

Diabetes Stigma in Healthcare

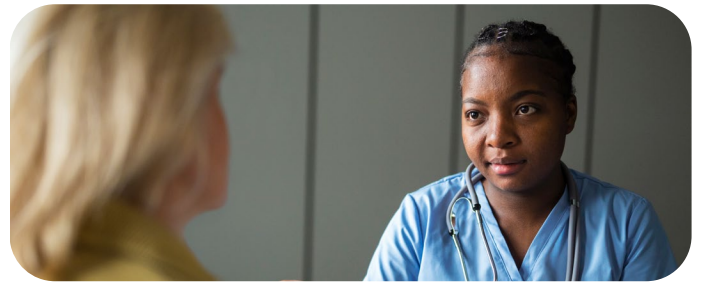


A Resource for Healthcare Heroes

Turning health professionals
into allies

dStigmatize

What's the challenge?



Many health professionals are incredibly supportive of people with diabetes and skilled at delivering compassionate, person-centered care and treatment.

However, studies show that people with diabetes experience implicit and explicit stigma from health professionals.¹⁻³

What do we know?

Unfortunately, implicit and explicit bias against people with diabetes is common among health professionals.

In a study of over 200 US internal medicine specialists and endocrinologists, negative attitudes towards people with type 2 diabetes (T2D) were pervasive.⁴

33%

Were "repulsed"
by people with T2D

39%

View people with T2D as "lazy"

View people with T2D as "non-compliant with treatment"

44%

View people with T2D as "lacking motivation"

Reported witnessing other professionals in their field making negative comments about people with T2D

What does stigma in the healthcare space look like?

There is an abundance of qualitative evidence from people with diabetes reporting stigmatizing experiences

with health professionals, including being blamed, shamed, ignored, and spoken down to.

I have developed large complications and I have had medical professionals say to me 'well it's your own fault because you're diabetic' which is not what you really want to hear.

***Woman with type 1 diabetes,
Australia ¹***

The way that [the dietitian] was talking about diabetes kind of made me feel that it was my fault that I actually had it – that I wasn't watching what I was doing to begin with, and this is how I developed it.

Woman with GDM, Canada ⁵

I wish [my healthcare team] would focus on what works for me and not push for things that are unrealistic. With my family's schedule, not every meal is going to be at the same time around a table. If I have to adjust, so do you.

***Man with type 2 diabetes,
United States ⁶***

**These are just some examples.
Research shows that when people with diabetes feel judged, shamed, blamed, or ignored by their healthcare team it may lead to:**

- Demotivation,⁷
- Avoiding healthcare appointments,⁷
- Searching for information from other sources (e.g. friends, family, social media, the internet),⁷
- Seeking a new healthcare team,⁷
- Feelings that they are a burden on the healthcare system.⁷

What can you do about it?

Here are **four ways** that you can create a more welcoming, supportive, and respectful healthcare environment for people with diabetes.



1

Change your language



The language we use to talk about diabetes often reflects a lack of awareness or consideration, and may express conscious or unconscious bias.^{8,9} Research shows that this language can have lasting negative effects.^{8,9}

Aim to use language that is neutral, non-judgmental, and based on facts, actions, or physiology and biology, instead of relying on words and phrases that carry a value judgment (good, bad, poor, fail, etc.).^{8,9}

Use language that is collaborative, supportive, and reflects that people with diabetes are individuals with preferences, priorities, and lives beyond their chronic condition.^{8,9}

Avoid facial expressions and body language that might be perceived as stigmatizing or judgmental.

For specific recommendations, visit the [dStigmatize Language Guide](#).



2

Frame your conversations

How we frame conversations and messaging is important. Framing refers to the choices we make: what we choose to emphasize, what we say, and what we don't say.¹⁰

Effective framing includes avoiding assumptions, blame, or judgment while emphasizing collaboration, empathy, and person-centered messaging; it goes hand-in-hand with language change.¹⁰ Let people with diabetes guide conversations. What are their priorities, their health goals, and the challenges they face in their day-to-day lives that prevent them from reaching their goals?



Avoid the following traps to facilitate more respectful, collaborative, and productive conversations with people with diabetes:

- **The expert trap:** Use “we” language, and emphasize the value and expertise that comes with lived experiences. Avoid talking down to people with diabetes with patronizing or directive comments.
- **The question-and-answer trap:** Ask open-ended questions instead of yes/no questions that can stifle conversations and make someone feel blamed or shamed.
- **The fear-based messaging trap:** A commonly made mistake is using scare tactics to encourage positive behavior change. This is a disproven and unethical strategy that almost always results in the opposite behavior and worse outcomes. Instead, focus on hopeful and strengths-based messaging.

For specific recommendations on how to frame difficult conversations around diabetes-related medications, technology, nutrition, and complications, visit the [dStigmatize guides](#).



3

Create a welcoming environment



The physical healthcare space that people with diabetes find themselves in can sometimes contribute to stigma or feel unwelcoming. Aim to set up a clinical space where people with diabetes feel safe and supported, rather than being a place that they avoid out of fear.

Make sure seating and medical equipment are appropriate for people of all sizes. Avoid taking vitals such as weight in public areas where people may feel judged by others. And remove posters, pamphlets, and other materials that may include stigmatizing language and imagery.

For specific recommendations, visit the [dStigmatize guide Creating a Stigma-Free Clinic](#)



4

Speak up



Almost half of physicians have heard their colleagues make negative comments about people with type 2 diabetes.⁴ Many have likely heard similarly misinformed comments about type 1 and gestational diabetes as well.

People with diabetes have to constantly advocate for themselves to receive the respect, accommodations, and care they deserve. Health professionals can be allies by speaking out against diabetes stigma and discrimination, encouraging person-centered language among their peers, and lifting up the voices and experiences of people with diabetes.

Citations:

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3. Davidsen, E., Maindal, H. T., Rod, M. H., Olesen, K., Byrne, M., Damm, P., & Nielsen, K. K. (2022). The stigma associated with gestational diabetes mellitus: A scoping review. *EClinicalMedicine*, 52, 101614.
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5. Tait Neufeld H. (2014). Patient and caregiver perspectives of health provision practices for First Nations and Métis women with gestational diabetes mellitus accessing care in Winnipeg, Manitoba. *BMC health services research*, 14, 440.
6. Data on file, 2023. diaTribe. Survey among 30 participants, 2023.
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9. J, S., T C, S., T, D., T, B., G, K., C, L., R, S., & G, J. (2021). Our language matters: Improving communication with and about people with diabetes. A position statement by Diabetes Australia. *Diabetes research and clinical practice*, 173, 108655.
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Ignorance perpetuates diabetes stigma.

The first step to address diabetes stigma is to understand what it is and how it affects people. Visit the **dStigmatize Resource Library** to learn more.



dstigmatize.org/resources



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