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Anesthetic Care and Management of Patients Who Are Deaf and Mute

To the Editor:—Shulman and Polepalle¹ described problems involved in providing anesthesia for a deaf-mute patient undergoing prostate surgery.

The case report reached a large number of practitioners who may at some time have a significant impact on deaf individuals undergoing a surgical procedure. As such, this report should have been a vehicle to educate these professionals about a group of people with whom most of us have not been trained to interact.

Instead, the few useful recommendations for communicating with deaf patients that Shulman and Polepalle offer in the article are lost amid stereotypes and misinformation gleaned from a limited number of research references.

Although stating, "The association between hearing loss and paranoid states has not been demonstrated conclusively in any study," one is left with the distinct feeling that there is a relationship between deafness and paranoia. If no relationship has been proved, why bring the issue to the forefront? The impact of deafness on an individual is complex. Just as you objectively evaluate any hearing patient you may have, each deaf patient must be evaluated as the individual he or she is. Regardless of a person's hearing ability or level of education, surgery is a threatening, anxiety-producing situation. A patient's reaction to this stress is based on his or her perspective rather than on the facts. We have seen hearing patients become agitated in operating room situations when clear communication was lacking. This stress is heightened by a communication obstacle such as deafness. The feelings of being powerless and isolated can be overwhelming, and the patient's subsequent behavior could be perceived by others as "paranoia."

The authors make many statements about American Sign Language (ASL) that are incorrect and leave the reader with the belief that ASL is an inferior method of communication. In fact, ASL is recognized as a legitimate language possessing every element of a spoken lan-

guage, including a complex vocabulary, grammar, syntax, and substructure.

Shulman and Polepalle learned from their clinical experience with a deaf patient that communication is paramount, and this communication ensures that the surgical experience will be successful from every participant's viewpoint. As health-care providers in the operating room, it is our responsibility to provide pre-, intra-, and post-operative information and constant feedback to our patients. This communication allows any patient to retain a degree of control over their circumstances. To this end, the deaf patient must be allowed the right to communicate in whichever mode he or she is most comfortable. This may be *via* one of the manual signing languages, ASL being the most common, or by speech reading or finger spelling. Clearly, the use of a qualified interpreter to facilitate this process cannot be overemphasized.

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