

Both a person with type 1 diabetes and a doctor: what I have learnt

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Abstract

A reflective piece highlighting the most important learning points following diagnosis with type 1 diabetes (T1DM). You do not need to be severely unwell to have diabetic ketoacidosis (DKA); a T1DM diagnosis should be treated as breaking bad news; and the psychological aspects of T1DM should not be overlooked.

Key words: DKA, diagnosis, psychological support

I was diagnosed with type 1 diabetes (T1DM) at the age of 23. As a doctor I am not proud to say that I was in diabetic ketoacidosis (DKA) by the time I realised that I had T1DM.

I was in my second week as a fourth-year medical student. I remember being tired but put this down to having worked during the summer between medical school years. I was urinating more often, roughly once more at night and once more during the day, but I didn't see this as a significant increase. Quite laughably, I put my thirst down to the water being different in my student house. The penny finally dropped when I went home for the weekend. I stepped onto the scales and realised that I had lost 5kg in a week despite a normal calorie intake. I put the symptoms together, diagnosed myself with T1DM and headed downstairs to break the news to my family. I didn't want to spend the night in A&E so waited until the next day to seek medical help. It was a Bank Holiday Monday thus I had to go to A&E, where I arrived late morning. The blood glucose machine was not working so a venous blood glucose was taken; less than two minutes later my name was called, and I knew my suspicions were correct.

DKA is a life-threatening condition, and yet I still managed to miss it despite diagnosing myself with T1DM. I ask myself how I missed this. How did I spend another night at home, waiting until morning to go to A&E? The answer is simple: I thought that to have DKA meant that you needed to be severely unwell. I would have pictured a patient that is barely conscious, with a change in breathing and severe abdominal pain. The reality is that you can be like me, feeling tired and not myself, and be in DKA. If you have the four Ts-- tired, thirsty, thinner and toilet-- or think you have T1DM, you need to seek medical help immediately to make sure that you are not in DKA.

My second point is that the bad news was broken to me in the waiting room when I was walking through to the

resuscitation area, within earshot of all the other waiting patients. I knew the diagnosis and somewhat how this would change my life. However, I would have preferred to be told about the diagnosis in private, with the chance to digest the news and ask questions. From my experience both of receiving bad news and breaking bad news, and after talking to patients who have had bad news broken to them, you may not often remember everything that was said but you always remember how you felt in that moment. Bad news should always be broken in a private setting with your loved ones around you, and with ample time to ask questions. T1DM is a life-changing diagnosis, and the news should be broken with sensitivity.

A further observation is that, in my opinion, T1DM is more challenging psychologically than physically. There is no respite and the thought of complications constantly weighs on my mind, especially having seen them frequently in hospital. I was diagnosed nearly three years ago and have had numerous appointments since then both in hospital and at my general practice. During these hours of appointments, I have been asked "How are you feeling?" only twice. Maybe this is because I am a doctor and accepted the diagnosis quickly, maybe this is because I seem to be on top of my diabetes and my blood tests are good. However, there is no way of knowing what is going on inside my head and whether I am really doing okay unless I am asked about it. This applies to all who have T1DM. Diabetes is all-consuming and requires constant thinking and planning absolutely everything for the rest of your life, with consequences for mental health. It would be impossible to go years and years without getting sick of it and wishing for a break, however brief.

On a positive note, there have been great improvements in mental health support in recent times. For example, last month I was in a paediatric clinic which had an adjoining clinical

psychologist, which was brilliant to see. However, I fear that certain patients can go under the radar and thus miss out on the support which is available. If you are reading this and you work in healthcare, I ask you to try to ask that simple question “*How are you feeling?*” You might just find the person who needs that support and if not, I promise you that they will appreciate the question regardless.

If you can take away three things from my account, let them be these. First, DKA doesn't discriminate; you don't need to appear severely unwell to have DKA. Second, T1DM is a life-

changing diagnosis, and the news should be broken accordingly. Thirdly, T1DM is emotionally challenging. So please check in and ask us how we are doing.



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