

PCR3

Empowerment is 'us' being told what to do !

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David a poorly controlled Type I Diabetic patient with severe neuropathy has been on Clindamycin intermittently for over 20 years, he has had relatively few hospital admissions. This is due to the choices David made as a single father of 4 young children. He chose to continue to work in a heavy manual job, drive (so pressure relieving casts could not be used), walk the family dog, grow vegetables and care for the children, his greatest priority. He refused to involve social services help placing huge demands on his feet. The majority of his care was on an out-patient basis only involving in-patient care in dire emergencies. Even then admissions were refused on numerous occasions, David preferring a Drainage procedure and continuing Clindamycin in a self selected cocktail. To outsiders he apparently chose to deliberately neglect his own health, but in his eyes he was safeguarding his own family preventing them being taken into care. He presented in 1988 at the age of 32 with a neuropathic foot ulcer on the plantar of his Right great toe and from that point on was rarely free from foot ulceration, cellulitis, osteomyelitis and antibiotic therapy. Amputation of Right hallux in 1991 was followed by amputation of others in 1993 and 1994, and in 1995 a wedge resection of the metatarsal. 1996 removal of third toe, osteomyelitis of both metatarsal areas, left hallux amputation, removal of right 4th and 5th toes, left 3rd and 4th toes, and developed ulceration on left heel. By 1998 gross inguinal lymphadenopathy in left leg due to osteomyelitic tarsus and tibia. Bilateral amputations were suggested and refused. He attended clinic intermittently and self-medicated his own antibiotic regime. David consented to Right BKA 1999. Left foot continued to be managed until 2003 when this leg was lost. The R BKA re ulcerates with a pressure ulcer and requires revision to above knee. He still continues with two ulcerated stumps has Parkinsons Disease, one below and one above prosthesis, a tripod walking stick. He continues to live independently. This case defies all guidelines yet David has been truly autonomous, he has directed his management, we have been his partners in care albeit unwillingly at times.