

1 **Title:** Speaking Medicine in the Silent Language: An Experience with a Deaf Patient in Sri Lanka

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26 **Discussion Points**

- 27 1. What is the present situation of using sign language in the medical service in Sri Lanka?
- 28 2. What are the challenges faced by health care personals & people with hearing impairment when seeking
29 medical treatment concerning communication?
- 30 3. What are the opportunities to learn Sri Lankan sign language?
- 31 4. What is the most cost-effective way to bridge this communication gap for a developing nation?

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1 **THE EXPERIENCE.**

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

9
10 Some months ago, I finished my orthopedic surgery appointment at the National Hospital of Sri Lanka. It was
11 my first day of the orthopedic surgery appointment. As usual, I went to the ward in the morning. My patient was
12 a 45-year-old Asian male. He had been admitted to the ward for corrective surgery of his leg length discrepancy
13 following a road traffic accident. He had a terrible fracture to his left leg 4-years ago, which had been treated
14 with a dynamic external fixator.

15
16 As usual, I started to interview the patient for history-taking. But he wasn't talking to me. Instead, he spoke with
17 his hands which I could not understand. Then I realized that he was deaf. Therefore, I asked for an interpreter
18 from the office. Unfortunately, there was no such service available in almost all hospitals in the country.³ Hospital
19 staff communicated with the patient through one of his family members during the visiting hours. Therefore, I
20 tried to communicate with him in a written language. Later, I realized that my strategy was not working. It didn't
21 reveal the true story of the patient. So, I searched online to find a possible solution. "An Introduction to Sri
22 Lankan Sign Language" by Rohana Special School was the best answer to help me with basic history-taking,
23 performing a clinical examination, and discussing the plan of management up to some extent.⁴ Also, I had to
24 rely on his family members for further clarification of several clinical details too. However, when I spoke to the
25 patient with my hands, it was equally interesting, rewarding, and challenging.

26
27 During the interview which was conducted using sign language, he told me how the external fixator made his
28 life terrible in the previous 4-years. Despite that, he further said that he had faced lots of communication
29 difficulties with the health care personnel whether a nurse, doctor, or minor staff as they could not communicate
30 with sign language. As the interview went on, I realized that there was no matter what the race or religion the
31 deaf people belonged, they all faced similar problems in communication when seeking medical treatment in the
32 government and private hospitals. However, he preferred government hospitals due to free health service and
33 the trust he had on government institutions. During the course of his illness, he had been treated in an ayurvedic
34 facility. But, there was neither a health care personnel nor an interpreter who knew sign language when
35 providing health care. Since the sign language is more of an expression of ideas, he seemed to face difficulties
36 in reading the grammatical application of written language in Sinhala.

37
38 After having a long talk with the doctors, nurses, and pharmacists in the ward, it was clear that they also faced
39 difficulties with history taking, giving health education, and instructing on drug regime. Therefore, most of the
40 time they communicate through a family member who doesn't have a hearing impairment throughout the hospital
41 stay.

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

19
20 Some weeks after, a colleague informed me of the patient's follow-up. He continued to have the same
21 communication difficulty. At that moment, he had to rely on the patient's family too. According to him, he was
22 not sure about the reliability of the true feelings of the patient when the communication was through close family
23 members.

24
25 In conclusion, when a person with hearing impairment seeks medical care, communication plays a vital role to
26 build a good doctor-patient relationship to provide a high-quality health care service. When considering the size
27 of the Sri Lankan deaf population, there is a likely chance that we come across these people at some point in
28 our careers. In that context, learning the basics of sign language to take a history and carry out basic clinical
29 examinations followed by proper health education becomes very important to deliver health care effectively. For
30 that purpose, teaching sign language through medical and nursing school curriculums is a cost-effective way to
31 bridge this gap for a third world country like Sri Lanka. Every step in learning the basic skills and techniques of
32 using sign language is challenging as it requires a lot of understanding, focus, and practice. The vocabulary
33 gained can be reinforced by practicing each word separately and putting everything together in a synchronized
34 way to form sentences and communicate effectively.

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