

Diabetes Care at the Times of Transition and COVID-19 Pandemics (Ukrainian Experience)

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I have learned quite a few important lessons for my current and probably for my future clinical practice and professional life in general. There are more than 1.3 million people with diabetes mellitus in my country, Ukraine. However, based on some epidemiological data, the real number of patients is at least two times higher.¹ Out of that number, around 200 000 patients require daily insulin injections. In response to COVID-19, the government has implemented quite severe restrictions which included the quarantine for all people older than 60 years, postponement of all nonurgent medical admissions, elective surgical procedures, etc. The pandemics of COVID-19 had hit our country on its way toward the transition from fully government-controlled health care system to the insurance-based health care. The care for patients with diabetes mellitus was on its way to change significantly as well. In the past and still in many cases in the present times, patients with diabetes were supposed to be admitted to the hospitals almost on the regular basis for the check-up, full examination, correction of insulin dose and other antihyperglycemic medications, and other treatment. Therefore, there are special beds in the hospital of almost each city, which were especially reserved for patients with diabetes. Despite the common understanding that such a system was a waste of resources which are hardly available in the country, this policy was changing much slower than we wanted. The pandemics of COVID-19 changed the situation abruptly and dramatically. All hospitalizations for patients with diabetes were stopped unless the real metabolic emergency happened. Almost every health professional recognized now the particular importance of the new ways of communications with patients and with other colleagues. The contacts with patients, all communications now are performed distantly by all available means—by the old fashioned style (by the phone) or by the more modern and sophisticated ways (by internet options). Another very important issue is the delivery of insulin. Insulin is provided free and the government covers the costs. Earlier, patients had to get the prescriptions in person and fill it in the pharmacy. I

am glad that quite recently, we were able to implement the new system of providing insulin to the patients. Now there is no need to get the prescription in the traditional paper form, all prescriptions are made electronically, transmitted to the pharmacy immediately, and the patients or their proxies can easily collect insulin. This new for us system proved to be not just very convenient for all parties involved but in the current situation it allowed us to prevent so many medically unnecessary visits to the clinics which otherwise would have presented the real threat to the patients' health and risk to get them infected. Another change, which we are witnessing right now, is concerning the postgraduate medical education. As all face-to-face activities involving the large group of attendees are forbidden, all postgraduate activity is conducted via internet platforms. I have to admit that despite my concerns and the lack of face-to-face communications these types of postgraduate education appeared to be very well attended and actively taken by the physicians. Furthermore, there is great demand to continue and extend such style of postgraduate education even after the quarantine and pandemics are over. Taken everything into consideration, I believe that the pandemic of COVID-19 despite its danger and caused disruptions of all aspects of our daily life including health care has forced us—both medical providers and patients with diabetes—to change our ways to practice and communicate. It really stimulated us not just to adopt the new ways of personal communications more actively but also led to the faster development of hopefully better, more efficient, and maybe less expensive diabetes care.

In the future, I predict that diabetes care in Ukraine will embrace a lot of changes with much more telemedicine and much less unnecessary visits to clinics and especially much

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fewer hospital admissions for patients with diabetes. I do hope that even those physicians, other health providers, and patients with diabetes mellitus who were very hesitant toward the technology, virtual communication, etc., will realize and appreciate their usefulness and importance as not just a matter of convenience but as the tools, which are able to provide more efficient, less risky diabetes care.

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