PRIMARY CARE DIABETES

Rights and Responsibilities in Diabetes Care

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Abstract

Diabetes has reached pandemic proportions globally. In recent times the management of diabetes has moved, from being physician centric, to a patient centric model, wherein the patient himself or herself is empowered to take some decisions with the help of the managing health care team. It is therefore imperative for us to precisely know the rights and responsibilities of the patient and other stakeholders in the management of diabetes. In this paper we shall discuss these rights and responsibilities with examples from day-to-day clinical practice. The same model can also be applied to other chronic metabolic disorders like Obesity, Hypertension and Dyslipidaemia.

Keywords: Rights, responsibilities, stakeholders, Diabetes care, Diabetes education, person centered care, patient centered care

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Introduction

Given the rapidly increasing number of people living with diabetes, it is important to empower the patients themselves to learn the basic management of diabetes for better implementation and wider outreach of healthy life-style practices.[1,2] It is also important for the patients living with diabetes and their health care providers to be aware of their rights and responsibilities in this process of self-empowerment. Virtually every citizen of the world is a stakeholder in diabetes care (Table). Modern person-centered (patient centered) care entails a teamwork equipoise between the rights and responsibilities of all stakeholders in diabetes.[3] Though one must know about their rights for themselves even more importantly they must fulfill the responsibilities not only towards one self, but the community at large. In this communication, we discuss the rights and responsibilities involved in diabetes care for the people living with diabetes and beyond. The rights and responsibilities of persons living with diabetes are summarized in Figure.

Table: Stakeholders in diabetes care.

• People living with diabetes
• Partners, progeny, parents
• Peers, pals, playmates
• Physicians, paraprofessionals
• Payers, policymakers
• Pharmaceutical diagnostic and suppliers

Figure: The rights and responsibilities of persons living with diabetes.

Rights

The person living with diabetes has a right to expertise, i.e; qualified health care. Expertise must be comprehensive and current (updated), and shared with good communication skills. Education is every person's birth right, and this is especially true for people living with diabetes.[4] In case a diabetes care professional is unable to handle a particular situation, he/she should be able to refer, with confidence, to a competent colleague. Expertise should be accompanied by empathy, and by an exoteric (open) attitude to knowledge sharing. This enables more engagement of the patient with the health care provider.[5]

Responsibilities

Diabetes care cannot be assured through a unipolar model, in which all responsibility is borne by the health care team. Self-care and self-management are the foundation of good glycaemic and metabolic control, and these are also the responsibility of the person living with diabetes and his/her caregivers.

In many cases, neglect of responsibility is the reason for suboptimal control. Expectations should be tempered by realism and feasibility. An understanding of the caveats

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associated with diabetes therapy , the contraindications and checkpoints of various interventions is necessary. The "clock" (time constraints) as well as competing pressures on the diabetes care professional may limit provision of care at a particular time. This should not be read as lack of commitment or concern. Most importantly, the person living with diabetes should know that no single individual can achieve unlimited competency, enough to manage all aspects of diabetes.

Another responsibility is one's commitment to diabetes management. Energy and enthusiasm are required to control diabetes, and these are evident in the pursuit for diabetes education.[6] At the same time, it is peers', and policymakers' responsibility to ensure a diabetes-friendly, "sugar-smart" psychosocial and physical environment that is conducive to a healthy lifestyle.[7]

Concordance

Equipoise between rights and responsibilities, equanimity between diabetes care seekers and diabetes care providers, and communication between all stakeholder is essential for seamless delivery of care, and for optimal achievement of goals. Understanding one's rights, and especially one's responsibilities, allows for better health, and for expected outcomes, in an efficient manner The model that we present (E4 ALL) is designed to minimize communication gap between all stakeholders, create effective team work in concordance with each other, and ensure excellence in diabetes care.

Summary

In this communication we have highlighted the important role of understanding the rights and responsibilities of a patient with diabetes. We expect further discussion and debate on this topic, to expand the spectrum of health-related rights and responsibilities. This model can also be extrapolated to other chronic metabolic disorders like obesity, hypertension, dyslipidaemia where a person centered approach is needed.[8]

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