Checking Our Bias – Reducing Stigma in the Clinical Setting

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Definitions & Background

Diabetes stigma includes the negative stereotypes, blame, judgment, and prejudice that people with diabetes (PWD) experience.[1] This type of stigma can lead to discrimination; the unfair or prejudicial treatment of PWD.[1]

Research suggests as much as 80% of adults with diabetes report experiencing diabetes stigma[2] coming from numerous sources: Healthcare professionals (HCPs), the general public, family, friends, colleagues, teachers, peers with diabetes, and the media.[1]

Diabetes stigma is associated with negative health impacts and behaviors including:
- Depression & anxiety symptoms, diabetes distress, lower self-esteem, & disordered eating.[3,4,5,6]
- Concealing a diabetes diagnosis & its management.[3,4,5]
- Reduced diabetes self-management.[3,4,5]
- Higher HbA1c values & increased severe hypoglycemia risk.[7]
- Lower quality healthcare interactions, skipped healthcare appointments, & a reluctance to initiate insulin.[3,4,5]

However, there are limited recommendations on how to successfully reduce stigma in the clinical setting among HCPs and certified diabetes care and education specialists (CDCES).

What do People With Diabetes Want You to Know?

In May 2023, diaTribe conducted a small focus group of US adults, including people with type 1 diabetes (n=3), type 2 diabetes (n=1), and caregivers of PWD (parents or HCPs) (n=4). The resulting quotes are taken from the discussion that resulted when presented with the questions: **What do you wish healthcare professionals knew about living with diabetes?**

"It's hard stuff! Twenty-four hours, seven days a week, with no vacation. Negative commentary does not make it easier for PWD."

"PWD carry blame and shame because they are human and cannot be perfect in their diabetes care. Every high or low blood glucose is a constant reminder that one could have "done better," when the reality is, those numbers just express that we have diabetes."

"I know you want me to believe that diabetes shouldn't stop me from doing anything in life, but sometimes you just don't understand the minute-by-minute, hour-by-hour challenges. And asking me to subscribe to this [mindset] isn't always realistic."

"It is not your patients' fault for poor outcomes – do not withhold potential treatment options that could improve care, just because you think your patients are not trying hard enough."

"It takes a lot of intellectual and emotional labor to explain our diabetes to anyone else – our friends, our family, our partners, and you (or any other healthcare provider)."

"We notice when you make snap judgments and assumptions about us."

The Importance of Language

The language we use to talk about diabetes often reflects a lack of awareness or consideration, and may express conscious or unconscious bias.[11,12] Research shows that this language can have lasting negative effects.[11,12] Make intentional choices to:

1	Use language that is neutral, non-judgmental, and based on facts, actions, or physiology/biology instead of relying on words and phrases that carry a value judgment (good, bad, poor, fail, etc.).[11,12]
2	Use language that is collaborative, supportive, and reflects that PWD are individuals with preferences, priorities, and lives beyond their chronic condition.[11,12]
3	Take a person-centered approach to appointments that is respectful, inclusive, and uses motivational interviewing to show an attention to care and detail, free from assumptions.[11,12]
4	Avoid facial expressions and body language that can contribute to stigma or judgment.

Scan the QR code to visit the dStigmatize Language Guide

Diabetes Stigma in the Clinical Setting

PWD point to the healthcare system and HCPs as a specific source of stigma, reporting that they:
- Feel judged by their HCPs for their HbA1c, Time in Range, lifestyle choices, & weight.[4,8,9]
- Feel as though their HCPs make assumptions about their diabetes management, weight, & lifestyle choices.[4,8,9]
- Experience shaming & fear-based messaging as a way to encourage better habits.[4,8,9]

In one study from 2019 that surveyed 187 US medical students, results showed that almost 30% of the respondents reported harboring stigma towards PWD, especially those with type 2.[10]

Experiencing stigma in the healthcare space can drive PWD to:
- Change HCPs (which can be complicated by disparities in access, insurance coverage, & HCP/specialist shortages).[4,8,9]
- Avoid consultations with HCPs entirely and/or disengage with diabetes self-management.[3,4,8]
- Seek advice from other sources that may not be able to deliver the same level of care or expertise (family, friends, social media, the internet, etc.).[4,8]

Creating a Stigma- and Judgment-Free Practice:

Though interventions aimed at addressing diabetes stigma in the healthcare setting are limited, there are steps you can take to reduce stigma and create a supportive environment for PWD that go beyond language choices.

Be mindful of intent vs. impact:
- The goal is not perfection. The most important thing is to be mindful that PWD *do* experience stigma and adjust your practices to *minimize this to the best of your ability.*
- However, some things that are said or done with good intentions can still negatively impact PWD. Aim to avoid this whenever possible and listen to the diabetes community for best practices.

Setting up a stigma-free office space:
- The physical healthcare space that PWD find themselves in can often contribute to stigma and feel unwelcoming. Aim to set up a clinical space where PWD feel safe and supported, not a place they avoid out of fear.
- Some tips include:

Make sure seating & medical equipment are appropriate for people of all shapes and sizes.

Avoid taking vitals – such as weight – in public areas where people may feel judged by others.

If you do have to measure a person's weight, it can sometimes help to have the numbers covered and only share them if the person wishes to know them.

Audit the office space for posters, pamphlets, and other materials that may include stigmatizing language and imagery.

Framing conversations and avoiding stigmatizing "traps:"
- How we frame conversations and messaging is important. Framing refers to the choices we make – what we emphasize, what we say, and what we don't say.[13]
- Effective framing includes avoiding assumptions, blame, or judgment while emphasizing collaboration, empathy, & person-centered messaging.[13] Let PWD guide conversations – what are their priorities, their health goals, the challenges they face in their day-to-day lives that prevent them from reaching their goals?
- Some traps to avoid include:

Expert Trap
Focus on "we" language, and collaborative, PWD-led discussions, that emphasizes the expertise of lived experience instead of making patronizing, directive, or judgmental statements.

Question & Answer Trap
Ask open-ended questions instead of yes/no questions that can make someone feel blamed or shamed.

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.

Confrontation & Negotiation Traps
Whenever speaking with PWD and their families, focus on that collaborative "we" language and celebrate progress of any kind instead of confronting someone about their health outcomes or behaviors or trying to negotiate with them to make better choices. Confrontation and negotiation set the PWD up to feel ashamed, especially if they fall short of achieving their health goals.

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