

HIS BRILLIANT CAREER:

MY FATHER'S T1D COULDN'T STOP HIM

Professor Geoff Harcourt, AC is an Australian economist, a leading member of the post-Keynesian school, and Emeritus Reader in the History of Economic Theory, University of Cambridge. He and his daughter **Rebecca Harcourt** both have late-onset T1D. Rebecca, who went on to become an Ambassador of Diabetes NSW & ACT, describes the health struggles of a man who has reached the pinnacle of his field.

Living with T1D is a challenge for many, not least as we get older and inevitably frailer. Our 88-year-old father has lived with T1D since first diagnosed in his 60s, which is very late in life. It was a bit of a shock for all of us to be honest as Dad has always kept very fit, running barefoot three miles a day since he was a teenager, way before running was on trend – as he often reminds us!

He played AFL until he was 47 and cricket well into his late sixties. Despite two hip replacements he still does daily press ups, swims laps, walks and climbs stairs. He still misses running tremendously.

A decade after Dad's diagnosis, I was myself diagnosed with T1D in my early thirties...much younger than Dad, although still older than most people assume.

Dad and I have had various health issues related to our whole endocrinology system, such as my recent thyroidectomy. I'm not a doctor but like Dad I learn and understand more about biology through my various medical conditions and interesting yarns with our medical practitioners. We are a naturally gregarious family, interested in people and their expertise.



Rebecca Harcourt is a writer, facilitator, teacher and Program Manager at Indigenous Business Education at UNSW, Sydney. She is also a Diabetes NSW & ACT Ambassador.



Rebecca (left) with father Geoff, mother Joan and brother Professor Rob Harcourt at Government House Canberra for the investiture ceremony at which Geoff received an AC in 2018.

Dad is a bit of a living legend not only in the economic world, but also the medical one, having survived a series of 'near misses' over the years.

One of the scariest was back in the 1970s when his anaesthetist put him under just enough so he couldn't move or respond. He felt every cut of the surgeon's knife across his thin belly; the scar is at least 15cm long. Since having an equally impressive vertical scar from another operation, Dad likes to joke that now he wears a cross!

Dad has treatment for an underactive thyroid and injections into his left eye to prevent blindness. A couple of years ago the aftermath of his hernia repair, gave us a bit of scare.

A week after the operation while recovering at

home, something didn't seem right and so after encouragement from Mum and me, stoic Dad who doesn't like to make a fuss, reluctantly agreed to revisit the hospital. He required a second emergency operation, which I'm relieved to share all went well.

Some of the T1D challenges I observe in Dad are similar to mine, but others are harder with his age. We are both brittle in relation to our BGLs, with many swings. Dad regularly checks in with his diabetes educator and doctors to try and rectify his swings. The high sugars particularly frustrate Dad, as they make reading and thinking harder. Although Dad is officially retired, he is still writing, editing, publishing and in much demand. By his standards he has slowed down a lot though Dad's slow down is

probably more productive than most of us!

Stress and excitement play havoc with Dad's and my glucose readings. A big event makes our glucose levels go sky high. Dad, being both a popular and high achieving soul, is often asked to speak at local, national and overseas events. He and Mum returned to live in Australia less than a decade ago, having left in the 1950s for Cambridge, England.

Dad loves people, and although his travelling has greatly reduced he and Mum often attend 2-3 key events each week. As an Honorary Professor where where I work at UNSW, he comes in here every week day, much to the delight of many!

Dad's deteriorating eyesight means it's harder for him to double-check his insulin and test if his pen is working. As a technophobe he has no interest in trying out the pump or new scanners. However, he is incredibly diligent at monitoring his BGLs and insulin doses, and regularly attends his GPs and specialists. He is frailer, finding walking great distances hard, and his hearing is deteriorating.

Dad and I both use humour to deflect; this helps us cope with the myriad of challenges from living with a chronic condition. We build good repartee with our medical practitioners and others, but we probably don't let on too much. Our fierce independence is a great strength, although both of us have had to learn to let others help us out.

Ironically, we are the first to insist that others seek help when they need it!

When Dad and I are stressed we can get defensive, and to be fair it's so important we (and medical practitioners) don't patronise Dad because of his age. I have the utmost respect for our specialists because we have open and frank conversations where I'm informed of my options.

We highly value the respect we're given and recognise that so much depends on our daily self care. It is our responsibility to respond to our own health needs. Equally crucial is that we're not in the self-blame game; living with diabetes is not an exact science (how much easier it would be if it was!)

With gratitude, my advice to medical practitioners is to continue to respect us all as intelligent individuals. Inform us – we want to know – assist and guide us with our medical care to make a joint decision in the same way we defer to your medical expertise and experience.

Listen to us and continue to treat each of us as our own person, including people such as Dad who is living independently in his late eighties whilst grappling with the inevitable frustrations and physical restrictions of living with T1D. All of us have so much wisdom and knowledge to learn. ■