

The diabetic life: How specialist education has developed



Maureen Wallymahmed

Nurse Consultant, Aintree
University Hospital NHS
Foundation Trust, Liverpool

This year marks the 80th anniversary of Diabetes UK. The charity was founded in 1934 under the name The Diabetic Association by Dr RD Lawrence and the writer HG Wells, both of whom had diabetes and were quick to realise that living with a chronic condition, such as diabetes, required ongoing education, advice and support.

Prior to this, in 1925, Dr Lawrence published a book *The diabetic life: Its control by diet and insulin*; this book was aimed at people with diabetes and healthcare professionals (then mainly doctors) and proved to be a big seller, reaching its 15th edition in 1944.

The beginnings of the diabetes centre

As well as conceiving Diabetes UK, Dr Lawrence was also the first to suggest that people with diabetes should be managed in special centres specifically for diabetes, and that these centres should have a clinical and educational function and a consistent multidisciplinary team (Lawrence, 1951). Diabetes centres became commonplace in the 1980s, although there are still many areas that do not have a specific centre. In the early days, it was usual for people with newly diagnosed type 1 diabetes to be admitted to either a nursing home or hospital for 2–3 weeks to start insulin injections. This was to help stabilise blood glucose levels and provide some basic education (Tattersall, 2010).

In a recent edition of Diabetes UK's publication, *Balance* (2014), Iris Smith, who was diagnosed with type 1 diabetes during wartime Britain, describes her own admission to hospital to start on insulin. However, over time it became apparent that hospital was not the best place for individuals to start their lives with diabetes, and there was a move to starting insulin injections in the home environment.

From hospital to the home

In the UK, education for people with diabetes and home insulin treatment really began to gain momentum with the increasing numbers of DSNs in the 1980s and this move was supported by the then British Diabetic Association (BDA), which was formerly The Diabetic Association and would later become Diabetes UK in 2000. Since its introduction, Diabetes UK remains a leading charity for people with diabetes and healthcare professionals alike. The charity is patient focused and has many roles including: the production of educational resources, supporting people with diabetes, campaigning for improvements in diabetes care and funding pioneering research.

My own experiences of Diabetes UK

My own early experiences of the BDA were the then twice yearly conferences, which were often held in Harrogate. These conferences gave me (then a junior DSN) the opportunity to develop my knowledge of diabetes and network with other DSNs, often in Betty's Tea Rooms – an experience to be highly recommended! In addition, I attended several BDA children and young people weekends, which were mostly held in Blackpool and this gave me a great insight into the challenges that living with diabetes presented to the child or young person and their parents/guardians.

Of course, *Balance* has always been crucial reading, and I would advise all healthcare professionals working with people with diabetes to familiarise themselves with two Diabetes UK publications: *Type 1 diabetes – what I need to know* and *Type 2 diabetes – what I need to know*. Diabetes UK continues to be an essential educational resource in my professional life. Diabetes UK conferences continue to grow in popularity and attract healthcare professionals from a variety of disciplines, not only in the UK but also from overseas. This year the conference is in

Liverpool, my home city, and I am looking forward to attending.

Future educational directions in diabetes care

Providing structured education for people with diabetes continues to be a challenge and this supplement contains two articles looking at different areas of education. Margaret Daley and I describe how a group of enthusiastic healthcare professionals from different organisations came together to produce a patient-focused education programme for people with newly diagnosed type 2 diabetes. The aim of this was to standardise education across organisational boundaries and to develop relationships among multidisciplinary teams.

In contrast, Partha Kar and Anne Cooper discuss the emergence of social media in healthcare. This article covers not only the use of the internet to gain information about diabetes but also the development of online diabetes social networks. This insightful article is written from the viewpoint of both the healthcare professional

and the person with diabetes. For many of us, myself included, social media for diabetes care is a new area and may generate some concerns. However, we must enable people with diabetes to make their own decisions about these resources. Furthermore, as the authors point out, online resources should be used as an adjunct and may not be suitable, or accessible, to all people with diabetes. ■

Balance (2014) Improving lives for 80 years. Diabetes UK, London. **256**: 22–4. Available from: <http://bit.ly/LQsGbL> (accessed 24.01.14)

Lawrence RD (1925) *The Diabetic Life: Its control by diet and insulin*. J&J Churchill, London

Lawrence RD (1951) Regional centre for the treatment of diabetes. *Lancet* **1**: 1318–9

Tattersall R (2010) Patient education and diabetes care: Part 1. *Diabetes Digest* **9**: 126–7