My Superpower

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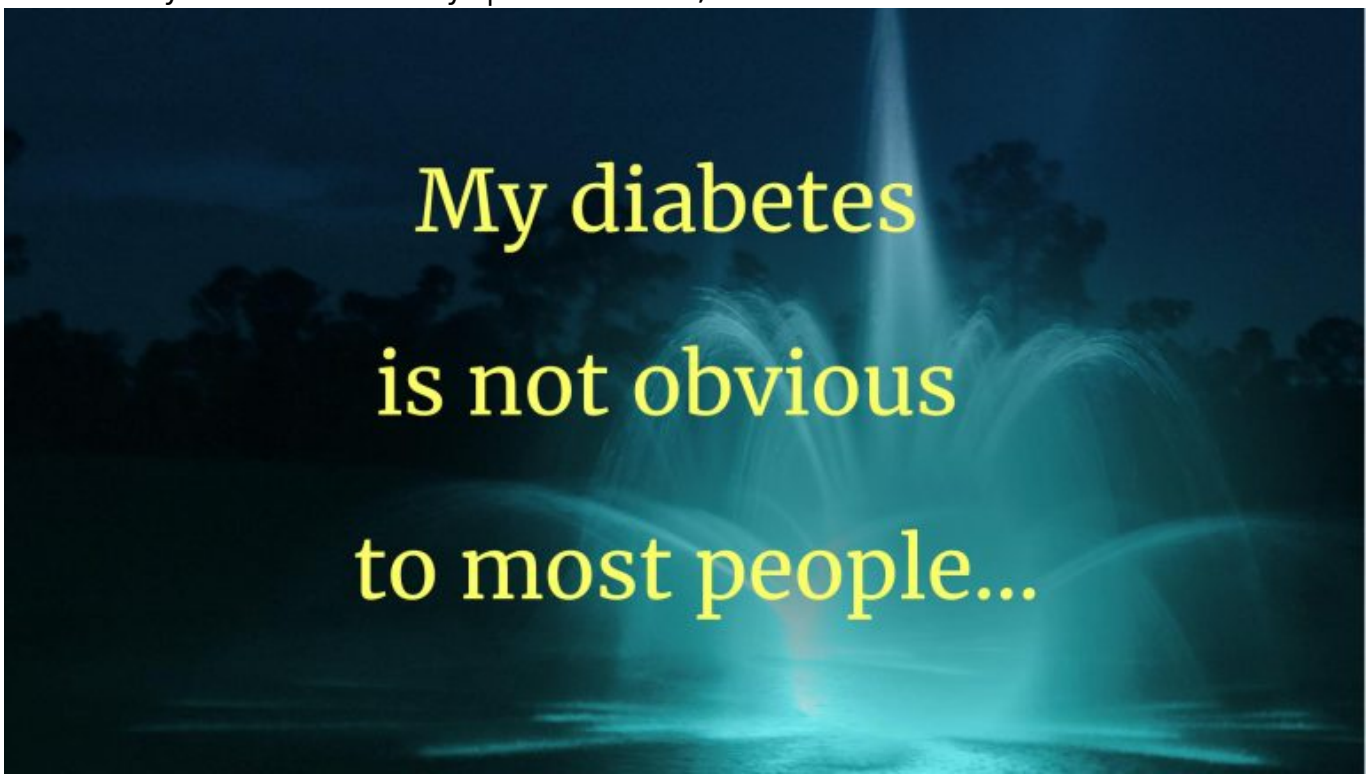

When I was six years old, my parents and I learned that I have type 1 diabetes.

As I grew up, revealing my diagnosis felt awkward and burdensome. Whenever I was in a public place and checked my blood sugar by pricking my finger, I often had to explain my illness to others, which led to unwelcome questions. To avoid this, I developed a habit of mentioning my disease swiftly, as if pulling off a Band-Aid.

But saying “I have type 1 diabetes” didn’t solve the problem. It provoked responses that made me very uncomfortable: “But you’re not obese!” “Is that the type that you did to yourself, or the type that just happens?”

In response, I often felt tempted to lecture others about the association, not causation, between obesity and type 2 diabetes. Gradually I came to realize that many people were simply unaware of the many other factors that also play a role. As I grew older, I grew less bothered by people’s lack of knowledge, but more bothered by the notion that certain diseases warrant more sympathy than others.

I recognize that my diabetes is not obvious to most people—a privilege not enjoyed by many others who suffer from chronic illnesses and disabilities. The small insulin pump I wear to control my blood sugar sits discreetly on my hip, masked by my pants. My continuous glucose monitor (CGM) is concealed by my sleeves.

Ironically, though, because the devices are easy to hide, they also make the diabetes itself easier for others to overlook. And this in turn can lead to misconceptions about the full impact of the disease on a diabetic person's life and health.

Over time, I developed the skill of meeting people's probing questions with tolerance. Often, it seemed, these questions stemmed from a personal connection with someone with diabetes, whether it be a family member or friend. When questions were rooted in misunderstanding, I did my best to educate my questioners, while at the same time hopefully reducing some of the stigma associated with diabetes.

Once I started medical school, though, everything changed. Suddenly I was surrounded by other future doctors, and I no longer felt that familiar urge to be the lecturer. When I revealed my disease to my classmates, they seemed excited to discuss my initial symptoms and explore new treatment methods. It was refreshing to see that my personal knowledge of diabetes had a practical side.

In class, we learned a great deal about diabetes, from its pathophysiology to its lifelong implications. We were taught the ins and outs, but even so, I spotted some nuances that struck me as significant, because they helped to reduce the stigma of the disease: For instance, diabetic ketoacidosis is not always caused by medication nonadherence; it can also be triggered by an acute infection or a malfunctioning insulin pump.

In my third year of medical school, I was eager to begin my surgery rotation. Before the first day, I grappled with whether or not I should tell the team about my diabetes.

Will they consider this information oversharing? Will they worry about me? Will they think I'm not cut out to be a surgeon? Will they judge me if my blood sugar drifts slightly out of bounds, and I need to step out for a snack?

A large part of me found this self-torment silly: *Why would I be judged for my well-controlled diabetes?* But a small part of me wasn't so sure.

I decided not to say anything, and for the next eight weeks, I managed my diabetes as subtly as I could, often feeling worried that a resident might hear my glucose monitor beeping to alert me that my blood sugar was out of healthy range.

One day, prior to a scheduled surgery, our supervising physician lectured us about the dangers of hypoglycemia. He explained that after years of having the disease, type 1 diabetics can't sense when their blood sugar is dropping, and that this can be dangerous.

To drive home his point, he said, "I mean, you'd never want a type 1 diabetic flying your plane, right?"

He meant that low blood sugar might cause someone to pass out or have a seizure, and that, if they were your pilot, this would be disastrous.

A classmate and friend who knew my status as a diabetic piped up: “Just to clarify, you mean those with *uncontrolled* type 1 diabetes, right?”

“Nope,” he responded. “I mean all type 1 diabetics. Would you want them to be your pilot?”

At this point, I felt my heart sink and my cheeks flush. I was already feeling less than adequate intellectually; now I also felt *physically* inferior. If our attending physician wouldn’t trust someone like me to fly his plane, he certainly wouldn’t trust someone like me to be his surgeon.

For a split second, I thought about speaking up. I considered mentioning new technologies like my CGM that alert patients to falling blood-glucose levels before they reach the danger zone. By the time I’d collected my thoughts, though, it seemed a moot point.

As we walked to the operating room, I choked back mixed emotions—anger, embarrassment, feelings of inadequacy. The next three hours of surgery went smoothly for the patient and surgical team, but I couldn’t help feeling that I was an imposter masquerading as a healthy person.

At home that night, I cried.

Did Tulane make a mistake by accepting me? Will my rogue immune system and broken pancreas make me incapable of being a physician? These thoughts, initially deafening, quieted as I realized how my perspective as a diabetic could benefit my patients.

As a doctor in training, I often feel that I’m expected to be superhuman—maintaining high productivity on minimal sleep over maximum work hours. In this setting, which prizes being the best, the stigma surrounding disabilities or chronic illnesses like mine is amplified.

Still, I know that others with type 1 diabetes have successfully made it through medical training. And my experience has taught me that although having a disability might seem like a weakness, it actually offers an opportunity to become a uniquely compassionate and creative caregiver.

My disease has given me an intimate firsthand experience of the life of a “sick” person. While years of uncontrolled diabetes could potentially damage my eyesight, it has granted me the capacity to see the medical world from a patient’s perspective. Similarly, even if my illness one day limits the sensitivity of my hands and feet, it has heightened a compensatory superpower: *empathy*.

And though this superpower may be invisible to the naked eye, I know that it will be felt by my patients. For this, I will always be grateful.