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Want better press? Use better technology

“I am convinced the prophets of doom have to be taken seriously”

Maurice Strong

If there was a school report for diabetes care in the UK it would probably read “must do better” – at least that is the impression from a slew of recent press releases and media reports from Diabetes UK. Over recent weeks on the BBC News (2012) website we have had: “diabetes could cost the NHS more than a sixth of its entire budget”,¹ “inadequate diabetes care causing patients harm”,² “diabetes complications rate at record high”³ and “diabetic amputation rate in South West very poor”⁴ – although the last news item failed to spot the yellow oasis here in East Dorset among a sea of red!

Presumably the aim of Diabetes UK is to keep diabetes in the news. While it is a fact of life that bad news is more likely to become national headlines than good, the relentless negativity of the performance of diabetes care in the UK is likely further to undermine morale within the ranks of front-line clinicians, and cause anxiety among people living with the condition. Having said that, grumbling about the NHS seems to be a national pastime, in England at least, and recent politics around the organisation of health care in the UK has been a godsend for naysayers. However, in comparison with other systems, the NHS is actually offering a pretty good service. For example, in the USA insulin pens cost more than \$USD200 per month (and that is before adding the additional burden of glucose monitoring and other medications) – this can be prohibitive for the huge numbers of Americans without health insurance. In developing countries access to any insulin at all is not always guaranteed (Mendis et al, 2007).

In earlier editorials in *Diabetes Digest* (Kerr, 2010; 2011), I have suggested that technology, including social media, could and should have a larger role in modern health care and, as highlighted by a recent editorial in *The Lancet* (2012), that the stances taken by some professional organisations such as the British Medical Association and General Medical Council concerning the use of new media are unnecessarily negative. Certainly there is a growing belief that advances in monitoring devices, sensors and other technologies that can be used on a smartphone, together with the use of secure computing clouds for data storage, will change for ever the relationship people with diabetes have with their condition and with their healthcare professionals.

One futuristic vision for managing type 2 diabetes and other chronic conditions is called the “quantified self”, the simple definition of which is “tracking of daily activities (including blood glucose monitoring, blood pressure checks, exercise, weight, medications, symptoms, side-effects, mood, sleep, etc) through technologies, delivering back to the user performance analytics with the data and metrics helping the user to change behaviour in order to self-improve” (quantifiedself.com). Data collection will be enhanced through gamification of applications, that is, using the experience of online gaming techniques to improve participation in data collection. For the doubters, one needs only look at the phenomenal success of games such as *Angry Birds* (Rovio Entertainment) and the explosion of online gambling (Gainsbury, 2011).

Clearly, the quantified self approach is not suitable for all people, but failing to get on board with new technologies will only perpetuate the *status quo*, which is unacceptable if we wish to see positive changes in diabetes care – and stop seeing deeply negative reports in the media. ■

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Mendis S, Fukino K, Cameron A et al (2007) The availability and affordability of selected essential medicines for chronic diseases in six low- and middle-income countries. *Bull World Health Organ* **85**: 279–88