

AALS Clinic Teachers Conference  
Work in Progress Abstract

Communication is problematical for many deaf patients in the medical setting. Most physicians do not sign, and many deaf patients do not speak or lipread. Deaf and hearing patients face the same dynamic of power and authority in the medical setting, but the added dimension of language inaccessibility for many deaf patients generates a whole set of unique experiences and strategies largely absent from the sociological literature in medicine. Thus, the focus of my dissertation research is on the perceptions and perspectives of the deaf community with an eye to making a contribution to the literature that would give “voice” to a largely silent and invisible minority. Highlighting these perceptions and perspectives as well as generating knowledge about the experiences of these deaf patients offers important benefits for both patient and physician: deaf patients would become more aware of the subtleties and nuances of their relationship with their doctors, and physicians and the medical schools that train them should become more sensitized to the needs of deaf patients in the medical setting.

Indeed, an interlocking dynamic is at work here. Deaf people have yet to articulate their experiences with doctors, nurses, emergency medical technicians, and hospitals, and physicians and other medical personnel bring to their work a whole set of cultural and social assumptions about deafness. These assumptions are often erroneous; for example, deaf people are dumb, mute, uneducated, or low-functioning. Thus, the main outcome of my project is to create a report that brings to light the dilemmas and challenges facing deaf patients, and the various strategies these patients use to get their health care needs met. This report would be disseminated to two key organizations: the National Association of the Deaf and the American Medical Association. In addition, I would share my report with

key state associations for the deaf and state medical associations in the United States. My work hopefully will initiate and nurture a dialogue between advocates for the deaf community and the medical establishment.

My study consists primarily of in-depth interviews of 15 male and female deaf or hard-of-hearing adult patients. The areas of my inquiry include the patient's relationship with his or her physician, ways the patient communicates with medical personnel, and the patient's experiences of navigating an environment that is overwhelmingly aural and vocal. The method of choice is the videotaped interview, which is based on multiple sets of questions touching on a number of key areas of inquiry. Transcription of these interviews helps me to develop a new set of questions for either follow-up interviews or E-mail correspondence.

My research goals contemplate gathering a wealth of interview material that captures the richness and complexity of the experiences of deaf patients in the medical setting. I am working to identify key themes and concepts that underlie the ways in which deaf patients navigate medical scenarios, and extensive readings in the sociological literature on medicine, including major qualitative studies on mainstream health care and popular cultural and textual representations of deafness, will point to similarities and differences between hearing and deaf patients. I hope to achieve two goals. First is to locate this work in the context of larger forces that act on other minority groups such as people of color, gays and lesbians, and women. Second, I aim to write a coherent and meaningful account that does justice to the deaf experience and illuminates for the medical profession what it takes to be a deaf patient.

I have just outlined my goals for the dissertation. What I am hoping to accomplish in the Work-in-Progress session in Chicago is to gain ideas for law review articles based on my sociological work. What legal topics are suggested by my data? For example, legal standing for a deaf patient who demands injunctive relief against a doctor under the Americans with Disabilities Act requires, inter alia, that the patient intends to return to the doctor for future visits. This poses a dilemma for many patients who have told me they feel unable or unwilling to return to a doctor who has rejected their request for an accommodation in the doctor's office. Would this serve as a sufficient basis for a law review article?

Other ideas?