

## Reflections

**When Fathers Forget Themselves: Reflections from a Diabetes Clinic**

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As a consultant endocrinologist, my outpatient clinics run three days a week. Two of these days are reserved exclusively for patients with diabetes, while one day is dedicated to general endocrinology. The schedule is demanding, often overwhelming. The waiting areas are crowded, appointment slots are short, and the clinical workload leaves little room for pauses. Yet within this rush, stories unfold—stories that extend far beyond blood sugar readings, insulin doses, or laboratory reports.

In these clinics, I do not merely treat diseases. I encounter people carrying invisible burdens — mental stress, domestic struggles, financial constraints, and emotional exhaustion. Over time, I have come to realize that if we truly want our patients to take care of themselves, we cannot afford to ignore these aspects of their lives. Chronic illness does not exist in isolation; it lives within families, responsibilities, and social realities.

One group of patients, in particular, has left a lasting impression on me: fathers with diabetes.

These are men who are the primary breadwinners of their families. They are responsible not only for themselves, but for their children's education, household expenses, aging parents, and the overall stability of their homes. Many of them come to the clinic tired — physically and emotionally—often after missing work, losing daily wages, or traveling long distances. They sit across from me with quiet resilience, rarely complaining, frequently apologizing for missed follow-ups or poorly controlled blood sugars.

What I began to notice repeatedly, however, was a troubling pattern.

Despite having uncontrolled diabetes, many of these fathers deliberately neglected their own health. Medications were taken irregularly. Follow-up visits were delayed. Monitoring was infrequent or absent. Prescriptions were altered without consultation, doses were skipped, and sometimes treatment was stopped altogether. When asked why, the answers were often vague: “Bas thora masla ho gaya tha,” or “Abhi ghar ke halaat theek nahin.” Their responses lacked the conviction that reassures a physician that meaningful change will follow.

Initially, this concerned me from a purely clinical perspective. Poor compliance inevitably leads to complications, and complications in diabetes are rarely benign.



But as these encounters accumulated, my concern deepened and transformed into something more reflective.

I began to ask myself: Why are these men so willing to ignore their own illness?

The answer, gradually and painfully, became clear. Their priorities were not their own health, but the well-being of their families. These fathers were making conscious financial and emotional sacrifices. In their minds, spending money on medicines meant less money for school fees, rent, groceries, or utility bills. Taking time off for clinic visits meant lost income. Monitoring blood sugars felt like a luxury in lives dominated by survival.

In their quiet calculus, their own bodies became expendable.

Ironically, it was precisely this sacrifice that placed their families at even greater risk.

Over the years, I have seen the consequences of this neglect unfold in devastating ways. Fathers who once walked confidently into the clinic returned months later with advanced complications—severe neuropathy, kidney

disease, vision loss, or diabetic foot infections. Some arrived with gangrenous toes; others with wounds that refused to heal. A few eventually required amputations—sometimes a toe, sometimes an entire foot.

Each such case carried not only medical consequences, but emotional and financial ones. Increased morbidity led to prolonged hospital stays, repeated procedures, expensive medications, and loss of employment. The very families these men were trying to protect now faced far greater hardship. Emotional stress intensified, savings were depleted, and daily life was disrupted.

Not all families are fortunate enough to have grown children who can step in as earners. When illness strikes prematurely, wives and young children are often forced to abandon their own aspirations to care for the father. Education is interrupted. Futures are postponed. The household revolves around illness instead of growth.

As a treating physician, witnessing this cycle repeatedly in my outpatient department was deeply unsettling. I realized that prescribing medicines was not enough. Adjusting insulin doses was not enough. If I did not address this mindset—this misplaced sense of sacrifice—I would continue to see the same outcomes.

I needed to counsel these fathers differently.

I began to speak to them not just as patients, but as providers, protectors, and decision-makers. Instead of focusing solely on complications, I reframed the conversation around responsibility—not only toward their families, but toward themselves.

I would say to them, gently but firmly:

“If you believe that spending money on your medicines is less important than your family’s needs, then understand this—neglecting your health today will cost your family much more tomorrow.”

I explained that the money spent on diabetes treatment is not an expense; it is an investment. An investment that protects their ability to work, to earn, and to remain independent. A healthy man can always find ways to support his family for years. An ill man, especially one disabled by complications, may be forced into dependency far sooner than expected.

I reminded them that if they become unwell—if they lose their vision, develop kidney failure, or undergo amputation—the burden shifts. Their wives and children will be compelled to put their own growth on hold to care for them. The very sacrifice they are making today could ultimately steal opportunities from their loved ones tomorrow.

Slowly, I began to notice something change.

Some patients listened more attentively. Others returned for follow-up more regularly. Glucometer readings

appeared more frequently in clinic. Medication adherence improved. Not all transformations were dramatic, but even small shifts mattered. A father asking questions, a wife joining the consultation, a son reminding his father about medicines—these were signs of progress.

What struck me most was that wives and older children often understood this reality far more clearly than the fathers themselves. They recognized that the father’s illness would bring greater stress into the household. Yet cultural expectations and ingrained notions of masculinity often prevented these men from prioritizing their own health.

In these moments, my role extended beyond that of an endocrinologist. I became, out of necessity, a counsellor, a supporter, and a listener.

This is the reality of medical practice in Pakistan.

In busy outpatient departments where over 120 patients may be seen in a single day, providing such holistic care is incredibly challenging. We often have only a few minutes per patient. Time constraints, resource limitations, and systemic pressures leave little space for extended conversations. Yet chronic diseases like diabetes demand precisely this—understanding, empathy, and context.

A treating doctor in Pakistan cannot function as a prescriber alone. We must adapt, improvise, and engage with the psychological and social dimensions of illness. This is not idealism; it is necessity.

As consultants, we are also role models for trainees and future doctors. Our behaviour, priorities, and attitudes shape the kind of physicians they will become. If we demonstrate that patients are more than laboratory values—that they are individuals navigating complex lives—we plant seeds of change that may grow beyond our clinics.

Through small conversations, thoughtful counselling, and a willingness to listen—even briefly—we can influence not just individual patients, but families and communities.

These fathers come to us believing they are protecting their families by neglecting themselves. Our responsibility is to help them understand that true strength lies not in silent sacrifice, but in staying healthy enough to remain present, productive, and supportive for years to come.

In the end, caring for diabetes is not just about controlling blood sugar. It is about preserving dignity, independence, and the fragile balance of family life. And sometimes, the most powerful medicine we can offer is perspective.