



David Kerr
Editor

Fiscal failures and corporate controversy

“What we know about the global financial crisis is that we don’t know very much” – Paul Samuelson

The first few months of a new year are always gloomy. However, this year feels particularly so, given the ambient and financial climates. In diabetes care the mood also seems rather flat. Take, for instance, results from two recent reports on the health of our diabetes population: apparently, 60% of adults with diabetes are not receiving all their vital annual health checks – at least according to Diabetes UK (The NHS Information Centre, 2009); in addition, results of an industry-sponsored survey reported that rising food prices and the “credit crunch” had affected the ability of people with type 2 diabetes to balance their diet – basically people are eating less (PR Newswire, 2009). In the survey, 26% of respondents stated having only one main meal a day and fewer than half were eating three or more meals a day. The press release described these findings as “particularly concerning”. However, for many of our clientele in the diabetes clinic, missing a few meals might actually be a rather sensible option. It was noteworthy that almost a quarter of the survey population were not aware that different foods had different effects on blood glucose levels, so it looks as if diabetes “education” still has a long way to go.

The financial squeeze may have other diabetes-related effects, most of which are presumably negative, such as the adverse psychosocial consequences of losing a job and the likelihood that industry is going to have less cash available for research and development. On a plus side, perhaps people will be forced to walk more and start preparing food for themselves – away from consuming the ubiquitous energy-dense and expensive products that line the supermarket shelves.

The World Health Organization (WHO) definition of health is: “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (WHO, 1948). In my experience, social wellbeing is rarely discussed at major diabetes meetings – this needs to change. One subject of a recent article in *The Lancet* suggested that the most neglected field of medicine is the “dearth of serious political analysis of public health and medical issues” (Reich, 2009). The timing of the financial crisis turning into a recession (or should it be depression?) coincides with the UK Government’s launch of the Change4Life campaign, a 3-year programme aimed at reducing the proportion of overweight children (and hopefully adults), using advertisements on television and on billboards. The most notable feature of Change4Life is that it is supported by almost £200 million from the companies that manufacture the products that have contributed to the problem in the first place. Unsurprisingly, this has provoked controversy (Editorial, 2009). If there is a change (for the better) in the health of the background population then it may be difficult to tease out the contribution from the Government’s campaign from the effect of the financial situation, although it is not difficult to anticipate who will claim the glory.

The financial crisis has also highlighted the bonus culture of risk and reward of the banking industry. Somewhat mischievously, maybe this approach would be of value in rewarding quality diabetes care beyond the riches afforded by the Quality and Outcomes Framework system? In other words, my HbA_{1c} is better than yours so I should be paid more ... just a thought!

Editorial (2009) Change4Life brought to you by Pepsico and others. *Lancet* **373**: 96

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