



In Dublin just before Easter 2004 I was pleased to join Micheál Martin, Ireland's Health Minister, and diabetes advocates and specialists from around Europe to see how we can push diabetes up the political and budgetary agenda. We called for work to start on proposing a diabetes framework for Europe. Diabetes presents an enormous challenge to Europe and to every member state and to 50 million people in the enlarged European Union (EU). My personal 'challenge' is, I suppose from my eyes – or more precisely from my brain – to my feet. The signals from my brain tell me that the constant pain in my feet is the neuropathy which comes from diabetes. Mercifully so far, it has not yet affected my sight or my liver, although there are signs of neuropathy in my fingers.

The occasional dizziness and tiredness remind me that I live with diabetes. I am lucky, if that is the right word. My diabetes requires three chunky metformin tablets and a variety of other pills and potions, blood tests, visits to a specialist, and specially made shoes. So far, I have not developed insulin dependent diabetes. So far, I have been able to lead a fairly normal life – or as normal as a politician is capable of being. But I am a former British Health Minister and now a European Parliament Health Spokesman with a very real understanding of at least one health disorder.

## Diabetes: a European challenge

*John Bowis, MEP*

My diabetes was found by chance. I had been rushed to hospital with a fever and a swollen and deep red leg that was eventually diagnosed as cellulitis – an infected lymph gland tract. When, after some months, what seemed like an iron rod in my leg declined to heal, a friend – a friend mind, not a doctor – suggested there might be a blood sugar problem.

I asked; they tested; and there was. Lesson one, to me, therefore was that we need to screen at least the most vulnerable categories of people. Lesson two was that we need more health education about diabetes for the public – and also for the medical profession. Lesson three was that we need more specialist doctors, nurses and chiropodists. Lesson four was that we need more research.

Then I started to learn more about diabetes. In my country, the UK, 1.3 million people are diagnosed and hundreds of thousands almost certainly live unknowingly with diabetes. One in 20 people over 65 years of age have diabetes, and one in five over the age of 85. If you have an African or Caribbean background, you are three times more likely to have diabetes. If you are South Asian, this rises to six times. We have more men than women with diabetes, but women are at a greater mortality risk. More children are developing both types. Type 1 reduces our life expectancy by 20 years, type 2 by 10. We are five times more susceptible to coronary heart disease and three times more susceptible to stroke. Our condition is the leading cause of renal

failure and of working age blindness and, after accidents, it is the most common cause of amputation. Type 2 costs the individual €1150 per year – this is without accounting for the cost to the individual and family of lost earnings and to the state of lost tax revenue on those earnings. The cost to our health service is €577m – 5% of total resources and 10% of inpatient resources. The cost to our social services is some €3610 *per annum*. And the World Health Organisation report in September 2002 revised its estimates of future global growth to a doubling over 25 years to more than 300 million people. Those are the facts and figures that made me, the patient, gasp. They made me, the politician, want to do something about it, irrespective of my own experience. But they are also the downside.

The upside is that the evidence shows that type 2 can be delayed or prevented. The upside is the Danish research which showed that, while the number of people with diabetes was rising, the death rate was falling. In other words, more people are coping, or being helped to cope, with the disease and so living longer. The upside is new drugs, new therapies, new awareness and new research.

The keys are screening, education, disease prevention, health promotion, disease management, and a partnership between the individual and diabetes health and social care professionals – the empowering of people to manage their own condition better.

The lessons are the ones we so



often ignore or put off to another day: the prevention and reduction of obesity; the balanced diet; adequate and efficient exercise; effective and specialist nursing; early diagnosis; and more investment in research.

The political route is pressure on my fellow politicians, especially those with the purse strings. The road is the road of enlightenment: showing politicians the scale of the problem; showing what one can do about it; and showing the financial – and political – cost of not doing anything. National budgets and policies are fundamental because, under the Treaties of the EU, health services and their priorities are the preserve of member states and the support of national politicians is crucial. However, Europe has a part to play and the European Parliament, with its new and enhanced health role, has doors to open.

Let me issue a challenge to my fellow politicians. One of the side effects of diabetes is stigma. One of the ways in which to defeat stigma is for people in public life living with the disease to come out and say so. Many do, but too many do not. We know of many notable people who live with diabetes now, or who have done so in history: from Jack Benny to Mary Tyler Moore; from Halle Berry to five-times Olympic Gold Medallist rower Steven Redgrave; and from HG Wells and Ernest Hemingway to Mario Puzo and James Cagney. However, of politicians perhaps the best known are Nikita Krushchev and General Augusto Pinochet – not perhaps the best of role models!

The new Health Action Programme opens the door to mapping Europe's health needs and sharing best practice in how those needs are being met. It opens the door to measures for the promotion of good health and the prevention of disease and disability. It

opens the door to health impact assessments on all major new EU and national policies. The budget for all this is small, but the budget for research is large. So we made a beeline for the Sixth Framework Research Programme (2002–2006) and happily persuaded the Commission and the Parliament that diabetes should be a named disease in the research programme. That door is well and truly open.

In order to make the Parliament more aware of diabetes, we set up a Diabetes Group of interested MEPs and then twice organised a screening of MEPs and others working in the Parliament. The first time we offered them blood and eye tests. We frankly wondered whether my MEP colleagues might be shy of such public testing. To our surprise, some 200 eye tests and 700 blood tests were taken – led by the Health Commissioner, David Byrne, the President of the Commission, Romano Prodi, and the President of the Parliament, Pat Cox. Romano Prodi was a little concerned, saying he had never been tested for anything and what if he were found potentially to have a problem. We reassured him that the results of the tests were completely confidential and so he submitted. And then he was told his test was good. *Eureka!* – no longer publicity shy, he bounced up and down telling everyone he had a good test result and encouraging others to have a go. The result of this screening was 8.5% showing abnormal levels and needing further advice – more or less the average for the population of Europe. So who says MEPs are not representative of the electorate!

In 1989, European nations agreed unanimously in St Vincent in Italy to recognise and tackle the problems of diabetes. Ten years on in 1999, the Istanbul Commitment

showed there had been more words than action by government health departments. The nations of Europe again agreed – again unanimously – to set and meet goals, targets and high standards of care.

Now, at the time of writing, it is 2004. We have progress, but we have many miles yet to travel as politicians, as nurses and doctors, as scientists and as individuals living with diabetes. I know it is a long road; my neuropathic feet tell me that. They also tell me there must be no weakening of our collective resolve to reach our targets.

#### Author's details

John Bowis was elected in 1999 to represent London in the European Parliament for the British Conservative Party (EPP/ED Group). He was re-elected in June 2004. From 1997 to 1999 he worked in support of the World Health Organisation's Global Campaigns on Mental Health and Epilepsy.

From 1987 to 1997 he was a Member of the UK Parliament, where from 1993–6 he was a Health Minister and 1996–7a Transport Minister. While at Health he represented the UK on the EU Health Council.

In the European Parliament he is EPP/ED Coordinator and Spokesman on the Environment, Health & Food Safety Committee. He was Rapporteur on Food Safety, on Health & EU Enlargement, on Professional Qualifications and on the European Centre for Disease Prevention & Control. He lives with type 2 Diabetes."

**Correspondence to:** PO Box 262, NEW MALDEN, KT3 4WJ, UK; e-mail: johnbowis@aol.com; website: www.johnbowis.com