

profession decides to determine with scientific rigour if jogging is truly a new diagnostic tool and if it warrants use as a management regimen for labile hypertensive patients.

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Dealing with the Disadvantaged

Communicating with deaf patients

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Hearing loss is a common hidden handicap: in Britain about one in 500 children under 5 and one in five people over 16 have some hearing loss. Every doctor will have to deal with deaf people, and by remembering certain points and following some simple rules he can make the consultation much easier for the deaf person.

Three points about deaf people should always be remembered. Firstly, although deafness creates language problems and a communication barrier, it is not an immediately apparent handicap. Secondly, a child born deaf has different problems from a person who suddenly becomes deaf in adult life, who in turn has different problems from an adult who has become slowly and progressively deaf. Thirdly, it is a common misconception that hearing aids can restore defective hearing to normal; they can help, but speech still sounds distorted.

If the following suggestions are carried out communication will be much improved.

At reception

(1) The patient can lip read more easily if you put down your pen or the telephone when talking and keep your hands away from your face.

- (2) Speak a little more slowly than normal without raising your voice or distorting your lips.
- (3) Look directly at the patient. This will help him understand you more easily.
- (4) Remember to stop talking if you need to turn away from the patient.
- (5) Label records (perhaps with a coloured sticker) to show clearly that the patient is deaf. This will minimise confusion.

In consultation

- (1) Reduce extraneous noise by shutting doors and windows.
- (2) Make sure that your face is in a good light so that the patient can lip read you clearly (do not have your back to the window). It is also worth remembering that it is more difficult to lip read a man with a beard or someone wearing darkened glasses.
- (3) Turn your chair to face the patient and maintain eye-to-eye contact.
- (4) Keep your hands away from your face and as still as possible. Hand movements (Biro clicking, finger drumming, taking glasses on and off) may be very distracting.
- (5) If the patient does not understand a question then repeat it. If he still does not understand rephrase the question in a simpler way. If this fails write the question down.
- (6) Indicate when you intend to change to a new topic. The range of vocabulary is likely to be different, and any cue is useful to the deaf person struggling to understand you.
- (7) If you have to examine the patient explain clearly what you are going to do and how you wish him to co-operate.
- (8) Remember that if you want to give the patient a further instruction you must be in front of him and clearly visible when you speak. If you are behind the patient he will be unaware that you have spoken.
- (9) The deaf patient will appreciate any instructions about treatment being written down.

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