describes an initiative to improve hypertension control within the University of Chicago's primary care group. Readers are encouraged to submit their own QI success stories. Details and instructions are available at http://clinical.diabetesjournals.org/sites/default/files/ada_content/carousel/QI_FLYER.pdf. "Clinical Pharmacology Updates" offers brief overviews about new pharmacotherapies and medical devices for the treatment of diabetes. Our first installment (p. 181) focuses on Basaglar, the first available follow-on biologic insulin.

Duality of Interest

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