



Sherwood Forest Hospitals NHS
Foundation Trust

Cite this as: *BMJ* 2022;377:o920

<http://dx.doi.org/10.1136/bmj.o920>

Published: 07 April 2022

Living with type 1 diabetes as a medical student

Chloe Smith,

I was diagnosed with type 1 diabetes when I was 17, just days after finishing my A level exams. I had lost 5kg in weight and experienced extreme thirst and tiredness over the previous few weeks, but I put that down to exam stress and was looking forward to recovering over the summer. “Luckily,” my very elevated blood glucose levels were picked up on a routine blood test before I went into diabetic ketoacidosis. In one day, I went from a normal 17 year old, preparing to apply to medical school, to someone with a chronic illness, controlled by multiple injections and finger pricks a day.

Although it was initially a huge lifestyle change, the routine of managing diabetes soon became second nature. From an outside perspective, it may even look somewhat easy. Check blood glucose, count the carbohydrates in food, inject insulin, eat food, and repeat. However, multiple factors can affect my blood glucose levels and insulin absorption, including exercise, the fat content of food, illness, stress, or even changes in weather, which all need to be taken into account. Type 1 diabetes is an exhausting, full time job that no one ever wanted.

When you look after someone with type 1 diabetes, what you see is just the tip of the iceberg of all the hours they've invested in managing their condition. You may look at a chart listing all the blood glucose levels of your patient at different times of the day, but these numbers, detached from any larger context, don't give you an insight into the work that patient has put into caring for themselves and the impact it has on their everyday life. Patients are often experts in their own condition and this should not be underestimated.

Getting through medical school with type 1 diabetes was challenging. Long days on placement, variable meal times (with sometimes no time for lunch), and unpredictable activity levels all wreaked havoc on my blood glucose control. This caused physical symptoms that affected my performance and made me feel unwell. The most difficult parts of medical school were during exam time as the stress pushed my glucose levels higher and higher, making me feel fatigued and hindering my ability to think and concentrate. Physically, I felt like I was wading through treacle every time I moved. All of which was very counterproductive to being able to revise effectively and perform well in an exam. However, during these times, I would choose to run my glucose levels a bit higher than normal to avoid having an episode of hypoglycaemia during an exam, which could be catastrophic to my performance.

During medical school, I always dreaded going to lectures about diabetes because I hated listening to all of the things that could happen to me in the future and hearing about all of the diseases I am now at a higher risk for because of my diabetes. The framing

of these lectures often made me feel that complications from diabetes were inevitable and that the blame for these outcomes was put upon the person with diabetes. Yet I know from experience that managing diabetes is not an exact science. On two separate days, I can have exactly the same routine, eat the same meals at the same times, do the same amount of exercise, and still have wildly different blood glucose levels.

One of the best lectures that I had during medical school about diabetes was by a paediatrician who demonstrated just how many decisions a person with diabetes makes in a day. Even as someone with type 1 diabetes, it was startling to see just how many there were and how much extra headspace diabetes takes up. I consider myself incredibly lucky that I have such fantastic technology available to me that helps ease the burden of these decisions, providing a bit of a safety net if I don't get my carbohydrate counting or insulin dosing spot on. It means that diabetes is no longer constantly at the forefront of my mind, allowing me to focus on other things. Type 1 diabetes has never held me back from doing anything that I've wanted to do, but it has made my life as a medical student more challenging, giving me valuable insight into the labour involved in managing a chronic condition.

As someone with type 1 diabetes, here are a few pieces of advice for healthcare professionals caring for a patient with the condition:

If you see a patient with high blood glucose levels, reserve judgment and try to find out what is happening in their life that could be having an impact on their control. They may be trying their absolute best but are “burnt out” with the constant demands of this disease. Language matters too; try to avoid using the term “non-compliant.”

Joking that you'll get diabetes from a chocolate cake or a doughnut is not funny. It adds to the stigma associated with diabetes, and undermines all the effort and hard work it takes by the patient to keep this disease under control.

When a person with type 1 diabetes comes into hospital, it can be a scary time for them if they are too unwell to manage their own blood glucose and have to hand over control of this to the medical team. Although protocols and guidelines exist, it is important to remember that these are a good starting point but are not one size fits all and the administration of insulin and glucose on a sliding scale needs careful monitoring.

Every individual with diabetes is unique and what may work for one person may not work for another.

Finally, the person with type 1 diabetes lives with their condition 24/7 and is likely to be very

knowledgeable about it. Recognise this and work with the person to find a solution, rather than making decisions for them.

Competing interests: None declared.

Provenance and peer review: Not commissioned; not peer reviewed.