



Review

Tracing Legal Footprints: The Hidden Challenges of Diabetic Foot Care

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ABSTRACT

Diabetic foot complications are among the most significant clinical and public health issues of the 21st century. They carry serious legal implications that go beyond the clinic. These complications lead to significant suffering, a higher risk of lower limb amputation, a lower quality of life, and increased mortality. This review looks closely at how clinical management and legal responsibility intersect in diabetic foot care. It examines patterns of negligence, documentation standards, ethical duties, new challenges in telemedicine, and prevention strategies. By combining current epidemiological data, clinical guidelines, and legal cases, this article seeks to give healthcare professionals a framework for providing high-quality care while reducing legal risks.

Keywords: Diabetic foot ulcer, medical negligence, Malpractice, Amputation, Documentation

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INTRODUCTION

Diabetes has become a problem worldwide. The International Diabetes Federation says that 537 million adults had diabetes in 2021. This number is expected to go up to 783 million by 2045.¹

Diabetic foot disease is one of the complications of diabetes. It includes problems like nerve damage bad blood flow, foot ulcers, infections and bone and joint problems.

The diabetic foot is not a medical issue it's also a major concern for lawsuits. Managing diabetic foot problems is complicated.² Requires careful checking, early treatment and teamwork from many doctors. This can lead to mistakes and problems. When care is not good enough patients can suffer a lot. They might get wounds lose a limb stay in the hospital for a long time or even die. Doctors and healthcare providers might face lawsuits, action, damage to their reputation and financial problems. This review looks at the lawsuits and legal issues around foot care. It wants to help doctors, hospital

administrators and lawyers understand the risks and how to prevent them. By knowing the problems, laws and ways to prevent issues we can make patient care better and reduce the risk of lawsuits.³

Diabetes is a concern and diabetic foot care is a key part of it. We need to take diabetes and diabetic foot care Diabetic foot disease is an issue for people, with diabetes. It can cause a lot of problems. Even lead to death. So we must do everything we can to prevent and treat it. The goal is to provide care and reduce the risk of problems.

Epidemiology and Clinical Burden

This means that all people with diabetes will get a foot ulcer at some point. Global Prevalence and Incidence Diabetic foot ulcers are a problem for people with diabetes. They happen in 6.3% to 15% of individuals worldwide.⁴ The rates vary a lot depending on the region. North America, Europe and Oceania have cases than Asia and Africa. This might be because some places do a job of checking



for and reporting these ulcers. A person with diabetes has a 19-34% chance of getting a foot ulcer in their lifetime.⁵ Diabetic foot ulcers are a common complication of diabetes. The risk of getting foot ulcers is high for people with diabetes. Diabetes can lead to foot ulcers. People with diabetes are often, at risk of foot ulcers.

Infection and Amputation Rates

People who get foot ulcers or DFUs often get infections too. This happens to 40 to 60 percent of people with DFUs. The infections can be mild or really bad like when the infection gets into the bones or the whole body.⁶ Diabetic foot infections or DFIs are a reason people with diabetes end up in the hospital. They are also the reason people with diabetes have to get their legs or feet cut off. The numbers on amputations are really scary.

Here are some numbers to think about:

- DFUs that need to be cut off: 15 to 24 percent of people with DFUs
- Getting DFUs again within one year: 40 percent of people
- Dying within five years after a cut off: 50 to 68 percent of people
- Getting the other leg or foot cut off within five years: 50 percent of people

These numbers show that diabetic foot problems can be as deadly as kinds of cancer. They do not always get the medical attention they need. Diabetic foot problems, like DFUs and DFIs are very serious. DFUs and DFIs can be bad news for people, with diabetes.⁷

Economic Impact

The cost of diabetic foot disease is very high. In the United States treating foot ulcers costs around \$9 to \$13 billion each year. This includes hospital stays, doctor visits, special wound care products, medicines, surgeries, rehab and long-term disability.⁸ These costs make up 25 to 30 percent of all diabetes healthcare costs. Diabetic foot disease has an impact, on healthcare systems because of foot problems.

Psychosocial Burden

Diabetic foot disease is really bad for people. It does a lot damage than just affecting how long they live or their money. Diabetic foot disease also has an impact on the emotional and social lives of patients. Patients with foot disease do not have a good life they get depressed they get anxious they do not see their friends and family they cannot move around like they used to and they might even lose their job. When a patient has to get a part of their body cut off it is especially bad for them. It can be so bad that it affects their mind. They might

get depressed have bad memories that they cannot forget and even think about killing themselves. Some studies have shown that people who have had a part of their body cut off have a chance of getting depressed having bad memories that they cannot forget and thinking about killing themselves.⁹ Diabetic foot disease is a problem and it can cause a lot of emotional pain, for patients.

Pathophysiology: Understanding the Vulnerable Foot

Understanding The Vulnerable Foot To take care of people with foot problems and to figure out what is fair in a legal sense we need to understand what is happening inside the body. This is called the pathophysiology of diabetic foot complications.

Diabetic Peripheral Neuropathy

fifty percent of people who have had diabetes for a long time get something called diabetic peripheral neuropathy. This is the reason people with diabetes get foot ulcers. There are three kinds of peripheral neuropathy:

- ✓ Sensory neuropathy: this is when people lose the feeling in their feet so they do not notice when they hurt themselves
- ✓ Motor neuropathy: this is when the muscles in the feet get weak causing problems with the shape of the feet and how the feet touch the ground
- ✓ Autonomic neuropathy: this is when the skin on the feet gets dry and cracks making it easy for the skin to break down

We need to check for neuropathy regularly because people often do not feel any symptoms until it is very bad.

Peripheral Arterial Disease

twenty to forty percent of people with diabetes get something called peripheral arterial disease. This makes it hard for wounds to heal. When the big and small blood vessels get damaged it is hard for the body to fix tissue. In people with diabetes peripheral arterial disease usually affects the blood vessels in the legs not the blood vessels in the thighs.

The Pathway to Ulceration

This is what usually happens when someone gets a foot ulcer:

1. The nerves in the feet get damaged. The person does not feel anything.
2. The person gets injuries on their feet often because their shoes do not fit well.
3. The skin, on the feet breaks down. The person does not notice.



4. The person waits long to get help so the wound gets worse.
 5. The wound gets. Does not get enough blood making it harder to heal.
 6. If the wound is not treated it can get very bad and even lead to amputation.
- We need to understand what happens when someone gets a foot ulcer so we can figure out if the person got the right care. This can help us see if there were things that could have been done to prevent the ulcer or make it less severe.

Standard of Care and Clinical Guidelines

Defining the Standard of Care

In legal matters the "standard of care" means the kind of care a competent doctor with similar training would give. This standard is usually based on:

- ✓ Published clinical practice guidelines
- ✓ What expert doctors say
- ✓ Research in journals
- ✓ Hospital policies and procedures
- ✓ What most doctors in the community do

For foot care several important guidelines help define the standard of care.

Major Guidelines and Recommendations

International Working Group on the Diabetic Foot (IWGDF)

The IWGDF publishes guidelines on foot care that are updated regularly. These guidelines cover preventing foot problems classifying wounds taking care of wounds, managing infections checking for blood flow and offloading.¹⁰ Key recommendations include:

- ❖ A yearly foot exam for all patients
- ❖ More frequent exams for patients at risk
- ❖ Using a monofilament to test sensation and checking foot pulses
- ❖ Teaching patients to inspect their feet daily
- ❖ Therapeutic shoes for patients with foot deformities or previous ulcers

American Diabetes Association (ADA)

The ADA says doctors should do a foot exam, including checking the skin looking for deformities, testing pulses and sensation and using a monofilament.¹¹ The ADA also stresses identifying patients at risk and scheduling follow-up exams.

Society for Vascular Surgery (SVS)

The SVS guidelines say doctors should check patients with foot ulcers for blood flow early on. This can involve measuring the ankle- index and

doing further imaging tests if the results are abnormal.¹²

Infectious Diseases Society of America (IDSA)

The IDSA guidelines help doctors diagnose and treat infections in foot ulcers. They cover choosing the antibiotics and deciding if surgery is needed.¹³

Documentation Standards

Good documentation is important for making sure patients get care and for protecting doctors legally. Standard documentation for foot care should include:

- Date and findings of each foot exam
- Results of monofilament and pulse exams
- Risk category
- Details about any wounds, including location, size, depth and signs of infection
- Assessment of blood flow
- Treatment. Reasons, behind it
- Patient education provided
- Referrals made and specialist recommendations
- Patient compliance and follow-up plans

Bad documentation is often cited in malpractice cases involving foot problems.

Medical Negligence: Patterns and Pitfalls

Overview of Negligence Claims

When we talk about negligence in diabetic foot care the person who is suing has to prove four things.

1. The doctor or healthcare provider had a responsibility to take care of the patient.
2. The doctor or healthcare provider did not do a job of taking care of the patient.
3. The doctor or healthcare providers mistakes directly caused harm to the patient.
4. The patient was actually hurt by the doctor or healthcare providers mistakes. This hurt can be physical, emotional or financial.

If we look at the cases where doctors have been sued for negligence in diabetic foot care we can see some common patterns.

Common Allegations

One common problem is that doctors do not examine their patients feet enough. Claims often say that doctors did not do foot exams even though they are supposed to do them every year. This can include:

- The doctor never wrote down that they checked the patients' feet.
- The doctor did not do a job of checking the patients' feet.
- The doctor did not take the patients shoes. Socks off to check their feet.



- The doctor just asked the patient if they had any problems of actually looking at their feet.

Sometimes even when doctors do check their patients' feet, they do not catch problems away.

This can lead to lawsuits when:

- The doctor thinks the patients' symptoms are caused by something
- The doctor does not see that the patient has an ulcer on their foot.
- The doctor does not diagnose artery disease even though the patient has symptoms.
- The doctor misses a bone infection, which can lead to an infection in the rest of the body.

Doctors also need to treat foot infections away.

Sometimes they make mistakes, such as:

- Not realizing how bad the infection is.
- Giving the patient the antibiotics.
- Not taking a sample of the infection to see what is causing it.
- Not sending the patient to a surgeon away if they have a bad infection.
- Closing the wound soon.

Doctors need to know when to send their patients to a specialist. Sometimes they do not do this and it leads to lawsuits. This can happen when:

- The doctor does not send the patient to a podiatrist if they have a high-risk foot.
- The doctor does not send the patient to a surgeon if they have an ulcer on their foot.
- The doctor does not get help from a disease specialist if the patient has a complicated infection.
- The doctor tries to treat a Charcot foot without help from a specialist.

Doctors also need to educate their patients about how to take care of their feet. Sometimes they do not do this and it leads to lawsuits. This can happen when:

- The doctor does not teach the patient how to check their feet every day.
- The doctor does not tell the patient what kind of shoes to wear.
- The doctor does not teach the patient how to recognize danger signs.
- The doctor does not stress how important it is to control blood sugar levels.

Sometimes the problems that lead to negligence are not just the doctors fault. They can also be caused by the system that the doctor is working in. This can include:

- Not having time to do a thorough exam.

- Not having access to a podiatrist in the care setting.
- Not having reminders in the health record to check the patients feet.
- Not having communication between the primary care doctor and the specialist.
- Not having access to a team of doctors who specialize in foot care.

Legal Framework and Jurisprudence

Negligence Law Principles

Medical malpractice is a type of negligence. It is governed by laws that vary from state to state. Even though the laws are different there are some principles that apply to most places. Medical negligence is a subset of negligence law. It has its own set of rules. These rules are different in each state. They all have some things in common. Medical negligence is an issue and it is important to understand the laws that govern it. Medical malpractice laws are, in place to protect patients. They are an important part of the legal system.

Establishing the Standard of Care

The standard of care for patients is usually decided by what doctors with experience and training have to say. Guidelines that are published can be very important. They do not always decide the outcome. Courts look at whether these guidelines are what most doctors would do in the same situation and if not following them was okay because of the specific patients needs.

Proving Causation

People who are suing have to show that the mistake in care probably caused the harm. In cases of foot problems this often requires a doctor to testify that waiting to treat the patient led to an amputation or death that could have been prevented if the patient had been treated sooner.

Damage Assessment

The damages that can be paid to the patient include:

- bills from the past and the future
- Wages that were lost and the ability to earn money
- Pain and suffering
- Loss of a loved ones company
- Help to deal with a disability
- In some places damages to punish very bad behavior

Examples Of Patterns In Diabetic Foot Cases:

Even though each case is different depending on where it happens some patterns keep coming up in foot cases :



Scenario 1: Not Examining the Patient Leading to Amputation

A patient with type 2 diabetes for 15 years goes to the doctor many times. The doctor never writes down that they checked the patients' feet. The patient eventually goes to the emergency room with a toe that is dying and needs to have part of their leg cut off. The lawsuit says that if the doctor had checked the patients' feet regularly, they could have found out that the patient had nerve damage and poor blood flow and they could have done something to prevent it.

Scenario 2: Waiting Too Long to Treat an Infection (Delayed Referral)

A patient goes to the doctor with a foot ulcer. The doctor gives the patient some antibiotics to take by mouth. Tells them to come back in two weeks. The patient gets worse develops an infection and needs emergency surgery to cut off part of their leg. The lawsuit says that the doctor did not realize how bad the infection was and waited long to send the patient to a surgeon.

Scenario 3: Not Checking the Blood Vessels (Vascular assessment)

A patient has a foot ulcer that will not heal. The doctor treats the ulcer for months without checking the blood vessels. When they finally send the patient to a specialist they find out that the patient has poor blood flow but it is too late to fix it because the tissue has already died. The lawsuit says that the doctor did not do a job of checking the blood vessels and did not send the patient to get the right tests on time.

Problems With Informed Consent

In foot cases there can also be problems with informed consent:

- Not telling the patient that they might lose a limb if they choose a certain treatment
- Not talking about other options for treating the blood vessels
- Not explaining the risks of not following the doctors orders about staying off the foot or taking care of the wound
- Not writing down that the doctor and patient talked about the treatment plan

The idea of informed consent means that patients have to understand the risks, benefits and other options before they decide what treatment to have or not have.

Liability Of Institutions

Hospitals and healthcare systems can be held responsible for:

- Letting doctors who're not competent work for them

- Not having enough staff or supervision
- Failing to coordinate care
- Not having a plan to screen patients

More and more hospitals and healthcare systems are being held directly responsible for problems, in the system that lead to patients being hurt.

Ethical Considerations in diabetic foot care

Diabetic Foot Care is a deal and we have to think about what is right and wrong when we are taking care of people with this problem. There are some ideas that doctors have to follow. These ideas are like a guide for doctors to make sure they are doing what is best for their patients. The first idea is to do what is best for the patient even if it means doing something that might be hard or complicated. The second idea is to not hurt the patient, which can be tricky because sometimes what is best for the patient might also hurt them a bit. The third idea is to let the patient make their decisions even if the doctor does not agree with them. The last idea is to make sure everyone gets the care no matter who they are or where they come from.

Amputation decisions

Sometimes doctors have to make tough decisions like whether or not to amputate a patients foot. This is a big deal and doctors have to think about a lot of things like

- if the foot is so bad that it cannot be saved
- what the patient wants
- how it will affect the patient's life
- If they have the resources to help the patient.

Non-compliant Patient

Doctors also have to deal with patients who do not want to follow their advice or who miss appointments or who do not take their medicine. This can be very frustrating. Doctors have to try to understand why the patient is not following their advice and they have to document everything so that they can try to help the patient. They also have to make sure they are not giving up on the patient but set boundaries so that the patient knows what is expected of them.

Resource Allocation

In some places there are not resources to take care of all the patients so doctors have to make tough decisions about who to help first. This is not fair. It is the reality. Doctors have to think about how to use the resources they have to help the people and they have to be honest with their patients about what they can and cannot do.

Professional Obligations



Doctors also have to keep learning and getting better at what they do so that they can give their patients the care possible. They have to be honest with their patients about what's going on and they have to advocate for their patients to make sure they get the care they need.

Telemedicine: Emerging Opportunities

Now with the internet and computers doctors can take care of patients from away which is called telemedicine. This is very helpful for patients who live in areas or who have a hard time getting to the doctor's office. Doctors can use tools to look at the patient's foot and they can talk to the patient over the computer. This can be very helpful. It also has some challenges like making sure the doctor can see the patient's foot clearly and making sure the patient is taking care of themselves. There are benefits to telemedicine like

- patients can get care from home
- they do not have to travel as far
- doctors can check in on them more often
- and doctors can catch problems earlier.

But there are also some concerns, like

- the doctor cannot really see what is going on with the patients foot
- is patient taking care of themselves
- and there are any other problems that the doctor is missing.

All of these things are very important to think about when it comes to foot care and doctors have to be very careful and thoughtful in their decisions.

Medicolegal Concerns

Diabetic foot care is a big deal and doctors have to do what is best for their patients, which is to follow the core ethical principles of beneficence, non-maleficence, autonomy and justice and to use telemedicine in a way that is helpful and safe for their patients. Diabetic foot care is not about following the rules it is, about doing what is right and wrong and doctors have to think about this every day when they are taking care of their patients.

Licensing and Jurisdiction

When doctors use telemedicine to treat patients in states or countries it raises some important questions. For example, which state or country's rules for taking care of patients apply to telemedicine. We also need to think about what licenses doctors need to practice telemedicine across state lines. What about insurance to protect doctors from being sued for malpractice when they use telemedicine.

Privacy and Data Security

There are laws like HIPAA that say how we have to protect information when we use telemedicine. These laws tell us that we have to send information over the internet in a safe way. We also have to get patients to agree to use telemedicine before we start. We have to be careful about how we store and look at pictures that patients send us.

Documentation Requirements

When doctors use telemedicine, they have to write down some things. This includes what technology they used and if it did not work well. They also have to write down where the patient was and if the patient agreed to use telemedicine. Doctors have to say what they could and could not see or do during the telemedicine visit. If the patient needs to see a doctor in person the doctor has to write down why.

Best Practices for Telemedicine

To avoid getting in trouble doctors should do some things when they use telemedicine. They should make rules about which patients need to see a doctor in person. Doctors should also write down what they can. Cannot do when they use telemedicine. They should be careful about when to send patients to see a doctor in person. Doctors should make sure patients understand what telemedicine can and cannot do. They should also use the way of taking pictures of wounds so that they can compare them later. Doctors should use telemedicine along with in-person visits not instead of them.

Risk Mitigation and Preventive Strategies

Hospitals and clinics can do some things to reduce the risk of getting in trouble.

Institutional Strategies

Hospitals and clinics can reduce the risk of getting in trouble by doing some things. They can make rules based on what research says works best. They can also use computers to remind doctors to check patients feet. They can make lists of what to do when patients have foot problems. They can make plans for patients with foot infections. Some hospitals and clinics have clinics just for patients with foot problems. These clinics have different kinds of doctors and nurses including:

- doctors who specialize in diabetes
- surgeons who specialize in blood vessels
- doctors who specialize in infections
- nurses who specialize in wounds
- people who make special shoes and legs
- social workers

Studies have shown that these special clinics can reduce the number of amputations by 45 to 85 percent.¹⁴ This can also reduce the number of lawsuits.



Quality Improvement

Hospitals and clinics can also track how often doctors check patients feet. They can see how long it takes to send patients to see a specialist. They can look at how amputations they do and try to figure out why. They can have other doctors review what happened when something goes wrong.

Individual Provider Strategies

Doctors can do some things to be better at taking care of patients. They can keep learning about ways to take care of patients. They can practice examining feet so they get better at it. They can know when to send patients to see a specialist. They can follow what research says is the best way to take care of patients.

Documentation

Doctors should write down everything they do when they examine a patient's feet. They should say what they found and what they are going to do about it. They should teach patients about their feet. How to take care of them. They should write down what they told patients and what patients said. They should write down what patients do and do not do to take care of their feet.

Communication

Doctors should make sure patients understand what they are saying. They should tell patients if something is very important. They should talk clearly with doctors and nurses. They should follow up with patients to see how they are doing. Doctors should always be on the lookout for problems, with patients' feet. They should not ignore what patients say about their feet. They should know that small problems can quickly become ones. They should know that just because a patient does not hurt does not mean everything is okay.

Patient Engagement Strategies

Engaging patients as partners in their care can really reduce complications and lawsuits. We need to give patients written and verbal information to help them understand their condition. Teach patients how to examine their feet. Talk to patients about warning signs that need immediate attention. Help patients deal with things that might stop them from following their treatment plan. Involve family members and caregivers in the care process

DISCUSSION

The Gap Between What We Know and What We Do

Even though we have clear guidelines based on evidence there is still a big gap between what we

know and what actually happens in practice .¹⁵ 30 To 50 percent of patients with diabetes get their feet checked every year. When we do check their feet, we often do not write down everything we find. We often do not figure out which patients are at the highest risk. We do not always send patients to see specialists when we should. These gaps in care can lead to bad outcomes and lawsuits. The lawsuits that make it to court are a small part of the times when patients do not get the care they should. Many patients do not even know that their bad outcomes could have been prevented. Some patients do not want to take action even when they have a good case.

Documentation Is Important

Documentation is a part of figuring out if a patient got the right care. If we document everything it helps prove that we did our job. If we do not document something it can look like we did not do it. The idea that "if it was not written down it did not happen" is not always fair. It is often true. In cases of foot care, where it can take months or years for a problem to become serious documentation is very important.

System-Level Failures

When individual doctors make mistakes, it is often because the system they work in is flawed. Some common problems include:

- Not having time to take care of diabetic patients
- Not having podiatrists as part of the primary care team
- Not having enough vascular surgeons in some areas
- Insurance companies not paying for products and special shoes that can help wounds heal
- Not coordinating care well among different doctors
- Electronic health records not reminding us to check for diabetic foot problems

To really improve care, we need to fix these system-level problems. We cannot just focus on what individual doctors do.

Telemedicine. A Double-Edged Sword

Telemedicine can really help patients with diabetes get care, especially those who live far away from doctors. We still have a lot to figure out about how to use telemedicine in a way that is fair and safe. We need to answer questions like what's the standard of care when we are not in the same room as the patient and who is responsible if something goes wrong.



We should use telemedicine to help patients. We should not replace in-person care with it. There are some things we just cannot do over the computer like feeling pulses or testing how well a patient can feel things.

The Path Forward

To reduce complications and lawsuits we need to:

1. Educate doctors and nurses about how to take care of feet
2. Improve the systems we use to care for patients like reminders to check feet and better coordination among doctors
3. Help patients take care of themselves by teaching them about their condition and how to manage it
4. Do research to figure out the best ways to take care of diabetic feet
5. Advocate for insurance companies to pay for things that can help prevent complications

Future Directions

Artificial Intelligence and Predictive Analytics

New technologies like intelligence can help us: Figure out which patients are at the highest risk. Look at pictures of wounds to see how well they are healing. Warn us when a patient is in danger. Help us decide what treatment to use. These technologies can help us take better care of patients but they also raise new questions about who is responsible if something goes wrong.

Wearable Technology

Wearable devices can help us: To find infections early. Help patients avoid putting much pressure on their feet. Monitor how much patients are moving around. Alert us if something is wrong. We are still figuring out how to use these devices to help patients.

Regenerative Medicine

New treatments like:

- Growth factor therapies
- Stem cell therapies
- Bioengineered skin substitutes
- Gene therapy for nerve damage

can help us treat complications that we could not treat before. We need to be careful about how we use these new technologies and make sure we are doing what is best, for patients.

CONCLUSION

Diabetic foot care is an important part of medicine, public health and law. The bad things that can happen because of diabetic foot problems are very serious. They can include amputations, deaths, a quality of life and high healthcare costs. This means that doctors and hospitals have a responsibility to take care of people with diabetic

foot problems. If they do not do their job they can get in trouble with the law. Preventing problems in diabetic foot care is not just about being careful so you do not get sued. It is about doing what doctors are supposed to do: help people and prevent things from happening. Doctors who do a job follow the rules send people to see other doctors when they need to talk to people clearly and write down what they do will usually have happy patients and not have to worry about getting in trouble with the law. To make things better we need to keep working on: Making sure doctors do what the guidelines say they should do. Getting rid of things that get in the way of care. Helping patients understand what is going on and making them a part of their care. Using new ways of taking care of people like telemedicine. Using new technology in a smart way. If we keep focusing on these things then maybe one day we will not have as many problems, with diabetic foot complications and we will not have as many legal problems either. Diabetic foot care will get better and better. Diabetic foot care is very important. We need to keep working on it.

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