

## Proclamation

Whereas	in the United States, type 2 diabetes is present in more than 11% of adults over 18, and more than 25% of those over 65, affecting over 38 million people <sup>1</sup> ;
Whereas	it is predicted that for children born in the United States after the year 2000, as many as 40% will develop type 2 diabetes, with even higher estimates for African American, Hispanic, and Native American children <sup>23</sup> ;
Whereas	published evidence reveals the world-wide epidemic of type 2 diabetes affects over half a billion people⁴, and is common where people have been encouraged to adopt a diet of highly processed and predominantly animal-based foods <sup>5′6</sup> ;
Whereas	type 2 diabetes is one of the top risk factors for heart disease <sup>7'8</sup> and a leading cause of blindness <sup>1</sup> , amputation <sup>9'10</sup> , painful neuropathy <sup>11</sup> , and kidney failure <sup>12</sup> leading to dialysis and renal transplantation;
Whereas	most current treatments of type 2 diabetes assume it to be an irreversible chronic illness <sup>13</sup> which will require ever-increasing levels of medical intervention <sup>14</sup> ;
Whereas	the cost of insulin has tripled in the last decade in the United States <sup>15</sup> ;
Whereas	in 2022, diabetes resulted in \$413 billion in total economic costs in the United States, with \$307 billion due to direct medical costs <sup>16</sup> ;
Whereas	genetics may make type 2 diabetes more likely <sup>7:18</sup> , the disease is largely a result of diet and lifestyle choices <sup>19:20</sup> , thus changes in behavior can prevent it from ever occurring <sup>21,22</sup> ; and even reverse it once it has occurred <sup>23-25</sup> ;
Whereas	many people with type 2 diabetes may be able to reduce or eliminate their medications if they are successfully treated with inexpensive low-tech lifestyle measures <sup>26-28</sup> ;
Whereas	evidence-based lifestyle therapies such as a whole food, plant-based diet and physical activity are far safer and more cost effective than drugs for control of diabetes <sup>27/29</sup> ; and
Whereas	most people with type 2 diabetes report never being told <sup>14'30'31</sup> their disease may be prevented, arrested, and even reversed <sup>23-25</sup> with a predominantly whole food, plant-based diet <sup>32-34</sup> and other lifestyle interventions <sup>35-37</sup> ;

Now therefore be it known that the President and Board of Directors of the American College of Lifestyle Medicine do hereby declare the following:

## Diabetes Bill of Rights

You have the right to be fully informed about all treatment options for type 2 diabetes before consenting to treatment.

You have the right to be given accurate, complete, and unbiased information about Type 2 diabetes, pre-diabetes, and insulin resistance, including the benefits of treatment with a predominantly whole food, plant-based diet and other Lifestyle Medicine interventions such as physical activity, sleep hygiene, and stress management.

You have the right to know the full effects of all medications prescribed to you, including the side effects that can accelerate and exacerbate the underlying causes of type 2 diabetes.

You have the right to know that certain foods increase your risk of developing type 2 diabetes.

You have the right to have your type 2 diabetes medications reduced or eliminated, if you undergo lifestyle therapies that successfully treat the underlying causes of your condition.

You have the right to work with doctors and health care professionals who understand the links between lifestyle choices and type 2 diabetes, and who are equipped with the knowledge and strategies to treat and reverse disease through therapeutic lifestyle change.

You have the right to ongoing education on whole food, plant-based nutrition, meal planning, and culinary skills.

You have the right to know that the same diet and lifestyle changes that can prevent, arrest and, often reverse type 2 diabetes may do the same for other chronic conditions—coronary artery disease, obesity, high cholesterol, high blood pressure, arthritis, even some cancers and autoimmune conditions—leading to the best chance of overall good health.

## References

Centers for Disease Control and Prevention. https://www.cdc.gov/diabetes/health-equity/diabetes-by-the-numbers.html. Accessed 23 March,

2024 2. Gregg EW, Zhuo X, Cheng YJ, Albright AL, Narayan KM, Thompson TJ. Trends in lifetime risk and years of life lost due to diabetes in the USA, 1985-2011: a modelling study. Lancet Diabetes Endocrinol. 2014;2(11):867-874. З. Turin TC, Saad N, Jun M, et al. Lifetime risk of diabetes among First Nations and non-First Nations people. CMAJ. 2016;188(16):1147-1153. The Lancet. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01301-6/fulltext. Accessed 23 March, 2024. 4. 5. Sami W, Ansari T, Butt NS, Hamid MRA. Effect of diet on type 2 diabetes mellitus: A review. International Journal of Health Sciences. 2017:11(2):65-71. 6. Talaei M, Wang Y-L, Yuan J-M, Pan A, Koh W-P. Meat, Dietary heme iron, and risk of type 2 diabetes mellitus: The Singapore Chinese Health Study. Am J Epidemiol. 2017;186(7):824-833. 7. Cardiovascular Disease and Diabetes. American Heart Association. https://www.heart.org/en/health-topics/diabetes/why-diabetes-matters/ cardiovascular-disease-diabetes. Published 2015. Updated 30 August 2015. Accessed 11 May, 2020. 8. Raghavan S, Vassy JL, Ho Y-L, et al. Diabetes mellitus-related all-cause and cardiovascular mortality in a national cohort of adults. Journal of the American Heart Association. 2019;8(4):e011295. Geiss LS, Li Y, Hora I, Albright A, Rolka D, Gregg EW. Resurgence of diabetes-related nontraumatic lower-extremity amputation in the young and

Geiss LS, Li Y, Hora I, Albright A, Rolka D, Gregg EW. Resurgence of diabetes-related nontraumatic lower-extremity amputation in the young and middle-aged adult U.S. population. Diabetes Care. 2019;42(1):50-54.
Li X, Burrows NB, Gregg EW, Albright A, Geiss LS, Declining rates of hospitalization for nontraumatic lower extremity amputation in the diabete.

10. Li Y, Burrows NR, Gregg EW, Albright A, Geiss LS. Declining rates of hospitalization for nontraumatic lower-extremity amputation in the diabetic population aged 40 years or older: U.S., 1988-2008. Diabetes Care. 2012;35(2):273-277.

11. Tavee J, Zhou L. Small fiber neuropathy: A burning problem. Cleveland Clinic Journal of Medicine. 2009;76(5):297-305.

12. Prevention CfDCa. National Diabetes Statistics Report, 2020. Atlanta, GA2020.

1.

13. Gregg EW, Chen H, Wagenknecht LE, et al. Association of an intensive lifestyle intervention with remission of type 2 diabetes. JAMA 2012;308(23):2489-2496.

14. Steven S, Lim EL, Taylor R. Population response to information on reversibility of Type 2 diabetes. Diabetic Medicine. 2013;30(4):e135-e138.

15. Gillett R, Gal S. One chart reveals how the cost of insulin has skyrocketed in the US, even though nothing about it has changed. Business Insider. https://www.businessinsider.com/insulin-price-increased-last-decade-chart-2019-9. Published 2019. Updated 18 Sept 2019. Accessed 13 May, 2020.

16. American Diabetes Association. Economic costs of diabetes in the U.S. in 2022. Diabetes Care. 2024; 47(1):26–43.

17. American Diabetes Association. 2. Classification and diagnosis of diabetes. Diabetes Care. 2016;39 Suppl 1:S13-22.

18. Kahn S, Cooper ME, Del Prato S. Pathophysiology and treatment of type 2 diabetes: perspectives on the past, present, and future. Lancet. 2014;383(9922):1068-1083.

19. World Health Organization. Global Report on Diabetes. Geneva, Switzerland: World Health Organization;2016.

20. Ley SH, Ardisson Korat AV, Sun Q, et al. Contribution of the Nurses' Health Studies to uncovering risk factors for type 2 diabetes: diet, lifestyle, biomarkers, and genetics. Am J Public Health. 2016;106(9):1624-1630.

21. Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med. 2002;346(6):393-403.

22. Tuomilehto J, Lindstrom J, Eriksson JG, et al. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. N Engl J Med. 2001;344(18):1343-1350.

23. McInnes N, Smith A, Otto R, et al. Piloting a remission strategy in type 2 diabetes: results of a randomized controlled trial. J Clin Endocrinol Metab. 2017;102(5):1596-1605.

24. Lean ME, Leslie WS, Barnes AC, et al. Primary care-led weight management for remission of type 2 diabetes (DiRECT): an open-label, clusterrandomised trial. Lancet. 2018;391(10120):541-551.

25. Mottalib A, Sakr M, Shehabeldin M, Hamdy O. Diabetes remission after nonsurgical intensive lifestyle intervention in obese patients with type 2 diabetes. J Diabetes Res. 2015;2015:468704.

26. Barnard N, Cohen J, Jenkins D, Turner-Mcgrievy G. A low-fat vegan diet improves glycemic control and cardiovascular risk factors in a randomized clinical trial in individuals with type 2 diabetes. Diabetes Care. 2006;29(8):1777-1783.

27. Herman WH, Hoerger TJ, Brandle M, et al. The cost-effectiveness of lifestyle modification or metformin in preventing type 2 diabetes in adults with impaired glucose tolerance. Ann Intern Med. 2005;142(5):323-332.

28. Lean MEJ, Leslie WS, Barnes AC, et al. Durability of a primary care-led weight-management intervention for remission of type 2 diabetes: 2-year results of the DiRECT open-label, cluster-randomised trial. The Lancet Diabetes & Endocrinology. 2019;7(5):344-355.

29. Diabetes Prevention Program Research Group. Within-trial cost-effectiveness of lifestyle intervention or metformin for the primary prevention of type 2 diabetes. Diabetes Care. 2003;26(9):2518.

30. Karve A, Hayward RA. Prevalence, diagnosis, and treatment of impaired fasting glucose and impaired glucose tolerance in nondiabetic U.S. adults. Diabetes Care. 2010;33(11):2355-2359.

31. Lee V, McKay T, Ardern CI. Awareness and perception of plant-based diets for the treatment and management of type 2 diabetes in a community education clinic: a pilot study. Journal of Nutrition and Metabolism. 2015;2015:236234.

32. American Diabetes Association. Eating doesn't have to be boring. American Diabetes Association. Nutrition Web site. https://www.diabetes.org/ nutrition. Published n.d. Accessed 11 May, 2020.

33. McMacken M, Shah S. A plant-based diet for the prevention and treatment of type 2 diabetes. Journal of Geriatric Cardiology : JGC. 2017;14(5):342-354.

34. Barnard ND, Katcher HI, Jenkins DJ, Cohen J, Turner-McGrievy G. Vegetarian and vegan diets in type 2 diabetes management. Nutr Rev. 2009;67(5):255-263.

35. Eikenberg JD, Davy BM. Prediabetes: a prevalent and treatable, but often unrecognized, clinical condition. J Acad Nutr Diet. 2013;113(2):213-218.

36. American Diabetes Association. 3. Prevention or delay of type 2 diabetes: standards of medical care in diabetes—2020. Diabetes Care. 2020;43(Supplement 1):S32-S36.

37. Pischke CR, Marlin RO, Weidner G, Chi C, Ornish D. The role of lifestyle in secondary prevention of coronary heart disease in patients with type 2 diabetes. Canadian Journal of Diabetes. 2006;30(2):1-7.