

Choice: What does it mean to people with diabetes?



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Department of Health (2003)
Building on the best: Choice, responsiveness and equality in the NHS. Department of Health, London

Diabetes UK (2005) *Patient Choice: What does 'choice' mean to people with diabetes?* Diabetes UK, London

I was recently asked to give a presentation on injection device choice. I tried to think how I made choices on important issues: the recent purchase of my car helped me process the steps I went through to make the final decision on the make and model I finally bought. I needed information about the models available, the colours inside and out, and of course, the price, to help make the right choice for me.

While preparing the presentation I reflected on the choices I was given when I was diagnosed with type 1 diabetes back in 1973. Actually, I was not given any choices. I was told which insulin I would take, how many times I should inject and how many "black lines" I could eat in a day (black lines, many of you are saying; what are they? Well, one black line is equivalent to 10g of carbohydrate). That is how it was back then, and no-one challenged it – certainly neither me nor my parents, as we were just grateful that the treatment was available. Thankfully, things are a bit different now, or at least they are in the way I practice.

During the 18 years I have been in diabetes nursing, I have always felt I offered people a choice. For example, when helping someone to commence insulin, I would always demonstrate the range of devices available. The individual is then able to make a choice as to which device he or she prefers. The decision may be based only on appearance, feel or the quick demonstration, but the individual has been involved in the choice of device nevertheless. I do the same with choice of insulin regimen. Does the individual wish to inject one, two, three or four times a day? This is the basis of the conversation that results in the person commencing the insulin being fully involved in the decision.

In 2003, the Department of Health, as part of its Patient Choice Strategy, recognised the importance of giving patients choice when accessing healthcare. The strategy was described as:

"A framework to develop resources nationally and locally that meets everyone's need for information so they can make better informed choices about managing their own health and treatment options."

As far as diabetes care is concerned, Diabetes UK carried out a survey in 2005 that looked at what choice means to people with diabetes, and what information they need to effectively make their choices. As part of this, a workshop was held in Birmingham for people with diabetes and their carers. The aim of the workshop was to identify:

- What choices people with diabetes want to make to be able to self-manage their condition effectively.
- What information people with diabetes need to make these choices.

The workshop allowed Diabetes UK to identify some of the key issues of importance for people with diabetes (see *Box 1*):

"Choice is integral to empowerment. People with diabetes who have always been 'told what to do' may find any choice difficult to make, but the experience of real choice enables ever greater confidence and personal control of health in daily life." (Diabetes UK, 2005)

Everyone with diabetes, including myself, is making choices every day about their medication, monitoring, diet, activity and so on. As healthcare professionals, we need to allow people with diabetes the time to learn enough about their condition to make informed choices; however, we should not forget the crucial role that the person takes in their own care and the consequences of the choices they make. ■

Box 1. Areas identified as important to people with diabetes (Diabetes UK, 2005).

- Individualised and holistic care.
- Follow-up contact.
- Information and education.
- Access to self-management tools.
- Care planning.
- Culture of the health service and attitudes of healthcare professionals.
- Psychological support.
- Continuing care.
- Access to care.

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