

After hearing about the Government's proposal to reduce funding for blood glucose testing strips for non – insulin diabetics I had to raise my objections. I am a credentialed diabetes educator and registered Nurse, my role is to empower diabetic patients in particular Aboriginal and Torres Strait Islanders. Over the years we have made significant improvements in educating patients on the value of blood glucose testing to reduce the impact and incidence of short-term and long-term diabetic complications.

When do you know when somebody needs to move from a diet and exercise regime to Oral hypoglycaemic agents (diabetes medication) well the answer is quite simple you react to a high HbA1c marker (above 7.0 %). However this three month average does not tell the doctor / diabetes educator where and when the blood glucose is rising or falling. For this you need to map out the blood glucose levels and the easiest way to do this is to structure the blood glucose testing to map out twenty four hours of pre-meal and post meal levels. This will show the impact of food, exercise, illness / stress, other medication including anti –psychotic / inhalers, prednisolone, to enable the health care professional to commence the oral hypoglycaemic agents at the right time, the right amount and the right frequency.

Of course we all know that diabetes mellitus - type 2 is progressive and we also know that 100% of diet and exercise regimes fail so it is paramount that we are able to map out the blood glucose levels for a timely response. Failure to manage type 2 diabetes with structured blood glucose testing will increase the impact of long-term complications of type 2 diabetes which include Retinopathy (blindness), Peripheral vascular disease (PVD ), stroke, heart attack, Kidney failure. The cost of these complications is staggering and I am concerned that the move to save 15 – 20 million now by reducing the subsidy for blood glucose strips will cost us much much more. Please don't let history tell us that we got it wrong. We have failed in Indigenous health for too long, if you as a Government are serious about closing the gap then you will see that this short- term gain will lead to long-term pain.

Structured blood glucose monitoring is one of my best tools, without it I will not have the information to increase patient's medication, know when to commence insulin therapy, improve diabetes outcomes for Indigenous Australians.

I have personally seen General Practitioners, Aboriginal health workers, diabetes educators moving in the right direction. We are beginning to focus on prevention and that my dear friend's is where you will save Billions. Of course you will never know because primary health care / prevention is hard to measure. I beg you to look ahead and get advice on the long-term impact of your proposed actions. I understand that we here in Australia have a robust biomedical treatment model but we have to focus now on prevention strategies to protect our wonderful health care system. I will personally make sure that every subsidised blood glucose test for diabetics on oral hypoglycaemic agents is not wasted and used to enable doctors to make timely intervention.

By keeping a type diabetics blood glucose level below 8 mmol/L 2 hours post meals we can reduce the risk factors for long-term complications of diabetes mellitus. I promise to fight this proposal through every university, every Indigenous health care unit and every GP, nurse and diabetes educator I know. I promise you this because I have a duty of care to all Australians and I will make them aware of the potential impact of this decision.

Yours Mike 'the sugarman' Porter RN, CDE, PHC.