by Lisa Bayley

We hear the statistics which tell the tale of the number of persons who are living with diabetes. We listen as the doctor speaks about the need for awareness, prevention and behaviour change. The ministers and technocrats repeatedly describe the cost of Chronic Non-Communicable Diseases, including diabetes, to the country and its taxpayers. But whose fight is it?

Chairman of the Diabetes Education Task Force and diabetes specialist, Dr. Charles Taylor, asked this question last Friday, while speaking at the opening of the Diabetes Global Village Expo, held at the Lloyd Erskine Sandiford Centre over the weekend.

He posited that diabetes and other CNCDs were eroding the core of society – socially, psychologically and economically – yet many continued to ‘pass the buck’.

“You may find that statement harsh but there are facts to support it... At least 19 per cent of individuals over 40 years of age suffer from diabetes and it is not difficult to corroborate this statistic because we all know someone who has diabetes — be it our siblings, parents, uncles, aunties, friends or neighbour... One year after an amputation, 31 per cent of amputees will die. This figure rises to 64 per cent after five years,” he said.

The task force’s mandate, he explained, was to improve results. Is our level of coordination appropriate for the magnitude of the task? Are we working in silos?... Does one group know what the other is doing... or are we working in silos?” Taylor asked.

“We share a certain pride, care, and love for our country. That said, we may unknowingly limit the viability of Barbados by what we eat, how we conduct our lives, and by the treatments that the Government may have to pay for over time if we do not exercise due care,” he cautioned.

The senior lecturer in medicine at the University of the West Indies encouraged everyone to join the fight against diabetes since, in his view, at a cumulative level, the suffering and loss of life caused by his illness, likely exceeded terrorist attacks.

“However, diabetes and its associated conditions are succeeding where Al-Qaeda has failed. These diseases are significantly more clever. They believe in delayed gratification and are happy taking lives one by one instead of en masse... Since I am trying to suggest that we are under attack as a society, the next useful point to consider is whose fight is it?” he queried.

While pointing out that some might find this comparison peculiar, he said he trusted that the analogy would help persons to “snap out of the potential relative complacency induced by conditions that affect us in a more inconspicuous manner”, since diabetes was a disease that made its presence felt if not given due attention.

Though there has been much discussion and awareness raised at the United Nations level, within CARICOM and locally, he questioned whether our individual response was at the appropriate level of coordination and intensity. He questioned the responsibilities as individuals, communities, organisations, businesses and at the level of government, emphasising that at all levels of society, persons needed to play their parts, at the appropriate level of intensity, and in a coordinated way.

“Coordination of efforts can lead to improved results. Is our level of coordination appropriate for the magnitude of the task? There are a number of groups in Barbados that aim to tackle this problem. Is there sufficient communication between groups? Does one group know what the other is doing... or are we working in silos?” Taylor asked.

He described the recently formed Diabetes Education Task Force, of which he is the Chairman, as an example of coordination and deconstruction of silos. The task force’s mandate, he explained, was to facilitate the implementation of a strategy for diabetes education of patients and health care professionals.

Obesity, he outlined, not only increased the risk of diabetes and hypertension, but a number of other health conditions. Forty-four per cent of the burden of diabetes is attributable to obesity, as well as 24 per cent of the burden of ischaemic heart disease, and up to 41 per cent of the burden of some cancers.

Taking individual responsibility for one’s health and, where necessary, taking medication as prescribed, he advised, would limit complications.

“We live in a toxic environment that pushes us towards becoming overweight or obese. Unless measures are taken on an individual level there is a reasonable chance that we, and/or our children, will become overweight or obese at some point.

“This reality is predicated by the food we eat, an increase in leisurely activities that do not lead to caloric expenditure and the lack of effective treatments available for obesity. If on an individual level we decide to fight this trend, for our family and ourselves, by living healthily we can stem the tide of obesity,” he outlined.

Individual changes, he assured, would also reduce pressure on the budget of the Queen Elizabeth Hospital.

“We recently conducted a study at the QEH and found that 42.5 per cent of admitted patients had diabetes. What was particularly alarming was that 89 per cent of diabetes-related admissions were due to the largely preventable complication of diabetic foot disease,” he added.

So, as we recognise Diabetes Awareness Month, in November and today, November 14 as World Diabetes Day, the role of Barbadians should now be clear.

As Taylor noted, do not underestimate the threat of CNCDs, such as diabetes. Persons should carefully consider their role in limiting its impact and assist in mounting a response that is coordinated and intense.

“If the task is clear, the solution is ours to define. Perpetual steps in the right direction inevitably lead to success,” he surmised.