

# AT A LOSS FOR WORDS

## Doctor, I can't see what you're saying

BY VICTORIA L. WILCOX  
SPECIAL TO THE JOURNAL

After Alice Rodrigues, of Somerset, had shoulder surgery last year, she had to bang on the walls of the recovery room to summon a nurse. She needed medicine to relieve her pain, but without a sign-language interpreter, she could only pound and wait.

Like Rodrigues, more than 86,000 Rhode Islanders hear poorly or not at all. Yet, 12



JOURNAL PHOTO / KRIS CRAIG

**ALICE RODRIGUES**

years after passage of the Americans with Disabilities Act, they still face "tremendous barriers" to getting the accommodations they need to communicate with health-care providers, according to Jeanne Panarace, manager of Disability and Health Programs for the state Department of Health.

Rodrigues talks with her hands, using American Sign Language to chat with friends. Her teletype device, or TTY, lets her send and receive written messages by telephone. A relay service enables her to converse with people who lack TTYs. Their words, typed by an operator, appear on a screen.

Rodrigues reads lips, too. Yet, she feels her primary-care doctor doesn't "even try for conversation." Maria Okwara, president of the Rhode Island Association of the Deaf, says some health-care providers grow impatient with the time and effort needed to communicate.

This wall of silence deprives patients of vital information. According to Dr. Raymond Mis, a Warwick gastroenterology and liver-disease specialist, if the patient doesn't understand what the doctor says, "that whole visit is worthless."

He should know: Mis, who is legally blind and hard of hearing, wears hearing aids. He warns that when patients don't hear the questions, doctors may not get correct answers and could arrive at the wrong diagnosis.

SEE **DEAF, M-3**

---

*The author, Victoria L. Wilcox, has a doctorate in medical psychology and is on the Governor's Commission on Disabilities.*



JOURNAL PHOTO / KRIS CRAIG

**SENIORS SIGN:** The officers of Rhode Island Deaf Senior Citizens meet recently at the Silver Lake Community Center in Providence. From left are Carole Ronan, Frances Pavao, president Gilbert Desmarais and vice president Alice Rodrigues.

## Deaf

*Continued from Page M-1*

"Medically, legally, it could come back and haunt the physician," Mis says.

Beth Wilson, who served as chairwoman of the Rhode Island Commission on the Deaf and Hard of Hearing and as executive director of Self Help for Hard of Hearing People, sees barriers, too. Now working as an electrical engineer in Sudbury, Mass., Wilson, who is hard of hearing, believes people shun needed care because they dread trying to communicate. Patients have to tell what Wilson calls a "parade of people" about their hearing.

They also battle stereotypes.

When Rodrigues asks how her blood pressure is, her doctor just says "good." She wants numbers but, she says, "They think I'm stupid." The Americans with Disabilities Act tasks health-care providers with making reasonable efforts to ensure effective communication with hearing-impaired patients.

They must supply the necessary aids and services at no

charge to patients, the same way they would provide a ramp. Rodrigues says her primary-care doctor balks at securing an interpreter.

As a result, she learns about the drugs he prescribes from her pharmacist who, she says, "opens his mouth wide enough for me to read his lips." According to a Health Department study conducted from 1999 to 2001, in

which people with communication impairments were asked about their health-care access, about half of sign-language users said they never had an interpreter at doctors' appointments.

Many of those who did either brought a relative or friend to interpret, or paid a professional interpreter themselves. Another recent study, a survey of mammography facilities undertaken by the Rhode Island Breast Cancer Coalition, also found barriers. Chairwoman Marlene McCarthy says that none had a TTY, only 2 percent trained staff to use relay services, and just 18 percent had sign-language interpreters available.

Sometimes providers assume patients can read lips, will bring a hearing relative, or write notes. But many words look identical when spoken, and sign-language users may not understand written English. Relatives may be too emotionally involved to make good interpreters.

Wilson says a friend spoke of frequent doctor visits accompanied by her daughter, then pulled out a piece of paper and asked, "What does this word mean?" Wilson recalls the word: "chemotherapy."

Despite such stories, Steven DeToy, director of government and public affairs for the Rhode Island Medical Society, thinks most doctors recognize their duties under the Americans with Disabilities Act.

He says, "Physicians, of all professions, are probably the most accommodating."

Even so, DeToy says the cost of certified interpreters creates problems for doctors. Medical interpreters charge as much as \$45 per hour, with a two-hour minimum. DeToy says nothing in the federal law mandates paying a two-hour charge for a 15-minute visit. Still, signs of progress abound.

Kent County Memorial Hospital, in Warwick, trains staff

in caring for deaf or hard-of-hearing patients, says Brian Wallin, director of marketing and public relations. Patients benefit from TTYs and certified sign-language interpreters, on call around the clock. In-room notices remind staff of patients' hearing problems. Together, patients and providers can find solutions. As Wilson says, "Not communicating is the wrong answer."

### Tips for patients:

■ **Flaunt your disability.** Beth Wilson wears a button that says "Face me, I'm hard of hearing."

■ **Propose solutions.** For instance, when led to a room to wait for a doctor, explain that you won't hear knocking. Offer to leave the door ajar when you have changed into a gown.

■ **Know your options.** The Rhode Island Commission on the Deaf and Hard of Hearing can help you assert your rights, find adaptive equipment and services, and refer you to supportive organizations. Contact them at 222-1205 (TTY), 222-1204 (voice), or [cdhh@cdhh.state.ri.us](mailto:cdhh@cdhh.state.ri.us) (e-mail).

### Tips for doctors:

■ **Ditch your assumptions.** Don't assume that all patients hear or that everyone with poor hearing functions the same. Ask patients what helps.

■ **Face patients when you speak.** Even hearing-aid users read lips and body cues.

■ **Allow extra time to communicate.** Dr. Raymond Mis says "slow and clear" works best.

■ **Speak to patients.** Even when using the relay or interpreters, avoid saying, "Ask Jerry how he feels." Instead, ask, "Jerry, how are you?"

— Victoria L. Wilcox

## Federal law requires equal access

The Americans with Disabilities Act tells health-care providers, among others, to make reasonable efforts to allow people with disabilities equal access to their facilities and services.

**Which providers?** All physical or mental health-care facilities, including hospitals, doctors' and dentists' offices, laboratories, and nursing homes.

**What's a disability?** A physical or mental impairment that substantially limits one or more major life activities — such as taking care of yourself, working, breathing, using your hands, and walking.

**What are some ways to improve access?** Provide adjustable-height examining tables. Install ramps and lever hardware. Allow service animals. Offer materials in large print or Braille.

For more information, contact the Rhode Island Governor's Commission on Disabilities, 462-0100 (voice), 462-0101 (TTY), or visit [www.gcd.state.ri.us](http://www.gcd.state.ri.us) on the Internet.

— Victoria L. Wilcox