Patient empowerment key to diabetes control

A major highlight of this year’s Annual Scientific Meeting was a presentation on patient empowerment by one of the world’s leading diabetes self-management experts, Martha Funnell, Research Investigator in the Department of Medical Education and Co-Director for Behavioural, Clinical and Health Systems Core for the Michigan Diabetes Research and Training Centre at the University of Michigan Medical School.

Patient empowerment, according to Ms Funnell, involves a shift from the traditional ‘compliance’ approach to diabetes care, where patients are judged on their ability to adhere to a prescribed therapeutic regime, towards ‘collaboration’.

This means diabetes educators need to become active partners with their patients in the management of their condition, so that patients can make informed decisions about their goals, therapeutic options and self-care behaviours. This can facilitate better communication, greater satisfaction with care, improved metabolic and psychosocial outcomes, as well as emotional wellbeing.

Our role, as educators, is to provide the expertise to help our patients make informed decisions to achieve their goals and overcome obstacles.

The empowerment philosophy is based on three core elements of chronic illness care: choices, control and consequences. The choices that patients make each day have a greater impact on their outcomes than those made by diabetes educators or other health professionals.

Goal-setting is an effective empowerment strategy as patients who participate in the selection of goals feel a sense of ownership of those goals and are more likely to be successful in achieving them. Goal-setting involves a five-step process to assist patients to:

**Step 1:** Define the problem  
**Step 2:** Identify beliefs, thoughts and feelings which may hinder the patient’s efforts  
**Step 3:** Identify long-term goals towards which the patient can work  
**Step 4:** Choose and commit to a behavioural change that will help them reach their long-term goals  
**Step 5:** Evaluates their efforts and identifies what they learned in the process

This process allows patients to assume responsibility for their choices and daily diabetes care. The challenge for us, according to Funnell, is to recognise that setting goals with – not for – our patients will help them achieve the best long-term outcomes.

*Ends*

For further Meeting information please contact Mairead McLaughlin on 0405 951 572 or mmclaughlin@ethicalstrategies.com.au.
**About the ADEA (Australian Diabetes Educators Association)**

The ADEA is the leading Australian organisation for health professionals who provide diabetes education and care. There are more than 900 credentialed diabetes educators working across public and private practices and hospitals in Australia.

The association actively promotes evidenced-based diabetes education to ensure optimal health and wellbeing for those affected by and/or at risk of diabetes and sets standards and develops guidelines for the practice of diabetes education.

The ADEA also offers professional development programs and accredits those developed by other organisation.

For further information about the ADEA visit [www.adea.com.au](http://www.adea.com.au)

**About the ADS (Australian Diabetes Society)**

The ADS is the peak medical and scientific body in Australia working towards improved care and outcomes for people with diabetes. The association’s members include medical graduates and scientist with an interest in diabetes as well as those with a primary role in professional diabetes care.

Ways in which the ADS strives to enhance the welfare of individuals who have diabetes include the dissemination of the latest developments in the treatment and management of diabetes to its members; developing in association with Diabetes Australia and other interested bodies, education methods designed to give those who have diabetes mellitus a better understanding of their condition.