

## Diabetic podopathy—yes please! Reply to Boulton AJM, Armstrong DG, Baker NR et al. [letter]

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*To the Editor:* If we all had the same opinions, the world would be a dull place. And while differences serve to stimulate debate, it is nevertheless fortunate that we do agree about most things. Thus, I and A. J. M. Boulton and colleagues all agree that interest in disease of the foot is increasing fast, with new multi-disciplinary clinics opening up around the world [1]. This interest has been associated with a steady increase in scientific publications in the field (many of which are the product of their own enormous efforts) and a gratifying increase in academic meetings dedicated to it. We agree that many different professional groups contribute to this improvement in care, with podiatrists and nurses being foremost among them. We agree that we are striving to ensure that foot disease attracts attention commensurate with the suffering that it causes.

I suspect we also agree—although it isn't that clear from what they have written—about the overall quality of non-specialist, uni-disciplinary care. The situation may be improving but the baseline was awfully low: routine non-expert management can be distressingly poor in many places, even in

so-called developed nations. Such poor management is itself the result of the relative lack of scientific evidence and of structured training—especially for doctors.

And so the only tangible disagreement between us relates to the suggested adoption of the word 'podopathy'. I maintain that the term is equivalent to those used for diabetic complications that affect the retina, kidney and nerve, and I don't really understand their objection to it. Indeed, I suggest that its use might enhance the status of a subspecialty that we all agree has hitherto been neglected. They argue that the complexity of the field—with its multiple overlapping pathological processes—means that a term such as podopathy is inappropriate, but I don't see why it is any less appropriate than continuing to refer to 'the diabetic foot'. Neuropathy is just as complex in its pathogenesis and presentation and yet the single overarching term works quite satisfactorily.

It was they who introduced the concept of 'podologists' and 'podopathists', and as I never intended to suggest that foot disease could be satisfactorily managed by a single professional, I think we can set that point on one side. In short, I am pleased that they have chosen to air their feelings in this way because it confirms how close our respective views are, and they have also helped to stimulate the debate.

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### Reference

1. Boulton AJM, Armstrong DG, Baker NR, Rayman G (2008) Diabetic podopathy—no thanks! Diabetologia DOI [10.1007/s00125-008-0978-z](https://doi.org/10.1007/s00125-008-0978-z)