Essay topic:

Coping with your own vulnerability in caring for a person who has a long-term condition.

Essay title:

My Life with a Diabetic.

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For every year of medical school that I complete, the greater my understanding for this quote grows: "The more you experience and learn, the more you realise how little you actually know and understand." This is particularly true in dealing with long term disease: In our first year, we learn the basic physiology of the body, and we go on to learn how the various functions can go wrong in our second year. Then, we spend the rest of our clinical careers trying to understand the impact of a disease on an individual and how it affects their daily lives.

Mikael and I met on his nineteenth birthday, six months before I started medical school. Our blossoming romance ticked all the boxes for a cliché romcom. When I started to slowly move my things into his two bedroomed flat, he cleared space in his wardrobe for my clothing. When I had a late shift at work, he would pick me up and have dinner on the table. We never once argued or even disagreed. We were perfectly happy in our bubble of first-love naivety.

From the very beginning, I knew that Mikael was diagnosed with diabetes. He would openly test his blood sugars and invite his friends to learn more about his condition (or to test their own blood sugar levels). He could eat anything he wanted, rarely had hypoglycaemic attacks, did not have any eye/foot/kidney problems and seemed to have well-controlled blood sugar levels. In my eyes, his life was the same as everybody else's; he just happened to have diabetes. Once I started learning about diabetes and its complications in my first year of medical school, I used Mikael as the 'gold standard' for people living with diabetes. I used to secretly judge people who had diabetic complications and uncontrolled blood sugars for not taking responsibility for their illness and attributed their lack of control to their apparently careless attitudes. When we learned about the sick role and how people cope with living with a chronic condition, it never once struck me that Mikael was in a similar situation. His diabetes was just something that I didn't take into consideration because it was so "easy".

One of my professors once told me that young people with diabetes will die from one of two things: They either get drunk and forget to take their insulin, or they get fed up with their condition and give up. In retrospect, it was so obvious that, for Mikael, it was the latter that lead to his death. I was halfway through my second year when my world came crashing down. He had been found dead in his bed, having died from diabetic ketoacidosis.

The time it has taken me to come to terms with Mikael's death has made me recognise my own vulnerabilities as a medical student and as a professional dealing with patients with a chronic illness – especially patients with diabetes. The first six months after his death, all I felt was pain and my course became a tick-box exercise, jumping through the hoops as they presented themselves. Two years onwards, with the help and love from family and friends, I have been able to take a step back and reflect over the events that lead up to his death and how they affect me as both an individual and as a medical practitioner.

There were signs for many months before Mikael died that he was becoming fed-up with his diabetes. He assured me that his diabetic check-ups were not essential as he was “fine” and these check-ups were for people with “complications”. Rather than using my medical education, knowing fully well that these check-ups provide an opportunity for support and help identify people at risk, I chose to believe him when he told me he didn’t need them. I chose to believe him because I did not want to risk medicalising my boyfriend – he was the diabetic, I was just a student, and he knew best. There is a fine balance between being someone’s doctor and being their friend, and I didn’t want to shift our relationship to focus on his medical needs. Being a medical student, I had enough people around me to discuss my endless passion for medicine with; I did not want to bring it home.

The night he died, he wrote me an email detailing the symptoms of diabetic ketoacidosis that he was experiencing. However, he dismissed it as the flu. I did not question his conclusions and on the countless occasions when I have re-read his final email, it is glaringly obvious that his difficulties in breathing and constant vomiting were much more serious than the flu. The signs, symptoms and management of diabetic ketoacidosis are something that any medical student is able to reel off without battering an eyelid. My ability to recognise this life-threatening state in someone I cared about was clouded by his self-diagnosis of the flu and my conscious effort to suppress my automatic ‘med student’ role. This has been the most difficult fact of his death for me to accept, as I expected myself to have known better. As time passes and the more I experience medicine, I realise that medicine is not a textbook science but an art best viewed from a distance, where we can grasp the scope of the entire individual. Nonetheless, when our seniors tell us that they would never treat their family members, I understand why.

Mikael died. The experience of pain and all-encompassing sorrow that takes over your body when someone you love dies is overwhelming and life changing. During the initial time period following his death, the people around me were very good at allowing me to talk about everything that had happened. It was after a couple of months that I started to feel as though I was burdening my friends, and it felt as though I was becoming stuck in the same place obsessing over what had happened. No matter how much time passes, the experience of such a dramatic loss will always be with me. For some of my acquaintances, it might be easy to forget what I have been through. I only wish it were as easy for me. If my patients mention a loss, I always make sure to acknowledge it and give them space to talk about it if they want to. Such simple acts require little effort or time but could greatly benefit the patient; simply acknowledging that they are still grieving and they still feel the pain, no matter how much time has passed.

Young diabetic patients make me very emotional. I have seen many diabetic patients since Mikael died and I find it very difficult to remain professional during these consultations, especially if they are young and experiencing recurrent hospitalisations or complications due to their diabetes. In my mind, every single patient who comes in with diabetic complications represents Mikael and I have to resist the urge tell them what I wish I could have told him: "Take your diabetes seriously;" "be responsible with your illness and go to your scheduled appointments – they exist for a reason"; "there is help and support available if you need it, all you have to do is tell someone"; "please don't let diabetes kill you." The concept of transferring our previous experiences of illness from our personal sphere to our professional sphere and onto our patients is important to discuss. We all face disease on a regular basis in our profession, but how do we distinguish how we deal with a disease personally and how we deal with one professionally on an emotional level? Is it okay for me to tell my patients about "my boyfriend who died from diabetes" in an effort to make them realise the seriousness of their condition? Or is that deemed unprofessional? This is a question I will hopefully be able to answer with my continued education and experiences in medicine.

There are some experiences in life that leave imprints on our souls, which we can't ignore or forget, however hard we may try. As professionals involved in health care and the wellbeing of other people, we need to find ways in which we can harness our experiences, both the good and bad, in order to become more caring and holistic doctors.