

Submission to Diabetes
In Australia enquiry
Andrew Retchford retired.
Type 3c diabetic.

Thank you for this enquiry into diabetes in Australia and for giving those with the varied forms of diabetes to be heard.

In my case I have T3c diabetes from idiopathic pancreatitis. (No known cause for this in my case though my brother now is also suffering from idiopathic pancreatitis. So may be genetic or triggered by an autoimmune issue with the pancreas.

I must take insulin as my pancreas beta cells have been killed off due to this disease. This means that I control my blood glucose levels with finger pricking and insulin just like a T1 diabetic.

There is no information on the NDSS web site regarding T3c nor can I be classified correctly as I am not T1 or T2.

As I am now retired, I do not have endless funds to spend on CGM devices to help me keep my blood glucose levels in check. I can take up to 8 shots of insulin per day including correction doses. That is a lot of finger pricking.

It appears that those that have pancreatic diseases seem to have slipped through the cracks of the system. The endocrinologists would have to falsify documents risking their provider number to call us T1 to get the subsidy for the CGM devices.

I can't see the difference a person with T3c that has had their pancreas removed, partially removed or damaged by disease to a point it does not work and someone with T1 where their pancreas has been damaged by an autoimmune disease. Both are essentially the same.

As the subsidy is not provided to me, I tend to under medicate with insulin as I don't want to have a hypo while asleep or driving. With a CGM, and, I have tried one on a trial offered by Dexcom for a month my blood glucose was near perfect. This control is invaluable when trying to minimize further health issues from not having your blood glucose levels the best they can be.

I would request the committee to include a classification for T3c, so we are not classified as T2 or other. I would also ask the committee to see that the NDSS provide information on T3c care as there is nothing on the web site at all. I would further ask the committee to investigate with some urgency to include T3c diabetics in the subsidy of the CGM units.

Kind Regards

Andrew Retchford