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Faith M. Tucker

Central Virginia Community College, fntdancer@hotmail.com

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America's Diabetes Crisis: There is No Reason!

Many Americans are unaware of the diabetes crisis. It is estimated that “by the year 2050, one-third of all adults in the United States will be diagnosed with diabetes” (Unger). Most people believe that diabetes is a single condition, but actually it includes “a heterogeneous group of disorders that meet a single criterion for diagnosis: hyperglycemia” (Draznin). Hyperglycemia occurs when there is too much glucose in the blood because there is no, or not enough, insulin in the body. This lack of insulin is important: “this absolute or relative insulin deficiency prevents them from properly metabolizing glucose and leaves them with chronically high concentrations of glucose in the blood” (Unger). Diabetes is a harsh disease, and without close monitoring and control, it can quickly lead to complications and, in some cases, even death. People who have diabetes need substantial training and education in order to fully understand their disease and to be able to properly manage it. Although this disease can be very challenging, there are abundant resources that diabetics can take advantage of to ensure that they have the tools, education, and supplies they need so that they can live a healthy life. This multitude of resources can enable people with diabetes to live a “normal” life; therefore, there is no real reason why people with diabetes should neglect their bodies and struggle with complications.

For diabetic patients, lack of management can swiftly lead to complications that can be life changing and even life threatening. Unfortunately, medical science has not found a “cure for any form of diabetes and [there are] few effective treatments for the specific complications” that result from diabetes (Gozani). Therefore, people with diabetes must take responsibility for their body in order to avoid the pain, suffering, and financial debt that results from complications. Lack of proper management and monitoring can lead to “numerous long-term complications that can result in blindness, heart attack, stroke, kidney failure, and the amputation of toes and feet”

(Gozani). As if one disease were not difficult enough, complications such as heart disease and the medications that come with it generally make it much more difficult to manage blood glucose levels. This means that the more complications that occur, the harder it becomes to manage diabetes, which, in the end, could very easily lead to more complications.

A vicious cycle of complications can occur because many diabetics do not see an endocrinologist or a primary care physician on a regular basis. Having a physician who can work closely with a patient to try different methods of medication and therapy can make the difference between the success and failure of a patient. Family Physician and Type 1 Diabetic, Jeff Unger, writes that “although the disease may appear overwhelming at times, one should remember the ‘top five’ rules required for successful diabetes self-management.” Unger advises people to follow these five rules to improve diabetes management: “(1) Know your metabolic treatment targets. (2) Understand how to achieve those treatment targets. (3) Stop Smoking. (4) Become adherent to the prescribed behavioral and pharmacologic treatment regimens. (5) Make certain that your provider is dedicated to teaching patients successful diabetes self-management.” By setting goals, by taking diabetes management one step at a time, and by visiting a physician on a regular basis, diabetics are less likely to become overwhelmed and are more likely to increase their quality of life.

Unfortunately, many people diagnosed with diabetes do not take their diagnosis seriously. Many feel that they can go through life and never monitor their blood glucose levels and they believe that if they take their medications sometimes then that will be good enough. When people with diabetes fail to put forth enough effort, they are setting themselves up for failure. Because some people with diabetes do not take it upon themselves to manage their disease, diabetes is “a leading cause of blindness, kidney disease, heart disease and amputations,

diabetes also claims the lives of more than 193,000 Americans each year” (NCSL). These facts and figures can and should frighten us all. If only people who have diabetes would take into account how their lack of management is going to cause them pain and struggle in their future, then maybe they would be more willing to take control of their disease and persevere through the irritating finger pricks and the endless shots in hopes for a brighter future. Constantly having to manage a disease is not always the most convenient and enjoyable situation, but when compared to all the complications that could result from lack of management, taking the time to control diabetes in the present is definitely easier than dealing with complications in the future.

Some diabetics blame their lack of disease management on their inability to financially cover the cost of doctors' appointments and supplies. The United States government has realized how important and expensive is it for diabetics to constantly control their disease. Therefore, “as of mid-2009, 46 states and the District of Columbia have some law that requires health insurance policy coverage for diabetes treatment” (NCSL). This policy helps people with diabetes to cover the costs for both treatment and monitoring by a physician and it helps to cover the cost of supplies. Insurance companies may not cover the exact style or brand of supplies or equipment the patient prefers but they offer supplies that are efficient and that will suit the patient's needs. The majority of people who have been diagnosed with diabetes in the United States have insurance of some kind: Approximately thirty-nine percent of diabetics have insurance coverage through a private insurance company and forty-four percent of diabetics are over the age of sixty-five and have health insurance through Medicare (NCSL). While a substantial number of people do have some sort of health coverage, about eleven percent of diabetics in the United States remain without health insurance to cover the extremely high costs of managing diabetes (NCSL). The amount of money spent towards the care and treatment of diabetes is greatly

increasing every year in the United States: for example, in “2012 the total cost of diabetes had increased to \$245 billion, meaning that the disease’s toll on the economy has increased by more than 40 percent since 2007” (NCSL). The costs keep rising, but the fact remains the same, the majority of those with diabetes do have the ability to obtain care and supplies through some form of health coverage; therefore, there is no excuse, overall, as to why those individuals are neglecting themselves.

The options available for the approximately eleven percent of diabetics in the United States who do not have health care are generally not affordable. Most likely, these eleven percent have a low income and if they do have a job it does not offer health insurance. These individuals have to rely on the "individual insurance market," which is usually very expensive (NCSL). If these individuals are able to enroll in health insurance it is generally, “a high-deductible health plan (HDHP) often combined with a ‘health savings account’ (HSA) in which the enrollee must pay 100 percent of treatment costs until he or she reaches a ‘deductible’ level -- often an amount of at least \$1,150 annually, and in some cases as high as \$10,000 annually” (NCSL). Individuals that are from low income families cannot afford to pay thousands and thousands of dollars for diabetes supplies. Congress needs to pass legislation to assist diabetics, those who cannot afford their deductible, and those who do not have insurance at all, not just the individuals who have insurance without coverage for diabetic care. However, just because a person is unable to enroll or afford health insurance does not mean that they have absolutely no feasible way to receive health care. In most cities, there are free health care clinics that offer assistance to those in need. While this is not necessarily the best option because these clinics are generally extremely busy and have long waiting time, it is a much better option than no health care at all.

The ability to pay for diabetes supplies and care is only one issue: Managing diabetes is not always a clearly defined task; it is very unpredictable. Some days' blood glucose is extremely high followed by an extreme low and there is no clear cut reason as to why. When days like this occur, both the diabetic and his or her family need to be able and willing to adjust to the situation. Unpredictable circumstances are particularly common in younger children and teenagers so their families have to be prepared at all times to fix whatever issue occurs. John Costik, the father of a diabetic, understands the struggle of dealing with the unpredictable events of a child who has diabetes (Smith). Costik came up with a device software code that could transmit blood glucose reading from his son's continuous glucose monitor to his computer and cell phone (Smith). Having this device constantly check on his son's glucose readings allowed him to keep check on his son without having to ask him throughout the day what his readings were (Smith). This also allowed Costik to worry less when his son was not with him because he could see what his readings were and if they were normal (Smith). Having parents, or even the diabetic themselves, put forth enough effort to create new technology, so that they can better monitor and manage diabetes is an amazing way to keep control over the disease and make sure it does not get out of hand. Inventions like Costik's show that people are thinking, people are working, people are inventing, and through this there is hope for people with diabetes to more easily manage their disease. Furthermore, it is not unreasonable to hope that these people will see the day when diabetes is cured and they no longer have to struggle. Individuals with diabetes and their families should put forth an effort to stay up to date on the evolving technology and research happening in this field so that they can see if there is a way to improve the management of their diabetes.

Because of America's current diabetes crisis, diabetics, physicians, and families need to come together to work out the best ways to manage and prevent diabetes so that all the people affected by this disease do not have to continue to struggle. It is never going to be a simple and easy task to manage diabetes, until the day there is a cure. Diabetes is a very challenging disease because it is so unpredictable, there are struggles with insurance and financial coverage, and there is a lack of perseverance and support. However, with adequate education and resources, people with diabetes can properly manage their disease and they can live a healthy, normal life. If all the physicians, diabetics, and families come together to manage this terrible disease, then the United States will not have to face a time when one-third of all the adults in this country will be diagnosed with diabetes.

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