



COVID-19 and Diabetes

Stephen A. Brunton, Editor-in-Chief,¹ and
Nora Williams²

As we adjust to the new normal of a global pandemic, we need to be cognizant of the particular relevance and impact that a diagnosis of diabetes can have. Our patients face fears of increased vulnerability and lack of access to care. As clinicians, we are in a difficult position of trying to provide continuity and comprehensive management that may be restricted by patient isolation and the limitations of telehealth.

The following commentary, by my friend and coauthor Nora Williams, may reflect some of the concerns of our patients. Nora has lived for many years with type 1 diabetes. Previously, she wrote a well-received article on good and bad doctors for our 2017 special issue on patient-centered diabetes care (1). I suggested that she share her thoughts now on COVID-19 and diabetes.

We understand that this is a difficult time for everyone and appreciate the efforts you make on behalf of your patients.

—S.A.B.

Fear and Loathing in COVID-19

In early March, as a person over the age of 60 years with type 1 diabetes and an accompanying autoimmune disease that has compromised my lung function, I felt like I had a COVID-19 target on my back. The first thing I feared was that my age and my disease states would make me more susceptible.

That fear was at least partially wrong. I'm not more likely to develop COVID-19 because of my diabetes—I'm just more likely to suffer complications and death should I get it. So, that became my new fear. Later, evidence showed that having well-controlled diabetes seems to make a difference for those who fell ill. There is evidence that a higher A1C correlates to greater COVID-19 mortality.

Ignoring the fact, for the moment, that my usually well-controlled blood sugars have been wildly swinging like a pendulum during all of this fear and stress, my typical A1C rivals that of a person without diabetes. I'm barely over 60, and my A1Cs are pretty darn magnificent. My husband and I are staying home, stocked up, and obeying every rule. It's looking good that I'll survive this pandemic. Yet, my fear remains.

My husband's uncle began to feel very sick and developed a bad cough. COVID-19, the family feared, so he went to see his doctor. It wasn't COVID-19, though. It was stage 4 lung cancer, and he had only days to live. But this was still March, and the family didn't realize what would become one of the most scarring parts of this tragedy. He was to go directly into a hospital that had recently established a no-visitors policy as a result of COVID-19. He would die so quickly that his family never had a chance to get him into a hospice program. They never saw him again, and he died alone.

There it is: my biggest fear yet in the time of COVID-19. I can't stop crying. I don't want to die alone. I don't want anyone to die alone.

There is so much fear, and it is fear laced with anger at how much has been handled so poorly in this pandemic. In reality, after concern about how stress is affecting my blood glucose control, very little of my fear and loathing has anything to do with being a person with diabetes.

I fear and I loathe that we live in a time when education and science are undervalued, dismissed, suspect.

I fear and I loathe the people who say that those who are dying from COVID-19 are "on their last legs, anyway," as though that were true, and as though, even if it were, every hour of every life doesn't have precious value.

I fear and I loathe the skeptics who, without any sense of their own mortality or mine, flagrantly violate the restrictions designed to keep us all safer.

I fear and I loathe the mistakes that have been made in preparing, and failing to prepare, for this pandemic. I hate that lives have been needlessly lost and that more continue to be lost.

I fear and I loathe a medical system in which many, many people are unable to afford the medications that would help them control their blood glucose, leaving them better able to

¹Primary Care Metabolic Group, Los Angeles, CA; ²Person with diabetes, Kaneohe, HI

Corresponding author: Stephen A. Brunton, sbrunton@pceconsortium.org

<https://doi.org/10.2337/cd20-0028>

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EDITORIAL

fight off the ravages of COVID-19. We can start that list of medications with insulin, but there are many others as well.

There is plenty to fear and loathe in the time of COVID-19, but there are things to love, too.

I am filled with love, respect, and gratitude for the health care professionals around the globe who have stayed on the front lines even without needed protective gear to do everything they can to ease the suffering. Some of them have lost their lives, and I mourn for them.

I am filled with love for the people who are making sure their elderly neighbors are cared for, who are stepping in where they are needed.

I am filled with love for the nurse who started a nonprofit organization called “No One Dies Alone,” to provide hospital “compassionate companions” for those who lie dying, a program which has now been established in some 400 hospitals nationwide.

There are many lessons to be learned from the unwelcome experiences COVID-19 has visited upon us. Will we learn them? One thing we know: the COVID-19 virus will pass. Pandemics always have. Those of us who remain will soldier on. Another thing we know? It will happen again.

Let’s err on the side of caution. Let’s take a long, hard, overdue look at long-term care facilities. Let’s expand telehealth where appropriate. Let’s fix the drug supply and cost issues. Let’s spend the money to be and stay prepared. Let’s make the protection of our health care workers on the front lines a priority in every situation. Let’s do all of these things and more.

Let’s do better next time.

—N.W.

REFERENCE

1. Williams N. Fifty years of living with type 1 diabetes. Clin Diabetes 2017;35:331–332