

Speaking Medicine in the Silent Language: Experience with a Deaf Patient in Sri Lanka

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Experience

Among the differently able in society, most of the people with hearing impairment have a challenge for a very basic everyday requirement, which is verbal communication. To get through this barrier, many people in this group use sign language, which includes hand movements and body language. There are nearly 300 different versions of sign language among different communities worldwide.¹ Likewise, 9% of the total Sri Lankan population are deaf people and they use sign language with some regional variations.² Despite having these slight variations, the fundamentals of sign language are same everywhere. The need to use sign language varies from daily activities to public services, such as hospitals and other social gatherings.

Some months ago, I finished my orthopedic surgery appointment at the National Hospital of Sri Lanka. It was my first day of the orthopedic surgery appointment. As usual, I went to the ward in the morning. My patient was a 45-year-old Asian male. He was admitted to the ward for corrective surgery of his leg length discrepancy following a road traffic accident. He had a terrible fracture of his left leg 4-years ago, which was treated with a dynamic external fixator.

As usual, I started to interview the patient for history-taking. However, he wasn't talking to me. Instead, he used the movements of his hands which I could not understand. Then I realized that he was deaf. Therefore, I asked for an interpreter from the office. Unfortunately, there was no such service available in almost all hospitals in the country.³ Hospital staff communicated with the patient through one of his family members, during the visiting hours. Therefore, I tried to communicate with him in a written language. Later, I realized that my strategy was not working. It didn't reveal the true story of the patient. So, I searched online to find a possible solution. "An Introduction to Sri Lankan Sign Language" by Rohana Special School was the best answer to help me with basic history-taking, performing a clinical examination, and discussing the plan of management up to some extent.⁴ Also, I had to rely on his family members for further clarification of several clinical details. However, when I spoke to the patient with my hands, it was equally interesting, rewarding, and challenging.

During the interview which was conducted using sign language, he told me how the external fixator made his life terrible in the previous 4-years. Despite that, he further explained that he had faced lots of communication difficulties with the health care personnel whether a nurse, doctor, or minor staff as they could not communicate with sign language. As the interview went on, I realized that no matter what race or religion deaf people belonged to, they all faced similar problems in communication when seeking medical treatment in government and private hospitals. However, he preferred government hospitals due to free health service and the trust he had in government institutions.

During the course of his illness, he had been treated in an ayurvedic facility. Unfortunately, there was neither a health care personnel nor an interpreter who knew sign language when providing healthcare services. Since sign language is more of an expression of ideas, he seemed to face difficulties in reading the grammatical application of written language in Sinhala.

After having a long talk with the doctors, nurses, and pharmacists in the ward, it was clear that they also faced difficulties with history taking, providing health education, and instructing on drug regimes. Therefore, most of the time they communicated through a family member who does not have a hearing impairment.

Despite being a small portion of our community, they still require medical attention just like the rest of the population. In Sri Lanka, there are several deaf schools, run by the government and local charity organizations. Deaf students are taught the general Sri Lankan public school curriculum ranging from Grade 1 to 11 in sign language.⁵ This education system is far different from the general education system. Unfortunately, there are no opportunities for the general public to learn sign language in their school curriculum. However, along the line, several steps have been suggested to overcome this barrier. For instance, teaching lip reading with sign language for deaf children was one of those steps.⁶ Moreover, another step was to develop a software-based prototype to translate Sri Lankan Sign language into the Sinhala language to bridge the communication gap between deaf and non-deaf communities.⁷ Unfortunately, owing to the increased need for facilities, these have not yet been made possible in Sri Lanka. The most recent approach was to develop a Sinhala-to-Sinhala Sign Language translation software for deaf children.⁸ This research project was carried out from 2014 to 2017 costing a sum of 2.5 million rupees.⁹ When considering the cost-effectiveness of operating such a system in each government hospital in Sri Lanka, the government will have to spend an added cost to annual health care expenditure of 206,182 million rupees.¹⁰ Therefore, implementing medical and nursing school curriculums to overcome this gap will be an effective way for a developing country like Sri Lanka. This can be achieved through lecture-based teaching preferably in the behavioral sciences stream, problem-based learning (PBL) with deaf patients, and encouraging elective experiences related to deaf culture.

Some weeks after, a colleague informed me of the patient's follow-up. My colleague continued to have the same communication difficulty. At that moment, he had to rely on the patient's family too. According to him, he was not sure about the reliability of the true feelings of the patient when the communication was through close family members.

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In conclusion, when a person with hearing impairment seeks medical care, communication plays a vital role in building a good doctor-patient relationship in order to provide a high-quality healthcare service. When considering the size of the Sri Lankan deaf population, there is a likely chance that we will come across these people at some point in our careers. In that context, learning the basics of sign language in order to take patient's history and carry out a basic clinical examination, followed by proper health education, becomes very important in delivering healthcare services effectively. For that purpose, I propose that teaching sign language through medical and nursing school

curriculums is a cost-effective way to bridge this gap for a third-world country like Sri Lanka. Every step in learning the basic skills and techniques of using sign language is challenging, as it requires a lot of understanding, focus, and practice. The vocabulary can be further strengthened by practicing each word separately and putting everything together in a synchronized way in order to form sentences, and communicate effectively.

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