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Rhetorical Analysis Final Draft

### Rhetorical Analysis of Kasia Lipska's "When Diabetes Treatment Goes Too Far"

Kasia Lipska's article, published on Jan 15, 2015 in The New York Times talks about the condition of hypoglycemia for older patients. Hypoglycemia refers to having excessively low blood sugar in one's body which is often associated with the medication taken during diabetes. Diabetic patients get insulin treatment to prevent blood glucose levels from getting too high. Most people are concerned about keeping the glucose level under control. What people are not concerned about is that if the treatment goes too far, the glucose level can get lower than the optimum level which can increase the risks of death for diabetic patients, especially for older adults. In her article, Lipska addresses the severe side-effects of low blood sugar, hypoglycemia, to encourage treatment based on the individual health condition of patients rather than aiming at the average blood sugar target of less than 7 percent. Dr. Lipska, an endocrinologist at the Yale School of Medicine and a Clinical Investigator at the Yale-New Haven Hospital Center for Outcomes Research and Evaluation (CORE), has done extensive research on hypoglycemia. Her research experience on analyzing the benefits and harms of glucose-lowering therapy has helped her generate informative data that patients and clinicians can use to make smart decisions in treating diabetic patients without letting glucose level get too low. Dr. Lipska not only focuses on the prevention of hypoglycemia but also draws special attention to diabetic patients over age

65 because she has found from statistical records and her research that older adults are the most vulnerable to hypoglycemia for their deteriorating physical conditions.

The purpose of this article is to raise awareness for older diabetic patients and encourage treatment based on the severity of their condition so that there is no overdose of insulin. Dr. Lipska explains that earlier studies have shown that keeping glucose level below score 7 is ideal to reduce complications with kidney, eye, nerve problems, and such. However, most of those earlier reports were conducted in people with Type 1 diabetes or younger patients with Type 2 diabetes. When the same research for older patients was conducted, doubts arose on whether a glucose level below 7 would be ideal for older adults as well. Based on these doubts, Dr. Lipska asserts that if a slight rise in glucose score to the 8 reduces the bigger risks associated with hypoglycemia, then it will be a sound decision to rather have a score in the eights. To support her point of raising the glucose score to the eights, Dr. Lipska mentions about one of her patients, “It’s possible this slightly raises his risk of kidney or eye problems. But this was a risk that he was more than happy to take.” She has successfully attempted to convince her audience to favor a more case-by-case approach while recommending insulin doses for older patients.

The article targets clinicians, doctors, pharmaceutical companies, and other healthcare providers to make patients realize the importance of modifying their insulin recommendations based on the recent findings of severe hypoglycemia in older patients. Since healthcare providers and other medical professionals are responsible for designing the treatment for diabetic patients, the author may intend to inform them that they should switch from a common approach of treating diabetic patients to a more individualized plan-based treatment for older patients considering their vulnerable physiological conditions. By drawing out the differences between

earlier reports on keeping glucose level below 7 and recent evidence of the risks of hypoglycemia in such low sugar levels, Dr. Lipska calls the clinicians to action in treating older patients based on needs. The audience can also be older patients themselves because it's important to educate them on the benefits of having a little risk associated with a sugar level in the eights to overcome the bigger risks. Overall, this article provides a solid foundation for patients and clinicians to work together to make decisions in the best interest of patients' health.

The tone of this article is persuasive and informative. Dr. Lipska's use of "questionable benefits" and "the very real risks" regarding going below a score 7 for sugar level shows that her persuasive tone helps her draw a clear picture of the risks involved with low blood sugar. Presenting informative data and records from ongoing research on what kind of treatment is effective for older diabetic patients, Dr. Lipska brings credibility to her piece. The details that can contribute to persuading clinicians and patients to reduce excessive insulin doses include "with age, kidneys become less efficient, which causes insulin (or other drugs) to accumulate in the body; this, in turn, can lead to hypoglycemia. What's more, older people often take multiple medications, some of which interact with diabetes drugs. This, too, may cause hypoglycemia." Dr. Lipska also provides her encounter with a patient who faces a car accident as he runs into a tree due to low energy from hypoglycemia which further helps to make the author's point of immediately switching to proper treatment.

The medium of this piece of rhetoric is the newspaper. Older people are more habituated to read newspapers and it is likely that the title "When Diabetes Treatment Goes Too Far" will grab older people's attention because they make a large number of diabetic patients. The genre is an article in the newspaper. It is convenient for the author to explain her stance in detail because

an article allows authors to have a good length in describing a subject. In the article, the author presented a series of arguments to support her point which wouldn't be possible through a poster or a flyer where she could only send across a general message. The specific information on low blood sugar also helps readers get in-depth knowledge of the topic discussed.

Dr. Lipska makes a good argument as to why the treatment for diabetes should be under control and why older patients should receive different treatment based on their condition. She provides facts and specific information for patients and clinicians to make good decisions. She effectively used rhetoric to draw readers' attention to the rising risks of hyperglycemia among older patients. Even though there is still a lack of awareness of the issue, Dr. Lipska has promoted further education of people on hypoglycemia through her article. Overall, Dr. Lipska has done an impressive job in clarifying the urgency of the modified treatment of diabetes for aged people through organized information and facts in her article.