

The rewards of chronic illness

“Your body is like a car, and you need food to make it run. But first, you need to turn on the car with the insulin key,” my doctor explained to me. I was 7 years old, weighed 35 lbs, and had been admitted to the hospital with a random glucose level of 900 mg/dL. At that age, I had a limited understanding of diabetes. I knew I had to learn to give myself shots if I wanted to be able to go to spend-the-night parties and that I had to poke my finger a lot. I knew that when I felt like “the icky ants were crawling in my head,” I had to drink juice. But most of all, I knew that no matter what I had to do, I was not going to let this “diabetes thing” get in my way of being a kid and having fun.

Twenty years later, my goals have changed. I am not letting diabetes keep me from achieving my dreams, and I am not letting the stress of medical school get in the way of my self-care. In the process, I have discovered that having diabetes while in medical school can be both challenging and rewarding.

The medical school regimen makes it difficult to find time to exercise and eat well. I am constantly adjusting my insulin pump and chasing my blood glucose levels, which change with every rotation schedule. I try to push myself and sometimes I get sick. I spent countless hours on the phone before being allowed to bring glucose tablets into a US Medical Licensing Examination test room in case of a hypoglycemic event. Most people are surprised that a medical licensing board, of all organizations requiring standardized testing, is not more understanding about the needs of a diabetic patient. A resident once confronted me about taking the afternoon off to go to my every 3-month appointment with my endocrinologist. During my sur-

gery rotation, while trying to address the management of a patient with diabetes, I was told that I “talk too much about diabetes.”

I know what it is like to be in that bed and to be scared about your health and your future. Diabetes is not solely about islet cell destruction or insulin resistance. Just because someone does a terrible job of managing their diabetes at home, health care providers should not accept out-of-control glucose levels in patients on the wards. Labeling the patients as *unmotivated* and *noncompliant* dismisses these people by underestimating the difficulties that come with maintaining glucose levels—the carbohydrate counting, the finger poking, and the injecting. These activities are unpleasant and do little to motivate patients to

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continue them. Patients may be affected by a host of socio-economic disadvantages that make blood glucose control difficult. People with chronic diseases, such as diabetes, need constant support because a chronic illness is not something that goes to sleep at night, takes the weekend off, or goes away for Spring Break to Fort Lauderdale. It is always there.

I am not ashamed of having diabetes. Rather, I am proud that I have this “disability” and have still been able to attend medical school while keeping my hemoglobin A_{1c} level between 6.1 and 7 mmol/L (109 and 125 mg/dL). I use my experience with diabetes to motivate all people with chronic illnesses to achieve their dreams. I know how affected children are teased in elementary school and how self-conscious they are about being “different” in junior high. But I also know that diabetes does not need to prevent people from doing anything.

One thing that has helped me is the support I receive

not only from my doctor, friends, and family, but also from my classmates. By taking notes for me when I am sick to their asking how my blood glucose levels are doing during exam week, I find their efforts encouraging and they have made a difficult aspect of my life easier.

When I’m on the wards, I do not hesitate to tell my team about my illness. Not only does it make things easier when I have to sneak a fruit roll-up on rounds, but also it gives me an opportunity to share with others the experience of living with this disease. When people ask me questions, it shows their interest in diabetes both on a professional and personal level.

I am proof that preventive medicine works: I am healthy and do not have any diabetic complications. I constantly strive to convey to patients the idea that the diagnosis of a chronic illness is not a death sentence. I encourage all my patients to reach their health and personal goals, no matter how big or small.

Creativity and chronic disease Vincent van Gogh (1853-1890)

A striking feature of van Gogh’s famous painting “The Starry Night” is the yellow corona surrounding each star. The use of yellow characterizes many of the paintings of this Dutch post-impressionist, and much speculation surrounds van Gogh’s fascination with this vibrant pigment. Did he simply like the color, or was his preference influenced by some medical condition?

Because numerous disorders have been diagnosed posthumously in this artist, various theories have been proposed to explain how van Gogh’s physical state may have influenced his work. Two theories center on why he used so much yellow.

First, he was fond of absinthe, a popular liqueur containing thujone. Excessive consumption of this liqueur may cause the consumer to see all objects with a yellow hue. Investigations conducted in 1991, however, showed that a person must drink 182 liters of absinthe to produce this visual effect, so we can discount this theory.

A second and more likely explanation involves overmedication with digitalis. People receiving large and repeated doses of this drug often see the world with a yellow-green tint. They complain of seeing yellow spots surrounded by coronas, much like those in “The Starry Night.” The artist’s physician, Paul-Ferdinand Gachet, may have treated van Gogh’s epilepsy with digitalis, a common practice at that time. In one of van Gogh’s three portraits of Gachet, the physician holds a stem of *Digitalis purpurea*, the purple foxglove from which the drug is extracted (see figure).

Plagued by psychiatric illness throughout his life, van Gogh committed suicide in 1890. Evidence suggests that he had manic depression, a chronic mental illness thought affects many creative people. Although treatment with lithium carbonate is now available, the drug also dampens creative abilities. Many people believe that artists overcome suffering with their creative acts, but suffering may also overwhelm the artist. Had lithium carbonate therapy been available, van Gogh might have defeated his manic depression, avoided his tragic fate, and grown further as an artist. “If I could have worked without this accursed disease, what things I might have done,” he wrote in one of his last letters.

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Vincent van Gogh’s portrait of his physician, Paul-Ferdinand Gachet (1890), in which Gachet holds *Digitalis purpurea*. Reprinted from Wolf PL: If clinical chemistry had existed then. *Clin Chem* 1994;40:328-335.