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A DOCTOR'S FIGHT

Emily Mekesa

John Carroll University, emekesa12@jcu.edu

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A DOCTOR'S FIGHT

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Communication Management

By
Emily Mekesa Grigely
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A DOCTOR'S FIGHT

Abstract

Living with an autoimmune disease impacts a person in so many ways. Every step along the way is a journey and in order to live a life with few complications, planning is a must. This documentary shows how a young female physician, Melissa, maintains her personal life while battling with her health. This paper describes her character and the processes used to make a documentary film, *A Doctor's Fight Documentary*. This film captures the life of a Emergency Room Physician who tends to the life and death situations of her patients and maintains her personal life while battling with Type 1 Diabetes and Grave's Disease. With a fairly new and complex diagnosis of these two autoimmune diseases, this doctor is working on being an exceptional physician, and balancing a lifestyle that is healthy, active, and fun.

The documentary provides insight on how an individual with Type 1 Diabetes and Grave's Disease lives daily and explores the challenges of working as an Emergency Room Physician. The documentary used techniques learned in filmmaking from my graduate studies program to create a realistic experience for the subject and the viewer to watch and to learn about these two diseases.

Keywords: Type 1 Diabetes, Doctor, Grave's Disease

A DOCTOR'S FIGHT

Introduction

The first part of the paper introduces the character, explains the purpose of doing this documentary and gives a general overview of Type 1 Diabetes and Grave's Disease. It then explains what it is like to live after diagnosis with these two autoimmune diseases and which medications are needed for treatment. During this documentary, the viewer learns about the background of the doctor and discovers what her goals are for living a better lifestyle. Then the process of making the documentary is explored. Finally, the paper discusses how this documentary was created and the challenges faced capturing the story of this doctor.

The Purpose of the Documentary

The purpose of this documentary was to obtain a better understanding of two autoimmune diseases and also how a person with these diseases is able to have a positive life. The intention for this documentary is to provide insight to a person diagnosed with Type I Diabetes as an adult, similar to Melissa and to deliver a message of hope to anyone watching the documentary that during their own personal challenges, staying positive will lead them toward a positive and successful outcome. This documentary portrays a message that a person with either or both of these diseases is capable of finding their own personal happiness.

There are two different aspects to Melissa's life: First, she has to decide how to manage her diabetes at home along with her everyday activities and second, she has to learn how to manage her disease while taking care of patients in the emergency room.

A DOCTOR'S FIGHT

The primary goal of the documentary is to give the viewer a better understanding of living with two life altering diseases and to show that neither has to be debilitating. With support, faith, and resources, anyone can take steps to live a healthy and normal life.

Meet the Doctor

Melissa is a thirty-two-year-old successful doctor who is the focus of this documentary. She balances her life as a Type 1 diabetic and Grave's Disease patient and practices as a Family Medicine and Emergency Room Medical Physician. Despite lots of hardship and stress because of life changes, she is striving to live a better and healthier life. Stress in general puts a large toll on the body both mentally and physically. For a diabetic, being stressed plays a huge factor in blood sugar control which tends to be the most cumbersome part of everyday living. If a diabetic does not control their blood sugar levels, there are a number of challenges a person will face with their health. During the filming, Melissa was challenged with living in a new environment, starting a new job, and building new relationships. The changes and inconsistent routines increased her stress levels and led to fluctuating glucose levels.

Melissa was diagnosed with Type 1 Diabetes at the age of twenty-four and since her diagnosis she always has to be aware of her glucose levels. It has been nine years since her diagnosis; and, even though she has become better at reading labels, counting carbs, and making healthy food decisions, she will always have to live a diabetic lifestyle. Every day is a learning opportunity and no day goes by where she is not faced

A DOCTOR'S FIGHT

with a new challenge. Furthermore, being diagnosed with Grave's Disease at the age of thirty-one has brought additional challenges both mentally and physically.

A lot of patients with Grave's Disease tend to lose weight prior to being diagnosed with this auto-immune disease because their thyroid is overactive (Aleppo, 2017). After diagnosis, a patient is put on a medication in order for the thyroid to become regularized. This process could take months of increasing and decreasing the dosage of the medicine with bi-weekly visits to a lab for the patient to draw blood. The lab results are needed to adjust the medication to support a normalized thyroid. Once on the medication, most patients gain their weight back and subsequently gain additional weight because the medicine slows down the thyroid which then slows down their metabolism. For any patient this can become uncomfortable, especially if the patient has never been overweight before and is conscientious of a healthy lifestyle through diet and exercise.

Prior to diagnosis, Melissa became very thin. Throughout the trial and error period of determining how much medicine she needed to take, she gained an additional thirty pounds over what her normal five-foot two frame had always been in her twenties. This became frustrating for her especially because she was continuously active while eating healthy.

Knowledge of Type I Diabetes and Grave's Disease is important for this documentary because Melissa injects herself with insulin numerous times throughout the day and orally ingests medications as well. While these injections made by the subject may seem tedious to the viewer, they are in fact the only thing that will keep Melissa

A DOCTOR'S FIGHT

alive. This documentary shows the viewer how difficult it is for some diabetics to take care of themselves while at the same time be responsible for taking care of others in stressful situations. Balancing both personal and career responsibilities creates adversity. The film shows the viewer how balancing both responsibilities can be done.

Diabetes

Throughout the documentary, Melissa is shown pricking her fingers constantly to check her glucose levels. There are times throughout this documentary where she explains what kind of symptoms she is feeling –tired, weak or clouded. It is important to understand these symptoms as a viewer so there is an understanding of why she is regularly pricking her fingers and medicating herself.

There are some diseases, like diabetes, that are becoming more prevalent in people of all ages. According to the World Health Organization, one in eleven people are diagnosed with diabetes (Diabetes Fact Sheet, 2017). The global presence of diabetes has continued to rise over the years. Currently, diabetes is the seventh leading cause of death in the United States (Diabetes Fact Sheet, 2017). People with diabetes either have Type I Diabetes, where their body cannot produce insulin or Type II Diabetes, where their body cannot use insulin properly. Type II Diabetes is most commonly seen on TV today and talked about in the news. Obesity is the most significant risk factor and being overweight accounts for the majority of people who are diagnosed with Type II Diabetes. Type I Diabetes on the other hand is not related to being overweight, it is a mere result of an individual body not being able to produce insulin and can be life threatening if not managed properly. Type I Diabetes, also known as juvenile diabetes or insulin dependent

A DOCTOR'S FIGHT

diabetes, is often diagnosed at a young age. It is one of the most common chronic childhood diseases. About forty-five percent of children who are diabetic are diagnosed before ten years of age (Usher-Smith, 2015). The instance of diagnosis is increasing and, despite being known as “juvenile diabetes”, not all diagnoses occur during childhood. Although not as common, men and women can be diagnosed with Type I diabetes in their mid-to-late 20s or even into their later years of adulthood.

Type I Diabetes is an autoimmune disease that is irreversible. A person's pancreas has cells that secrete a hormone called insulin. A Type I diabetic has pancreatic cells that become attacked, ultimately causing cell destruction by prohibiting the cells from functioning properly. There are many theories that link exposure to diabetes to environmental factors. Genetically predisposed individuals can contract a virus that triggers an attack on pancreatic cells. A person needs functioning pancreatic cells that secrete insulin because these cells absorb glucose (sugar) so a person can physically and mentally have energy. If there is a virus that attacks these cells then eventually cells that secrete insulin become destroyed, causing the subject to need to take insulin for survival. Currently, the only way to take insulin is through daily injections. As a Type I diabetic, individuals are completely dependent on these daily injections of insulin. Without insulin, Type I Diabetes can be life-threatening. Today, Type I Diabetes cannot be prevented. However, with the innovation of medicine and science, medical advances are becoming closer to someday finding a cure.

Type 1 diabetics go through daily trials and tribulations. People with this disease are affected every day while trying to maintain a normal glucose level. Before and after

A DOCTOR'S FIGHT

meals, glucose may be high or low which can affect an individual's emotions and judgment and impact decisions. Common symptoms of diabetics with hypoglycemia (when glucose is low) are weakness, impaired judgment, difficulty concentrating, fatigue, sluggishness, shaking, numbness, a comatose state, or even death. A patient with hyperglycemia (glucose is too high) might experience agitation, headaches, impatience, difficulty concentrating, a comatose state, or death (Who Media Center, 2016). A person who does not have to manage diabetes typically has a normal glucose range around 70-120 mg/dL. A person with Type 1 diabetes strives every day to have a normal glucose range, however this is not always easy to do. A person with Type I Diabetes needs to constantly think about what food they are eating, contemplate the beverages they drink, and determine how active they should be all while consciously considering their daily routine. If their glucose is too high, they need to adjust and give themselves the proper amount of insulin. Sometimes a diabetic can feel if their glucose is high by experiencing symptoms such as excessive thirst, urination, or hunger. In order to check their glucose, a diabetic must prick their finger to obtain blood and use a test strip to get a glucose reading. If the number is high, they need to adjust their insulin by giving themselves more units. If their glucose is low, they need to eat or drink something that contains sugar. Type 1 diabetics do not have the luxury of their bodies working normally and regularly as a person with a functioning pancreas does. If a person has Type 1 Diabetes, there is a higher risk of getting another autoimmune disease.

A DOCTOR'S FIGHT

Grave's Disease

Studies have found that roughly thirty percent of people with Type 1 Diabetes also have additional diagnoses, such as Grave's Disease (Diabetes Daily, 2017). In the documentary, Melissa is shown going on her routine lab trip to draw blood. The lab work helps identify if Melissa's thyroid is working with the medicine that she is taking. Subsequently, this allows the endocrinologist to adjust the dose of the medicine accordingly.

Thyroid related disorders are some of the most prevalent autoimmune diseases that are associated with diabetes. There are two main thyroid disorders: hypo-functioning or underacting thyroid and hyper-functioning or hyper-acting thyroid. In this documentary, Melissa has been diagnosed with an overactive thyroid, more specifically known as Grave's Disease. Grave's Disease is defined as having an overactive thyroid which can cause rapid weight loss, ophthalmopathy, or exophthalmos which is vision impairment from "puffy eyes" (Sargis, 2017). The sudden and drastic increase in thyroid hormones can produce a number of effects including fever, profuse sweating, vomiting, diarrhea, delirium, severe weakness, seizures, markedly irregular heartbeat, yellow skin and eyes (jaundice), severe low blood pressure, and a comatose state (Mayo Clinic Staff, 2016).

Treatment: Diabetes and Grave's Disease

In this documentary, part of everyday routines consists of insulin injections and thyroid medications. If a patient is not compliant with taking their medications daily, there are a number of long term side effects that could ensue including blindness, kidney

A DOCTOR'S FIGHT

failure, wound infections, neuropathy, or cardiovascular disease (Diabetes Daily, 2016).

The patient's physician may stress the importance of diet and exercise along with compliance. For thyroid disorders, there are oral medications that are used to help control the thyroid. A Grave's Disease patient has to take medication which slows down metabolism and ultimately can lead to weight gain.

Insulin is needed for a Type I diabetic to survive. However, it can be detrimental if not used correctly, as too much insulin can cause death. Currently, insulin is the main and most commonly used treatment for diabetes. There are three different types of insulin: short acting insulin, intermediate acting insulin, and long acting insulin. Any of these can be administered by a needle and syringe, through pen needles, or through insulin pumps. Although insulin is the only way a patient with Type I Diabetes can be treated, there are other ways to help maintain a normal glucose level. Diet and exercise play a significant role in maintaining glucose levels and have shown to be beneficial in lowering glucose levels, reducing body fat, decreasing risk for cardiovascular disease, and helping reduce stress, just to name a few (Diabetes, 2017). There have been many medical innovations in recent years where trials for pancreatic organ transplants have occurred, in which an artificial pancreas has been transplanted in a patient to test whether the human body would take this type of transplant. In addition to transplant trials, sensory devices with an insulin pump for monitoring glucose levels have been offered as well. One of the newest innovations is using an external pump with continuous glucose monitoring to adjust glucose levels. This is a significant advancement for diabetics as it attempts to simulate a normal pancreas.

A DOCTOR'S FIGHT

In the documentary, the viewer will see Melissa checking her glucose and using her insulin pump to adjust the appropriate dose of medicine needed for her to bring down her glucose levels. At times, when Melissa is feeling hypoglycemic (when sugar is too low) she will turn off her pump and get something to eat. It is important for a diabetic to control their insulin and a person with Grave's Disease to control their thyroid function by taking medicine. While every individual has different circumstances when being diagnosed with an additional autoimmune disease, Melissa shows the viewer that there are many challenges that can be overcome on a daily basis because it is part of her life.

Execution of the Documentary

To implement this project the following equipment was used:

- a standard Canon EOS 5D Camera
- a 24-105mm lens
- a 16-35mm lens
- a Canon Vixia mini X wide angle camera
- two MicoPro LitePanel
- two wireless Lectrosonic mics with one transmitter and receiver
- one wired lapel
- one Rode boom
- one tripod
- a Multidisc Reflector
- a Sunpak 1000AVG hand stabilizer

A DOCTOR'S FIGHT

The 16-35mm lens was used for establishing shots and is a better fit for capturing a wider picture. This lens has a shorter zoom range with a wider view and enhanced background while filming.

The 24-105 mm lens has a 6-aperture lens and has a greater zoom range. This lens helped obtain extreme detail on an object.

Although small, a Canon Vixia mini X is a powerful and forgiving camera. In this documentary, the intention of this camera was for audio and video while driving in the car with Melissa. It did provide continuous recording while allowing for noise reduction and sound enhancements.

The two MicroPro LitePanels were intended to be used if there was low light while interviewing. This piece of equipment can also be used to minimize shadows.

The Lectrosonic wireless microphone was used to have Melissa continuously hooked up to audio for clearer sound. A windshield cover was available to shield extra noise. The second wireless mic would be accessible for anyone else who was being interviewed while in the hospital.

The execution of this project used a few different audio and visual techniques. This was, for lack of better term, a one man-band. All the shooting, setting up, capturing, and post editing was done by me. My goal was to be particularly conscientious of sound since it typically can be the hardest thing to control. Through coaching and direction from my peers, I was able to eventually accomplish the right sounds. In addition, I focused on the direction of lighting so that unnecessary shadows weren't created throughout this film. Establishing shots of a scene and the use of time

A DOCTOR'S FIGHT

lapses was also be performed. Lastly, by conducting interviews with Melissa's personal doctor, colleagues and parents, I told the story of not only what goes on in the emergency room but also in her personal life.

I originally wanted to incorporate music in my documentary to establish various effects in certain scenes to create drama. I learned there are legal rights to many songs and could not use the ones I had originally picked. I did learn however that I could use Youtube.com's audio files and select from a plethora of music that is allowed for personal use.

The Journey

After a few weeks back and forth with a hospital located an hour outside of Columbus, Ohio, I was finally approved to shadow Melissa (Dr.) at one of her practices, Marion Hospital. I would stay at her residence and travel with her back and forth to her job throughout my stay.

Dr. Mekesa is my older sister, so being able to shadow her for an entire week both in the hospital and at her home was convenient. A close relationship with the subject may seem like it was easy to accomplish my project; however, there were many challenges with filming a documentary. Sometimes you have to interact with a stranger and establish a trustworthy relationship as quick and as best as possible or have to put people out of their normal comfort zone. There was some convenience to filming Dr. Mekesa because after all, we are sisters and have grown up our entire lives together so the trustworthy relationship was already there. I flew out from Los Angeles, California at the end of summer in 2016 for one week. I shadowed Melissa for three, twelve-hour

A DOCTOR'S FIGHT

overnight shifts and followed her schedule of eating, sleeping, working, and going out for the week so that I could obtain an understanding of how she lived her life.

Fortunately, a colleague of mine working for a camera rental company donated the majority of the camera and audio equipment which helped with cost. Prior to leaving for Columbus, Ohio I set up and tested the camera and lighting equipment. Everything proved to work well.

Day One

When I got to Columbus, and set up all the equipment for testing purposes prior to use, I had the most difficult time setting up the wireless audio gear. Whenever working with radio frequency – also known as RF audio, there are many frequency options you need to adjust manually. The first day on site, my frequencies were not syncing and I was not able to establish audio via the wireless connection. I contacted the rental company for a technician to walk me through the process; however, I was still unsuccessful. This was a frustrating setback because it worked when I tested the equipment in California before my departure. For whatever reason, the RF was not working during the time I actually needed the device.

The only conclusion I could surmise was that it is very likely that the wireless mic frequencies were being affected by the higher-powered machinery in the hospital. After spending countless hours in and out of several audio stores, finally I made the decision to purchase a wired lavalier microphone so that I could obtain a more controlled sound.

A DOCTOR'S FIGHT

Day Two

First on my agenda the morning of my second day was to purchase the wired lavalier mic. After several trial and errors of adjusting audio levels and experiencing popping of sound, I was able to establish an even (or so I thought) sound level when recording. I quickly found out there are advantages and disadvantages of using a wired lavalier.

One advantage is having more control of the sounds and audio levels because it is ingesting directly into the camera during the time of recording. If a person is talking too loud, the camera audio can be adjusted immediately. The disadvantage to using a wired lavalier was the inconvenience of use. I had to stay within a closer proximity of Melissa when she was walking around the hospital and in and out of patient's rooms. The process of mic'ing her up was timely and de-mic'ing her became inefficient and distracting from her doing her job in the hospital. I ended up not being able to use some of the audio in the hospital because during an emergency situation, I was unable to clip the mic onto Melissa. It was cumbersome and untimely.

Day Three

On the third day, Dr. Mekesa had a day off, therefore I captured some activity she would do on a normal day off, visit with friends. This day was on a Saturday and there was a parade going on downtown Columbus. Because we were meeting up with a few of her friends in a public place, I determined that I would need to capture the sounds using a small boom mic that was hooked up the Canon 5D. It was then I also decided that I

A DOCTOR'S FIGHT

could use the boom mic in the hospital since it was a lot easier to maneuver whenever Melissa went from the main emergency department area to a patient's room.

Day Four

One of the last days of filming, the squad phone rang and the Emergency Medical Service (EMS) notified the emergency room (ER) that a patient was coming in. At that moment, I was able to go to the assigned room prior to the patient's arrival and bring my Canon Vixia Mini X with me. In this hospital room, I was able to capture the entrance of the patient and the physician as seen in the documentary. Fortunately, the scene I captured wasn't as serious as some of the others I witnessed. Therefore, I was able to video the communication among Dr. Mekesa, the PA, the nurses, and the patient. Although the Vixia Mini quality isn't the highest quality, I was able to capture a real life occurrence in a non-obtrusive way.

Music

The beauty about creating a documentary is that the executive producer (EP) can tell a story however the EP sees fit. Because I was the EP, I was the one that made all the decisions. After the storyline was edited together, the next step would be to begin sorting and picking out music that accentuates the story. For me, the music was hard to choose for this documentary. Music can be either a complement or a detriment in portraying a story. I had every intention of incorporating music I found through the free music footage on YouTube. After spending over ten hours listening to possible options, I eventually found music I thought I could incorporate. However, by the time I compiled my video footage together, I realized it was better to keep the entire documentary still,

A DOCTOR'S FIGHT

not incorporating any music at all. There was enough secondary noise to help with telling the story that music was not needed to add any additional drama. I personally thought that using no music showed a different angle and brought a type of drama to the screen that was artistic and different.

Challenges

While trying to capture Dr. Mekesa's work life, I quickly realized that the hospital wasn't the easiest place to film. The lighting in the hospital halls, rooms and offices posed a great challenge. The fluorescent lights were harsh and made it difficult to capture shots with a last-minute notice. Since I was a one-man crew, the most difficult task was moving from the doctors' and physician assistants' common area to the patient's hospital room. At first, I tried bringing additional equipment with me, like an extra light or a monopod to some patients' rooms. It was quickly determined that bringing in the extra equipment would not work because the hospital rooms were too small with not a lot of space. Oftentimes there was a family member, the patient, a doctor and a nurse or two, plus me in a patient's room which proved there was not enough room for anything else. Because of space constraints, it was difficult to capture interactions of Dr. Mekesa with her patients.

The Canon 5D captured the best quality video out of all cameras used and I enjoyed using this camera the most. It did, however, take time to get used to changing out the lens on the camera and adjusting the focus correctly while shooting. There were a few times in mid-roll where I needed to adjust the camera lens and at the same time not jeopardize the audio of the interview. When it came to editing in post-production, I made

A DOCTOR'S FIGHT

the decision to keep it as fluid as possible therefore you may see a slight adjustment in focus. My original intention was to use a lot more of the interviews I filmed; however, when it came to editing I had to make the decision to cut the majority of my interviews due to the project's time constraints of twelve to thirteen minutes in length. The footage I decided to use was congruent to the visual footage (b-roll footage) I captured. In the editing process, I would use a lot of the audio from the interviews and layer b-roll footage of Dr. Mekesa doing something to visibly enhance telling the story.

Interviews

The interview process took me a few months to conduct. I was able to arrange interviews with Melissa's endocrinologist, her parents, grandmother, colleagues, and friends to ask them questions about their perspectives on Melissa's diagnosis and journey.

In any on camera interview, transcribing the audio helps organize the flow of how your final video would like to go. After going back through and transcribing all the interviews, I realized my documentary would easily be more than twenty-five minutes long if I incorporated everyone from the interviews. The challenge with creating a documentary is that from all the footage you obtain, you can create a number of different perspectives and stories. There were many story lines I could choose from and I made the decision to go with telling the story of Melissa's daily life and routine. I wanted to live life in her shoes. In order to tell the most accurate story, I would wake up before Melissa did so that I could be ready to film her when she checked her glucose. I would go to bed after Melissa so that I could capture her bedtime routine as well. We went to the

A DOCTOR'S FIGHT

lab to draw blood for her Grave's Disease testing and to take her three-month glucose check. I captured her routine in and out of the hospital, and I taped Melissa working out and being in her home talking about her lifestyle.

Interview Questions

In this documentary, there were many questions I asked the interviewees. Below are the example questions:

Kathleen and Vyto Mekesa, Parents

When you learned that Melissa was admitted to the hospital when she was first diagnosed, what was going through your mind?

Take me through your point of view of when Melissa was diagnosed.

How emotional was this for you?

Florine O'Ryan, Grandma

Being a Type II diabetic, what has your diabetic journey been like?

How has it affected your life?

What are the disadvantages of having diabetes?

What is the hardest thing about being a diabetic?

What advice could you give to someone with Diabetes?

Dr. Maria, Endocrinologist

What is Diabetes?

How long have you been treating patients with autoimmune diseases?

What causes Diabetes?

What precautions does a diabetic have to take?

A DOCTOR'S FIGHT

Mark Alhaj, Physician's Assistant and Friend

What is your relationship with Melissa?

Because you two work together, what has intrigued you about how she balances her job with life?

How has this impacted you?

What have you learned about it?

Can you talk about how Melissa reacts when she has low or high blood sugar levels?

Dr. Melissa Mekesa

What do you remember about when you were first diagnosed?

Do you remember your emotions and what was going through your mind?

How difficult or challenging have these diagnoses of Type 1 Diabetes and Grave's Disease been, especially when you were already an adult?

What are you doing to maintain a healthy lifestyle?

Lessons Learned

Conveying this story of a Type 1 diabetic and Grave's Disease patient in a first-person perspective took a lot of time and effort. There were many challenges capturing the reality and journey of Melissa. Time management played an integral role in making this project become a reality. Traveling every week for my full-time job, it did not make the situation easier. With my career based in Los Angeles, CA I had to fly across the country to film this documentary during the week and weekends. I took time off from my job to make sure my schedule and Melissa's schedules lined up accordingly. Having

A DOCTOR'S FIGHT

the opportunity to be involved in this person's environment for a full week was enlightening and very educating and it did educate me on what not to do if I were ever to film another documentary.

One major thing I would do differently would be to hire an audio and camera person. Having more hands invested in my project and being able to film continuously would have been more beneficial. Additionally, more time with the subject prior to filming would have been nice. Being in front of the camera as a character is a lot harder than people realize. When the camera began recording, people reverted to a more self-conscious and shy individual not portraying their true character. In the beginning these setbacks were frustrating for me. I knew that I only had minimal time with these people and really wanted to get the best possible footage. It took a couple days for Melissa's colleagues in the hospital to become comfortable being themselves while I was recording. By the end of my trip, the camera became commonplace and inconspicuous to everyone contributing to the documentary which was relieving.

Looking back, I wish I would have time-lapsed the evenings on my camera when we went to sleep so that I could have captured any occurrence that happened to Melissa while she and I were both asleep. One night, Melissa attempted to wear a glucose sensor throughout the night. It turned out that her glucose went too low in the middle of the night and she had to physically crawl like a baby to the kitchen to get something to eat. I asked why she didn't wake me and her response was she was too focused on getting food that she didn't have any energy to talk. I was not able to capture her weak body getting food to regulate this episode on camera because I was asleep. There were a couple

A DOCTOR'S FIGHT

nights I tried staying up after Melissa went to bed to see if I could capture on my camera an episode of her glucose going low. For filming purposes, I was unfortunately unsuccessful in capturing this type of episode.

Going low can be dangerous and is physically exhausting for a diabetic. Knowing what happens when Melissa's blood sugar drops makes me concerned as her sibling. Fortunately, this episode wasn't so serious where it put her in the hospital. One of the most challenging things about being a Type I diabetic is regardless if it is in the middle of the night or during the day, a diabetic never knows when their glucose could drop. As a diabetic, Melissa has to be prepared with something that has sugar in it by her bedside at night. During the day, because being low could result in her being confused, have lack of energy, or the inability to walk, she also needs to have something that contains sugar in her pocket or in her purse at all times. When a diabetic's glucose drops, it is crucial to get something to eat immediately otherwise symptoms can accelerate quickly. It was difficult to film these situations because most of the time my camera wasn't up and running.

My experience of following a Type I diabetic was enlightening on so many levels. While many Type I diabetics explain that this condition is a way of life, being diabetic is a handicap. It does not, however, have to be the type of handicap that impacts a person's life in a negative way. Through self-perseverance and attentive control, someone inflicted with both Type I Diabetes and Grave's Disease can live a normal life.

A DOCTOR'S FIGHT

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