

## **DIABETES AND EMPLOYMENT**

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### **Abstract:**

**Abstract:** Everyone should have an equal opportunity to apply for employment and individuals should be treated on their own merits. In 1984, the American Diabetes Association adopted the following position on employment: Any person with diabetes, whether insulin [treated] or non-insulin [treated], should be eligible for any employment for which he/she is otherwise qualified. Employment decisions should not be based on generalizations or stereotypes regarding the effects of diabetes. The impact of diabetes and its management varies widely among individuals. Therefore, a proper assessment of individual candidates for employment or current employees must consider this variability. Application of blanket policies to individuals with diabetes results in people with diabetes being excluded from certain employment for which they are well qualified and fully capable of performing effectively and safely. Individuals with diabetes may need accommodations on the job in order to perform their work responsibilities effectively and safely; these include accommodating daily diabetes needs and, when present, the complications of diabetes.

**Key words:** Employment- Diabetes mellitus- Insulin, Noninsulin dependant- Safe work- Hyperglycaemia- Hypoglycaemia

## Epidemiology

Diabetes is the fourth leading cause of death in most developed countries. At least one in ten deaths among adults between 35 and 64 years old is attributable to diabetes (Badran and Laher, 2011).

About 9.3% of the U.S. population—29.1 million Americans—has diabetes (Centers for Disease Control and Prevention, 2014).

The disease profile of our world has changed. In low-income and middle-income countries, chronic non-communicable health disorders, such as diabetes, are compounding the burden of infectious diseases. Type 2 diabetes is set to join malaria as a disease of poverty and a cause of poverty. Diabetes is now a global problem, equal in size to that of HIV/AIDS (Lefebvre & Silink, 2006).

### Situation in Egypt:

Egypt is in the world's top 10 in terms of the highest number of people with diabetes in 2012 (7.5 million) (Medicine Explained 2013)

The number of people with diabetes is increasing. Many are employed, but little is known about their work situations and the (work-related) health

problems they face. Most literature that reports about unemployment rates, work disability and absenteeism seem to indicate that, probably with the exception of younger people, employees with diabetes face more problems in the workplace than healthy colleagues (Atak et al., 2008).

### Restricted occupations

There are some restrictions on the employment of people who treat their diabetes with insulin. These include:

- The armed forces especially those in front line troops Airline pilots.
- Jobs requiring a Large Goods Vehicle (LGV over 7.5 tones), or a Passenger Carrying Vehicle (PCV over 16 seats) license.
- Working offshore, e.g. on oil rigs or cruise ship.
- Train driving, or working near/on a railway track. Being Jockey

Since October 2004, blanket bans have been lifted for diabetics in UK in police and ambulance services but they have to show well-controlled diabetes (Steven and Richard 2008).

Diabetes UK believes that everyone should have an equal opportunity to apply for employment and individuals

should be treated on their own merits. The UK Armed Forces is the only employer who retains a blanket ban on employing people who have diabetes. All other employers have to take an individual approach to employing both people with diabetes and those who are injecting insulin i.e. for drivers of Lorries, buses etc must undergo stringent medical checks and adhere to strict regulations (Steven and Richard ,2008).

In 1984, the American Diabetes Association adopted the following position on employment: Any person with diabetes, whether insulin [treated] or non–insulin [treated], should be eligible for any employment for which he/she is otherwise qualified (Nathan et al., 2008).

Questions are sometimes raised by employers about the safety and effectiveness of individuals with diabetes in a given job. When such questions are legitimately raised; a person with diabetes should be individually assessed to determine whether that person can safely and effectively perform the particular duties of the job in question. This document provides a general set of guidelines for evaluating individuals with diabetes

for employment, including how an assessment should be performed and what changes (accommodations) in the workplace may be needed for an individual with diabetes (Nathan et al., 2008).

### **I. Evaluating Individuals with Diabetes for Employment**

It was once common practice to restrict individuals with diabetes from certain jobs or classes of employment solely because of the diagnosis of diabetes or the use of insulin, without regard to an individual's abilities or circumstances. Such "blanket bans" are medically inappropriate and ignore the many advancements in diabetes management that range from the types of medications used to the tools used to administer them and to monitor blood glucose levels. Employment decisions should not be based on generalizations or stereotypes regarding the effects of diabetes. The impact of diabetes and its management varies widely among individuals. Therefore, a proper assessment of individual candidates for employment or current employees must take this variability into account (Renosky et al., 2008).

Application of blanket policies to individuals with diabetes results in

people with diabetes being excluded from employment for which they are well qualified and fully capable of performing effectively and safely. This section provides an overview of the factors relevant to a medically appropriate individualized assessment of the candidate or employee with diabetes (Schwartz et al., 2012).

### **Role of diabetes health care professionals**

When questions arise about the medical fitness of a person with diabetes for a particular job, a health care professional with expertise in treating diabetes should perform an individualized assessment. The involvement of the diabetes health care professional should occur before any adverse employment decision, such as failure to hire, promote or termination. A health professional who is familiar with the person with diabetes and who has expertise in treating diabetes is best able to perform such an assessment. In some situations and in complex cases, an endocrinologist or a physician who specializes in treating diabetes or its complications is the best-qualified health professional to assume this responsibility. The individual's treating physician is generally the health care

professional with the best knowledge of an individual's diabetes (Owoseje T, 2013).

Thus, even when the employer utilizes its own physician to perform the evaluation, the opinions of the treating physician and other health care professionals with clinical expertise in diabetes should be sought out and carefully considered. In situations where there is disagreement between the opinion of the employee's treating physician and that of the employer's physician, the evaluation should be handed over to an independent health care professional with significant clinical expertise in diabetes (Stuart, 2006).

Individual Assessment Employers may not inquire about an individual's health status— directly or indirectly and regardless of the type of job— before making a job offer, but may require a medical examination once an offer of employment has been extended and before the individual begins the job. A medical evaluation of an individual with diabetes may occur in two different situations. The first is when the individual has been offered a job conditional on passing a medical examination. Such examinations must

be limited to evaluating whether that individual can perform the functions of the particular job, with or without accommodation, and not solely based upon a diagnosis such as diabetes (Mokdad et al., 2001).

The other situation in which a medical evaluation occurs is when a problem potentially related to the employee's diabetes arises on the job and such problem could affect job performance and/or safety. In this situation, a physician may be asked to evaluate the employee's fitness to remain on the job and/or his or her ability to safely perform the job (Hottang et al., 2007).

Both types of evaluations should be conducted by health care professionals with expertise in diabetes and based on sufficient and appropriate medical data.

The information sought and assessed must be properly limited to data relevant to the individual's diabetes and job performance. The data needed will vary depending on the type of job and the reason for the evaluation, but an evaluation should never be made based only on one piece of data, such as a single blood glucose result or A1C result. Since diabetes is a chronic disease in which health status and management

requirements naturally change over time, it is inappropriate—and medically unnecessary—for examiners to collect all past laboratory values or information regarding office visits whether or not related to diabetes. Only medical information relevant to evaluating an individual's current capacity for safe performance of the particular job at issue should be collected. For example, in some circumstances a review of an individual's hypoglycemia history may be relevant to the evaluation and should be collected (Firmann et al., 2008).

Information about the individual's diabetes management (such as the current treatment regimen, medications, and blood glucose logs), job duties, and work environment are all relevant factors to be considered. Only health care professionals tasked with such evaluations should have access to employee medical information, and this information must be kept separate from personnel records (Waclawski and Gill, 2000).

### **Screening guidelines**

A number of screening guidelines for evaluating individuals with diabetes in various types of high-risk jobs have been developed in recent years. Examples include the

American College of Occupational and Environmental Medicine's , National Consensus Guideline for the Medical Evaluation of Law Enforcement Officers, the National Fire Protection Association's Standard on Comprehensive Occupational Medical Program for Fire Departments, the U.S. Department of Transportation's Federal Motor Carrier Safety Administration's Diabetes Exemption Program, and the U.S. Marshall Service and Federal Occupational Health Law Enforcement Program Diabetes Protocol (Renosky et al., 2008).

Such guidelines and protocols can be useful tools in making decisions about individual candidates or employees if they are used in an objective way and based on the latest scientific knowledge about diabetes and its management. These protocols should be regularly reevaluated and updated to reflect changes in diabetes knowledge and evidence and should be developed and reviewed by health care professionals with significant experience in diabetes and its treatment. Individuals who do not meet the standards set forth in such protocols should be given the opportunity to demonstrate exceptional circumstances that would justify

deviating from the guidelines. Such guidelines or protocols are not absolute criteria but rather the framework for a thorough individualized assessment (Lavigne et al., 2003).

### **Recommendations**

- People with diabetes should be individually considered for employment based on the requirements of the specific job and the individual's medical condition, treatment regimen, and medical history (Mokdad et al., 2001).
- When questions arise about the medical fitness of a person with diabetes for a particular job, a health care professional with expertise in treating diabetes should perform an individualized assessment; input from the treating physician should always be included (Detaille et al., 2003).
- Employment evaluations should be based on sufficient and appropriate medical data and should never be made based solely on one piece of data (Detaille et al., 2003).
- Screening guidelines and protocols can be useful tools in making decisions about employment if they are used in an objective way

and based on the latest scientific knowledge about diabetes and its management (Detaille et al., 2003).

## **II. ii. Evaluating the Safety Risk of Employees with Diabetes**

Employers who deny job opportunities because they perceive all people with diabetes to be a safety risk do so based on misconceptions, misinformation, or a lack of current information about diabetes. The following guidelines provide information for evaluating an individual with diabetes who works or seeks to work in what may be considered a safety-sensitive position (Stuart, 2006).

### **Safety concerns**

The first step in evaluating safety concerns is to determine whether the concerns are reasonable in light of the job duties the individual must perform. For most types of employment (such as jobs in an office, retail, or food service environment), there is no reason to believe that the individual's diabetes will put employees or the public at risk. In other types of employment (such as jobs where the individual must carry a firearm or operate dangerous machinery) the safety concern is whether the employee will become

suddenly disoriented or incapacitated (Atak et al., 2008). Such episodes, which are usually due to severely low blood glucose (hypoglycemia), occur only in people receiving certain treatments such as insulin or secretagogues such as sulfonylureas and even then occur infrequently. Workplace accommodations can be made that are minimal yet effective in helping the individual to manage his or her diabetes on the job and avoid severe hypoglycemia (Owoseje, 2013).

### **Hypoglycemia**

Hypoglycemia is defined as a blood glucose level  $<70$  mg/dl, it is a potential side effect of some diabetes treatments, including insulin and sulfonylureas. It can usually be effectively self treated by ingestion of glucose (carbohydrate) and is not often associated with loss of consciousness or a seizure (Firmann et al., 2008).

Severe hypoglycemia, requiring the assistance of another person, is a medical emergency. Symptoms of severe hypoglycemia may include confusion or, rarely, seizure or loss of consciousness. Most individuals with diabetes never experience an episode of severe hypoglycemia because either they are not on medication that causes it

or they recognize the early warning signs and can quickly self-treat the problem by drinking or eating. Also, with self-monitoring of blood glucose levels, most people with diabetes can manage their condition in such a manner that there is minimal risk of incapacitation from hypoglycemia because mildly low glucose levels can be easily detected and treated (Stuart, 2006).

A single episode of severe hypoglycemia should not per se disqualify an individual from employment. Rather, an appropriate evaluation should be undertaken by a health care professional with expertise in diabetes to determine the cause of the low blood glucose, the circumstances of the episode, whether it was an isolated incident, whether adjustment to the insulin regimen may mitigate this risk, and the likelihood of such an episode happening again. Some episodes of severe hypoglycemia can be explained and corrected with the assistance of a diabetes health care professional (Renosky et al., 2008).

However, recurrent episodes of severe hypoglycemia may indicate that an individual may in fact not be able to safely perform a job, particularly jobs or tasks involving significant risk

of harm to employees or the public, especially when these episodes cannot be explained. The person's medical history and details of any history of severe hypoglycemia should be examined closely to determine whether it is likely that such episodes will recur on the job. In all cases, job duties should be carefully examined to determine whether there are ways to minimize the risk of severe hypoglycemia (such as adjustment of the insulin regimen or providing additional breaks to check blood glucose levels)(Detaille et al., 2003).

### **Hyperglycemia**

In contrast to hypoglycemia, high blood glucose levels (hyperglycemia) can cause long-term complications over years or decades but does not normally lead to any adverse effect on job performance. The symptoms of hyperglycemia generally develop over hours or days and do not occur suddenly. Therefore, hyperglycemia does not pose an immediate risk of sudden incapacitation (Weijman et al., 2004).

While over years or decades, high blood glucose may cause long-term complications to the nerves (neuropathy), eyes (retinopathy),

kidneys (nephropathy), or heart, not all individuals with diabetes develop these long-term complications. Such complications become relevant in employment decisions only when they are established and interfere with the performance of the actual job being considered. Evaluations should not be based on speculation as to what might occur in the future. Job evaluations should take high blood glucose levels into account only if they have already caused long-term complications such as visual impairment that interfere with performance of the specific job (Lavigne et al., 2003).

### **Aspects of a safety assessment**

When an individual with diabetes is assessed for safety risk there are several aspects must be considered.

**Blood glucose test results.** A single blood glucose test result only gives information about an individual's blood glucose level at one particular point in time. Because blood glucose levels fluctuate throughout the day (this is also true for people without diabetes), one test result is of no use in assessing the overall health of a person with diabetes. The results of a series of self-monitored blood glucose measurements over a period, however, can give valuable

information about an individual's diabetes health. Blood glucose records should be assessed by a health care professional with expertise in diabetes (Owoseje, 2013).

### **History of severe hypoglycemia.**

Often, a key factor in assessing employment safety and risk is documentation of incidents of severe hypoglycemia. An individual who has managed his or her diabetes over an extended period of time without experiencing severe hypoglycemia is unlikely to experience this condition in the future. Conversely, multiple incidents of severe hypoglycemia may in some situations be disqualifying for high-risk occupations (Nathan et al., 2008).

However, the circumstances of each incident should be examined, as some incidents can be explained due to changes in insulin dosage, illness, or other factors and thus will be unlikely to recur or have already been addressed by the individual through changes to his or her diabetes treatment regimen or education (Weijman et al., 2004).

**Hypoglycemia unawareness.** Some individuals over time lose the ability to recognize the early warning signs of hypoglycemia. These individuals are

at increased risk for a sudden episode of severe hypoglycemia. Some of these individuals may be able to lessen this risk with careful changes to their diabetes management regimen (for example, more frequent blood glucose testing or frequent meals) (Stuart, 2006).

### **Presence of diabetes-related complications.**

Chronic complications that may result from long-term diabetes involve the blood vessels and nerves. These complications may involve nerve (neuropathy), eye (retinopathy), kidney (nephropathy), and heart disease. In turn, these problems can lead to amputation, blindness or other vision problems, including vision loss, kidney failure, stroke, or heart attack. As these complications could potentially affect job performance and safety, such complications should be evaluated by a specialist in the specific area related to the complication. If complications are not present, their possible future development should not be addressed, both because of laws prohibiting such consideration and because with medical monitoring and therapies, long-term complications can now often be

avoided or delayed. Thus, many people with diabetes never develop any of these complications, and those that do generally develop them over a period of years (Leckie et al., 2005).

### **Inappropriate assessments**

The following tools and terms do not accurately reflect the current state of diabetes treatment and should be avoided in an assessment of whether an individual with diabetes is able to safely and effectively perform a particular job (Carr and Friedman, 2005).

**Urine glucose tests.** Urine glucose results are no longer considered an appropriate and accurate methodology for assessing diabetes control. Before the mid-1970s, urine glucose tests were the best available method of monitoring blood glucose levels. However, the urine test is not a reliable or accurate indicator of blood glucose levels and is a poor measure of the individual's current health status. Blood glucose monitoring is a more accurate and timely means to measure glycemic control. Urine glucose tests should never be used to evaluate the employability of a person with diabetes (Carr and Friedman, 2005).

### **A1C and estimated average glucose (eAG).**

Hemoglobin A1C (A1C) test results reflect average glycemia over several months and correlate with mean plasma glucose levels. An eAG is directly related to A1C and provides an individual with an estimate of average blood glucose over a period of time, but it uses the same values and units that are observed when using a glucose meter or recording a fasting glucose value on a lab report. A1C/eAG values provide health care providers with important information about the effectiveness of an individual's treatment regimen but are often misused in assessing whether an individual can safely perform a job. Because they identify only averages and not whether the person had severe extreme blood glucose readings, A1C/eAG results are of no value in predicting short-term complications of diabetes and thus have no use in evaluating individuals in employment situations (Jing et al., 2009).

The American Diabetes Association recommends that in most patients A1C levels be kept below 7%, or eAG below 154 mg/dl. This recommendation sets a target in order to lessen the chances of long-term complications

of high blood glucose levels but does not provide useful information on whether the individual is at significant risk for hypoglycemia or suboptimal job performance and is not a measure of "compliance" with therapy. An A1C or eAG cut off score is not medically justified in employment evaluations and should never be a determinative factor in employment (Puhl et al., 2008).

### **"Uncontrolled" or "brittle" diabetes.**

Sometimes an individual's diabetes is described as "uncontrolled," "poorly controlled," or "brittle." These terms are not well defined and are not relevant to job evaluations. As such, giving an opinion on the level of "control" an individual has over diabetes is not the same as assessing whether that individual is qualified to perform a particular job and can do so safely. Such an individual assessment is the only relevant evaluation (Adiseshiah, 2005).

### **Recommendations**

- Evaluating the safety risk of employees with diabetes includes determining whether the concerns are reasonable in light of the job duties the individual must perform. Most people with diabetes can

manage their condition in such a manner that is no or minimal risk of incapacitation from hypoglycemia at work. A single episode of severe hypoglycemia should not per se disqualify an individual from employment, but an individual with recurrent episodes of severe hypoglycemia may be unable to safely perform certain jobs, especially when those episodes cannot be explained (Bouknight et al., 2006).

- Hyperglycemia does not pose an immediate risk of sudden incapacitation on the job, and long-term complications are relevant in employment decisions only when they are established and interfere with the performance of the actual job being considered. Proper safety assessments should include review of blood glucose test results, history of severe hypoglycemia, presence of hypoglycemia unawareness, and presence of diabetes-related complications and should not include urine glucose or A1C/eAG tests or be based on a general assessment of level of control (Bouknight et al., 2006).

### **III. Accommodating Employees With Diabetes**

Individuals with diabetes may need certain changes or accommodations on the job in order to perform their work responsibilities effectively and safely. Federal and state laws require the provision of “reasonable accommodations” to help an employee with diabetes to perform the essential functions of the job. Additional laws provide for leave for an employee to deal with his or her medical needs or those of a family member. Although there are some typical accommodations that many people with diabetes use, the need for accommodations must be assessed on an individualized basis (Lefebvre & Silik, 2006).

#### **Accommodating daily diabetes management needs**

Many of the accommodations that employees with diabetes need on a day-to-day basis are those that allow them to manage their diabetes in the workplace as they would elsewhere. They are usually simple accommodations, can be provided without any cost to the employer, and should cause little or no disruption in the workplace. Most employers are required to provide accommodations unless those

accommodations would create an undue burden. Some accommodations that may be needed include the following (Puhl et al., 2008).

**Testing blood glucose.** Breaks may be needed to allow an individual to test blood glucose levels when needed. Such checks only take minutes to complete (Bhui et al., 2005).

Some individuals use continuous glucose monitors but will still need an opportunity to check blood glucose with a meter. Blood glucose can be checked wherever the employee is without putting other employees at risk, and employers should not limit where employees with diabetes are permitted to manage their diabetes. Some employees may prefer to have a private location for testing or other diabetes care tasks that should be provided whenever feasible (Leckie et al., 2005).

**Administering insulin.** Employees may need short breaks during the work day to administer insulin when it is needed. Insulin can be safely administered wherever the employee happens to be. The employee may also need a place to store insulin and other supplies if work conditions (such as extreme temperatures) prevent the supplies from being carried on the person (Detaille et al., 2003).

**Food and drink.** Employees may need access to food and/or beverages during the workday. This is particularly important in the event that the employee needs to quickly respond to low blood glucose levels or maintain hydration if glucose levels are high. Employees should be permitted to consume food or beverages as needed at their desk or work station (except in an extremely rare situation in which this would pose a hazard and create a safety issue, and if this is the case, an alternative site should be provided) (Weidman et al., 2004).

**Leave.** Employees may need leave or a flexible work schedule to accommodate medical appointments or other diabetes care needs. Occasionally, employees may need to miss work due to unanticipated events (severe hypoglycemic episode) or illness.

**Work schedules.** Certain types of work schedules, such as rotating or split shifts, can make it especially difficult for some individuals to manage diabetes effectively (Ho-tang et al., 2007). If on insulin, then it is sensible to use a newer prolonged acting insulin as (glargine and detemir) as basal insulin, it has advantage that can given once daily only at the same time of the day irrespective to work pattern, rapid acting analogues

(insulin lispro, aspart and glulisine) can be administrated to cover unpredictable and variable mealtimes. (Steven and Richard 2008).

### **Accommodating complications of diabetes**

In addition to accommodating the day-to day-management of diabetes in the workplace, for some individuals it is also necessary to seek modifications for long term diabetes-related complications (Nathan et al., 2008). Such people can remain productive employees if appropriate accommodations are implemented. For example, an employee with diabetic retinopathy or other vision impairments may benefit from using a big screen computer or other visual aids, while an employee with nerve pain may benefit from reduced walking distances or having the ability to sit down on the job. Individuals with kidney problems may need to have flexibility to take time off work for dialysis treatment (Lavigne et al., 2003).

It is impossible to provide an exhaustive list of potential accommodations. The key message in accommodating an employee with diabetes is to ensure that accommodations are tailored to the individual and

effective in helping the individual perform his or her job. Input from health care professionals who are specialized in the particular complication, or from vocational rehabilitation specialists or organizations, may help identify appropriate accommodations (Firmann et al., 2008).

### **Recommendations**

Individuals with diabetes may need accommodations on the job in order to perform their work responsibilities effectively and safely; these include accommodating daily diabetes needs and, when present, the complications of diabetes. All such accommodations must be tailored to the individual and effective in helping the individual perform his or her job (Bouknight et al., 2006).

### **Western regulations**

#### **IN USA**

**A-The Americans with Disabilities Act (ADA)** became law in 1990. The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people

with disabilities have the same rights and opportunities as everyone else. The ADA is divided into five titles (or sections) that relate to different areas of public life.

### **Title I (Employment)**

#### Equal Employment Opportunity for Individuals with Disabilities

This title is designed to help people with disabilities access the same employment opportunities and benefits available to people without disabilities. Employers must provide reasonable accommodations to qualified applicants or employees. A “reasonable accommodation” is a change that accommodates employees with disability without causing the employer “undue hardship” (too much difficulty or expense).

This portion of the law is regulated and enforced by the U.S. Equal Employment Opportunity Commission. Employers with 15 or more employees must comply with this law. The regulations for Title I define disability, establish guidelines for the reasonable accommodation process, address medical examinations and inquiries, and define “direct threat” when there is significant risk of substantial harm

to the health or safety of the individual employee with a disability or others (National Institute on Disability and rehabilitation research 2014).

Americans with Disabilities Act, which became effective on 1 January 2009, all persons with diabetes are considered to have a “disability” within the meaning of that law (John et al 2011).

**B-The Occupational Safety and Health Administration** sets safety regulations for small businesses and industries across the country. In the case of employing workers suffering from diabetes, OSHA regulations provide only a small part of employer obligations. The Americans with Disabilities Act serves as the larger source for employer requirements in managing diabetic employees and ensuring safety in the workplace for all employees. Non-Health Care Settings OSHA does not have any regulations relating to diabetic employees and private employer obligations in a non-health care setting. According to OSHA’s website, an employer has no legal requirement to provide specialized containers for the disposal of insulin needles or other objects coming in contact with blood. OSHA recommends

that employers strongly encourage diabetic employees to bring containers for the safe disposal of needles and other objects, including gauze pads or wipes, coming in contact with employee blood. This helps mitigate the chances of another employee coming in contact with used needles and objects contacting employee bodily fluids. Health Care Settings The Blood Borne Pathogen Standard under OSHA requires employers in health care settings to provide bio-hazard and “sharps” containers for the disposal of used needles and objects that touch patient or employee blood. A diabetic employee working in a health care setting, including a doctor’s office must use these appropriate containers when self-administering an insulin injection while on the job. Failure to use the designated disposal containers could result in employee injury and increase the risk of infection because of a blood-borne illness (Jonathan Lister and Demand Media 2014)

### **In Australia**

- Employers have legal obligations under Queensland Anti discrimination Act(1991) and Federal Disability discrimination Act (1992).The purpose of this

law is to protect employees while at work and to ensure you are appointed to a job based on Merit (Diabetes Australia - Vic,(2014).

- In Egypt
- Law number 49 to year 1982 that state all governmental sectors are obliged to hire 5% from its workforce from people with disability and Central Agency of Organization and Administration Launched Law Number 10 to the year 2012. No any mention of Diabetes, employment, and its regulations on Egyptian laws.

### **Conclusion**

Individuals with diabetes can and do serve as highly productive members of the workforce. While not every individual with diabetes will be qualified for, nor can perform, every available job, reasonable accommodations can readily be made that allow the vast majority of people with diabetes to effectively perform the vast majority of jobs. The therapies for, and effects of, diabetes vary greatly from person to person, so employers must consider each person’s capacities and needs on an individual basis. People with

diabetes should always be evaluated individually with the assistance of experienced diabetes health care professionals. The requirements of the specific job and the individual's ability to perform that job, with or without reasonable accommodations, always need to be considered.

### Declaration of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the review

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