and more often than reported by other authors, although comparison is difficult owing to differences in definition. Appropriate for gestational age infants had a lower risk of neonatal hypoglycaemia than other infants, but the incidence of hypoglycaemia was still unexpectedly high in this group. This deserves attention from paediatricians.

Conclusion

Despite a high frequency of planned pregnancies, resulting in overall good glycaemic control (early) in pregnancy and a high rate of adequate use of folic acid, maternal and perinatal complications were still greatly increased in women with type 1 diabetes. Neonatal morbidity, especially hypoglycaemia, was also extremely high. Near optimal maternal glycaemic control ($\text{HbA}_{1c} \leq 7.0\%$) is apparently not good enough.

We thank all the gynaecologists, paediatricians, internists, and diabetes nurse educators in the Netherlands for including their patients in this nationwide study; the women who participated for their willingness to fill in the questionnaires; PRISMANT Health Care Information who gave us permission to use their perinatal register of 1998; and TNO Prevention and Health for their statistical analysis of this register.

Contributors: See bmj.com

Funding: Novo Nordisk Farma BV, Alphen aan De Rijn, the Netherlands.

Competing interests: None declared.

Ethical approval: The study was approved by the medical ethics committee of the University Medical Center Utrecht.

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(Accepted 18 February 2004)

doi 10.1136/bmj.38043.583160.EE

A memorable patient

Telling it how it is

The patient, an elderly lady dressed only in her underwear and petticoat, stands mutely beside our lecturer as he tells us, third year medical students, about her disease. He leads her along the lecture platform, demonstrating her abnormal gait, and turns her away from us and gets her to flex her spine so that we can see how it curves abnormally.

Move forward 15 years to an arthritis management day. This time our patient introduces herself as she sits among our small group of doctors. She is a "patient-partner," trained by the drug company Pfizer to show us how to examine knees affected by rheumatoid arthritis—her knees. She does this confidently and competently, and, while doing so, she relays how these joint changes have affected her personally. As her severely rheumatoid hands are useless, an adequate range of movement in just one of her knees means that she can still get out of the chair without help. The joint effusion she shows us means that she has to work extra hard to maintain the necessary flexibility, but for her this is independence, so she works at it with dogged determination.

A teenager who had to sell her beloved horse, a young adult unable to pursue her chosen career in nursing, a mother unable to hold or breast feed her baby—we hear how the disease has altered the course of her life utterly. Her role as a patient-partner is highly informative for me and empowering for her. Initially, I

was shocked to hear a patient talking so knowledgeably about her condition, and then ashamed of that shock. My medical student training all those years ago is obviously more ingrained than I realised. While I embrace the idea of sharing care with a patient in a general practice setting, I am obviously just not used to the idea in a teaching setting.

It has taken me 10 years of general practice to see patients as people and not as diseases. Patient-partners, while obviously better suited to teaching about some diseases than others, seem a good way of imbuing budding doctors with this knowledge a lot earlier in their careers.

Pippa Keech *general practitioner, Forestside Practice, Marchwood, Southampton*

We welcome articles up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. Please submit the article on <http://submit.bmj.com>. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.