

### The poison pill physicians with their bumper book of spells

Dear Dr Kerr,

I have read *Diabetes Digest* on and off since it began, having first noticed it at work when I rescued it from the bin where my radiology consultants had filed it. This is the first time I have felt compelled to write...

I am writing in reply to your missive 'Delivering the NSF – a curate's egg' (Kerr, 2003), because I was annoyed by your sarcasm and dismissive attitudes to patients as worthy of engagement in the delivery of the NSF for Diabetes. As you may guess, I am strongly in favour of patients being very much at the centre of diabetes care.

So far I have not seen any comments in *Diabetes Digest* from a patient so I am hopeful that this email may see a change for the better and that you print some of my email – are you up for it Dr Kerr?

You said that '*One curious addition is the notion of local and national "champions", including the obligatory need to involve "persons with diabetes". There are no details about requirements or the selection process – I guess it will be anointment as usual*'. It is this line I am prompted to comment on.

***'As a person with diabetes I have no problem forwarding robust and convincing ideas on how to improve standards of care, the only difficulty is getting so-called 'specialists' to listen.'***

Taking the ecclesiastical flavour you have introduced further, I am convinced of my righteousness to reply as I think that patient champions are a brilliant idea, and, let's be honest, the NSF for Diabetes is short on brilliance. As a person with diabetes I have no problem forwarding robust and convincing ideas on how to improve standards of care, the only difficulty is getting so-called 'specialists' in diabetes to listen. This initiative promises the means by which patient voices will at long last be heard – a huge advantage.

It will take something like the power of the God Almighty to convince doctors to this change of heart. It is reminiscent, I suggest, of Paul's conversion on the road to Damascus (just to continue the religious theme) when the scales 'fell away from his eyes'. You too may be given the opportunity for conversion and be blinded by the brilliance of patients in understanding insulin regimens, neuroglycopaenic effects, dead-in-the-bed syndrome, advanced glycation end-products and hyperlipidaemia if you give us the chance to engage.

Despite this, I still need the help of my physicians in North Tyneside and will shortly start the DAFNE course in April under the direction of the new Tsarina Dr Sue Roberts, who I have met and think highly of. Who knows, I may convert from an ordinary person with diabetes to a new 21st century diabetes-babe!

So wish me well Dr Kerr, and when you do on rare occasions float down from your lofty plinth and get your hands dirty in consulting on a one-to-one basis with your patients, remember that it is more of a case of can't live with us, can't live without us than anything else.

Mrs Joan I. Walker

Kerr D (2003) Delivering the NSF – a curate's egg (again). *Diabetes Digest* 2(1): Supplement A2