

Preserving the human heart in the age of digital diabetes care

I can't believe it is summer already, and what amazing weather we enjoyed in the final weeks of spring. Weather is a fabulous conversation starter, isn't it? Everyone has an opinion – it is subjective, and we all have a “weather” story to tell.

Here in the UK, we can often experience four seasons in a single day, regardless of what the weather app suggests. I was once told the most accurate weather forecast is to look out of the window. This is true in the moment, but what if we need to know what the weather is going to be like later in the week or month when making plans? Weather predictions are often so wrong.

Apparently, this is because the atmosphere is a chaotic system; tiny errors in data or missing information can lead to major differences in forecasts, even when advanced AI models are used. When I read this, I immediately drew parallels with the growing use of AI algorithms, digital apps and continuous glucose monitoring (CGM) data in diabetes care. We are increasingly relying on these technologies to support decision-making, yet, in my experience, they do not always provide the complete picture.

AI has become part of everyday life in the NHS and in nursing care generally, with its use in diabetes care expanding exponentially. There is no doubt that AI, CGM, telehealth and virtual consultations have transformed diabetes nursing, although it has created an ethical balancing act in the process. As technology streamlines care and broadens access, nurses face the profound challenge of harnessing these tools to optimise clinical outcomes without sacrificing compassionate, person-centred care.

The integration of advanced technology into diabetes care offers undeniable clinical benefits by supporting self-management, processing vast amounts of data quickly and identifying patterns that might take clinicians and people with diabetes hours to find. Similarly, virtual consultations have

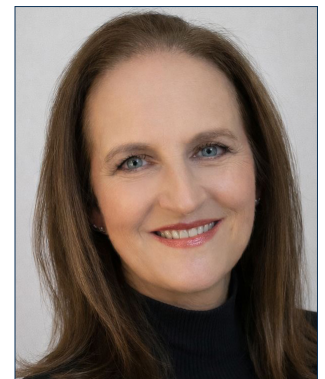
helped to overcome geographical barriers, enabling nurses to provide timely and responsive support.

However, this rapid digital transformation also gives rise to significant ethical dilemmas, particularly in relation to the core principles of nursing practice. The first challenge is the risk of clinical deskilling and depersonalisation. When care is mediated through screens and algorithms, nurses face the risk of reducing people to data points on a dashboard. The subtle, holistic assessment of a person's emotional well-being, lifestyle barriers and readiness to change is inherently relational. It relies on our ability to read non-verbal cues, understand the emotional burden of living with diabetes, and build a relationship based on trust and empathy. While an algorithm can calculate complication risks or predict a hypoglycaemic episode, it cannot offer a supportive presence, hold space for an individual's frustrations or provide genuine emotional validation.

We must also confront the ethical dilemma of technological inequity and user autonomy. Virtual consultations and digital health platforms inherently assume that people have reliable internet access, a degree of technological literacy and the necessary hardware. We must ask ourselves, are our digital models of care inadvertently disadvantaging some of our populations living with diabetes?

Improving equitable access to diabetes technology is the focus of [Nikki Dawson's article](#) in this issue of the journal. Although her article centres on children and young adults, the quality improvement initiative described demonstrated that innovative change can successfully drive more adoption of diabetes technology. It offers a potentially scalable framework for other services aiming to reduce care disparities.

To navigate this evolving landscape ethically, diabetes nurses must strike a deliberate balance. We cannot afford to become passive users or reviewers of technological systems, allowing data to drive



Julie Brake

Diabetes Nurse Consultant,
NHS University Hospitals of
Liverpool Group

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the consultation, nor can we reject the undeniable benefits of digital innovation. Instead, we must employ AI and virtual platforms strictly as adjuncts to our clinical judgement and person-centred skills – tools that support, rather than replace, the art and science of nursing.

Ultimately, the essence of diabetes nursing lies in the human connection: conversations, compassion and empathy. As we embrace the future of digital health, our fundamental ethical imperative remains unchanged – we must always remember to “look out of the window”. ■