Editorial

David Kerr
Editor

Diabetology is a wonderful job

'Diabetology is a wonderful job. But be fully conscious that there is a large gap between what should be done and what is actually achieved. Pessimists claim that the patient will understand 50% of what you taught and will apply correctly 25% during the first months of his diabetes. What will remain of your initial message after 10 years will be even more disappointing. Pessimists are wrong. Anyway, they should never take care of diabetics. Epidemiological studies or laboratory experiments are better jobs for them.' (Pirart, 1983).

Early last year, I asked a senior house officer what career move she was planning in the not-too-distant future. I was somewhat taken aback when she replied 'becoming a mother'! She then asked why any right-minded junior doctor would consider a career in diabetes? Her view was essentially negative:

- There are increasing numbers of patients, most of whom are elderly or fat, or a combination of both. The condition is incurable, patients are at risk of developing unpleasant complications affecting 'unromantic' organs such as the foot and there is a preoccupation with urine.
- Diabetologists don't do procedures, so find it difficult to generate waiting lists that are meaningful to managers. As a result, suggestions for developing the service usually fall on deaf ears.
- There is not a lot of money to be made.
- Much time is spent persuading patients to take ever increasing numbers of medicines most of which cause side effects in individuals who most likely did not feel unwell in the first place (Tattersall, 2001).
- There is a puritanical streak to diabetes care with interference in life's pleasures, including food, drink and sex.
- In secondary care, few patients are admitted with specific diabetes-related problems. Today, general physicians with an interest in diabetes are asked to look after very elderly people with multiple medical and social problems, cognitive impairment, poor mobility and usually nowhere to go (Wilson, 2002).
- The speciality lacks glamour and excitement.

I thought this to be unfair. I gave her the usual responses about holistic care, the importance of education and communication, getting to know individuals, 'proper' general medicine, the ability to combine clinical research with clinical practice, novel therapies, interacting with other professions and so on. I mentioned the real possibility of preventing the condition in high-risk individuals in the first place. I also informed her that glamour and excitement are not conducive to a full night's sleep. Worse careers are to be found in gynaecology, hypertension and anticoagulant clinics.

At present, one of the truly exciting areas of diabetes care revolves around preventing and treating cardiovascular complications. The literature on this topic is increasing exponentially and it is difficult for non-specialists to keep up-to-date, let alone remember what all of the acronyms stand for! Fortunately, *Diabetes Digest* has come to the rescue with the creation of *Cardio Digest* (see page 59) which will fall under the wise and watchful editorship of Dr Jiten Vora. As with *Diabetes Digest*, the aim of this new offering is to highlight important clinical and basic science articles in the field of cardiovascular disease and diabetes and, as with all the papers we review, to apply the internationally recognised 'WOW factor' assessment. We hope that the 20-odd thousand of you who currently take *Diabetes Digest* will find *Cardio Digest* equally useful and informative.

What about the SHO? I heard on the grapevine that she has delayed the prospect of motherhood and has opted for a career in...palliative medicine! In that speciality at least it is unlikely that the managers will impose targets or that there will be a preoccupation with guidelines...

'One of the truly exciting areas of diabetes revolves around preventing and treating cardiovascular complications.'

Pirart J (1983) What I have to say to a young diabetes specialist after 35 years of experience. In: Assal JP, Berger M, Gay N, Canivet J (eds). *Diabetes Education*. Excerpta Medica, Amsterdam: 272-76

Tattersall RB (2001) Diseases the doctor (or autoanalyser) says you have got. *Clinical Medicine* 1: 230-33

Wilson AN (2002) The real NHS problem: too many Struldbruggs. *Daily Telegraph* 27th January