

Rebecca Phillips

Type 1 diabetic since October 1983

Current age 44

Insulin pump since 2001 – multiple daily injections prior

CGM user since 2021

I am an insulin dependent diabetic for nearly 40 years, I am lucky to not have any complications and have been able to achieve an excellent HBA1C with the use of a CGM. The introduction of this technology into the NDSS has removed a severe financial burden however there are many other financial components that remain.

- Private health insurance – Gold tier minimum – in order to get access to an insulin pump
- Private endocrinologist, nurse educator and dieticians – in order to see a specialist more than once every 6 months
- NDSS supplies – CGM, test strips, pump supplies, ketone tests – while this has improved significantly the cost of this is still an economic burden our non-diabetic peers do not have bear
- Prescription costs – while the cost of insulin has decreased this year with the maximum PBS cost being lowered this is still a significant cost over the year
- Cost of getting to and from medical appointments – car parking fees, petrol, public transport or taxi/uber costs
- Cost of taking time off work for appointments – FairWork legislation does not cover medical appointments under personal leave therefore we either take annual leave, unpaid leave, or skip appointments all together
- Cost of low blood sugar treatments – if a sugar tax is added then this cost will increase further
- Costs for psychological appointments/self care – due to the emotional, physical and economic burden of the disease many of us have mental health issues that need to be addressed at an added economic and time burden

There is very little support for us outside the NDSS/PBS and the emotional, physical and economic burden of our disease is not well understood. The blame we receive from a disease that is autoimmune from doctors, the general public and the media can play a heavy toll. Most of us want to avoid complications and make a dedicated effort to keep our blood sugars under control, however it is a disease where there is no magic formula, too much injected insulin causes low blood sugars, too little injected insulin causes high blood sugars and we are making calculations from the moment we wake (and often in the night when we are woken from low or high blood sugars). Many of us face discrimination in the workplace through out-of-date medical information used to assess us in pre-employment medicals further adding to the stress of managing a disease where we mask it as much as possible from our peers.

However insulin dependent diabetics are not alone in a lot of this an insulin requiring diabetics such as type 2 diabetics requiring insulin, LADA diabetics, people with cystic fibrosis who require insulin and others have a further burden to many of the newer technologies that have given me more freedom as a type 1 diabetic not being available to them through the NDSS. The CGM has been life changing for me and has improved both my physical health, my quality of life and my mental health.

I hope to live another 40 years with type 1 diabetes with no complications however I know that I have been very lucky to this point of time, the judgement I have seen other diabetics receive from health care professionals, the media, general public and worse of all other diabetics is something that needs to be examined. The stigma attached with all types of diabetes needs to be removed and the people living with all types of diabetes treated with care, compassion and free from judgement. As much as people think they are healthy they are always one step away from living with a chronic illness themselves.