



Diabetes and Palliative Care

Information for people with diabetes

This brochure tells you about:

- Why it is important to care for diabetes when you are receiving palliative care.
- How your usual diabetes care may change.
- What to tell health professionals and your family/carers about your diabetes care preferences.



Why is it important to care for diabetes during palliative care?

The aim of diabetes care is to make sure you are comfortable and not in too much pain. Your diabetes will still need to be managed because both high and low blood glucose can:

- make the symptoms of other conditions worse
- cause uncomfortable symptoms
- make you feel very unwell
- make you feel less able to cope.

When you are very unwell you might not notice your blood glucose is too high or too low, and sometimes it is hard to know whether you feel unwell because of your diabetes, the medicines you are taking, or your other illness.

Checking your blood glucose levels is a way of finding out whether your blood glucose level could be contributing to the problem. Thus, checking blood glucose levels will help health professionals know how to make you more comfortable.

Palliative care aims to maintain your comfort and dignity, and includes your diabetes care to avoid the unpleasant symptoms of high and low blood glucose. Therefore, checking blood glucose levels is important.

Health professionals should respect your wishes and knowledge about your diabetes. It is very important to write down your wishes in an Advance Care Plan. When you are not able to tell health professionals your wishes they should talk to your family members or carers. If you have an Advance Care Plan it is easier for everyone to know your wishes.

Your usual diabetes care may change during palliative care

- It may be more comfortable for you if your blood glucose is a little higher than when you were well.
- A suggested range for blood glucose for most people at the end of life is 6 to 11 mmol/L.
- Your medicines may change when you are very unwell. You may need more or less of your usual medicine or you may need to start a new medicine such as insulin.
- Some medicines used to treat people at the end of life, for example steroids for cancer, can make the person's blood glucose go higher even if the person does not have diabetes. Therefore, it is useful to test blood glucose, especially in the afternoon.
- Medicines, such as insulin, might be needed to keep blood glucose in the suggested range to keep you comfortable.

You do not need to be so careful about what you eat.

You can get more information by visiting websites such as:

- Diabetes: www.diabetesaustralia.com.au
- Palliative care: www.palliativecare.org.au, www.caresearch.com.au
- Advance Care Planning: www.caresearch.com.au/caresearch/tabid/1082/Default.aspx



Who can I ask for advice?

Health professionals will continue to be there to support you and to provide the best possible care.

Ask them for advice if there is anything you are worried about. Be sure to ask questions if you don't understand something.

Tell your family/carers and health professionals how you want your diabetes managed when you are very unwell

Talking about your diabetes care with health professionals and your family/carers helps them understand how you care for your diabetes now, and how you would like your diabetes cared for if you become too unwell to care for yourself. You can write your wishes in an Advance Care Plan about:

- How often you would like your blood glucose checked if you are not able to check them yourself.
- What blood glucose levels are acceptable to you.
- When it is all right to stop checking your blood glucose, for example how unwell would you be to no longer want your blood glucose checked?
- The usual signs that your blood glucose is too high.
- The usual signs that your blood glucose is too low.
- When it is all right to stop taking your diabetes medicines.

