

UCSD Research Ethics Program

TOUGH CASES – A lunch-time ethics discussion series

The personal side of chronic illness: The impact of peer mentoring in diabetes

Tuesday, February 24th, Noon – 1:30pm
UCSD School of Medicine, Stein Bldg. Room #148

Moderator: Mary Devereaux, Ph.D., Research Ethics Program

Presenter: Susan Guzman, Ph.D., Clinical Psychologist, Director of Clinical Services, Behavioral Diabetes Institute; Rachel Jaffe, Co-Founder and Program Manager, DiaBuddies

February's Tough Case

A 62 year-old man has been living with type II diabetes for 32 years. He does not manage his diabetes to his physician's satisfaction, rarely checking his blood glucose and randomly taking multiple daily injections of short-acting insulin, instead of in correlation with meals or glucose levels. His HbA1c is 13% when the ADA recommends < 7%. He has complications such as a diabetic foot ulcer, stroke, and loss of vision and has been warned that he will soon go blind. He needs surgery on his eyes to save his vision but his ophthalmologist has told him he cannot perform this surgery until the patient's HbA1c is "better". His physicians have written him off as "non-compliant".

The patient is also suffering from Major Depression, making healthcare goals seem unachievable and not worthwhile and contributing to his poor diabetes management. His first experience with diabetes was as a child when a loved one with diabetes committed suicide by shooting himself rather than getting an amputation. He came away with messages that diabetes is ultimately going to kill you no matter what you do, and life with complications is not worth living. Frustrated doctors attempting to jolt him into compliance just scared him into immobility. He remained confused about his self-care regimen, hopeless about his efforts, and without reason to bother caring about his health.

He finally sought professional care, began attending a depression program and antidepressant therapy, and entered the DiaBuddies peer mentor program. In the past 6 months since he's reached out, he has done more for his diabetes than he has ever done in his life. He has a new endocrinologist who is helping him with a clear plan to reach an achievable blood glucose level. He improved his HbA1c down to 10%, checks his blood glucose up to 4 times day, is much more adherent to meal time insulin injections, and works towards new goals with his peer mentor championing his efforts. With a new message of hope, he finally feels like life with diabetes is achievable and worth the effort.

Questions:

1. Here are some common beliefs about patient non-adherence that are strongly endorsed by physicians:
 - Poor self-discipline (53%)
 - Poor will-power (50%)
 - Not scared enough (37%)
 - Not intelligent enough (16%)
 - a. Do you think these beliefs are accurate and what are some additional reasons behind patient “non-compliance”?
 - b. What is the difference between adherence and compliance?
 - c. What do you do when, as a provider, you feel like you aren’t helping the patient? Can you “fire” them?

2. Depression is one of the leading reasons for patients’ lack of motivation in their own care.
 - a. What are some ethical issues behind diagnosing depression in a medical setting?
 - b. Do you think it was the physician’s obligation to pick up on, address, and treat his signs of depression?

3. This patient’s involvement in the DiaBuddies peer mentor program was a positive experience.
 - a. In what ways can peer support benefit or supplement standard medical care?
 - b. What are some ethical issues with peer support?