

What You Need to Know about the ADA

I am a civil rights activist/hearing-impaired woman. Over the last six years I have discovered - through my own experience and through talking to disabled people and groups that advocate for them - a major lack of know-how on the part of medical providers in dealing with hearing-impaired patients.

What Does the Law Say?

Much of the problem is a lack of awareness of the law, which essentially prohibits denial of goods and services to disabled people because of their disabilities. The law states that you as a "health care provider" must provide "reasonable accommodation" to hearing-impaired patients (or and other disabled patients, for that matter) to enable them to benefit from your goods and services.

What constitutes accommodation? As noted in the *ADA Handbook* by Henry Perritt, under the Americans With Disabilities Act (ADA) a health care provider has a *prima facie* duty to:

1. make reasonable modifications in policies, practices or procedures when such modifications are necessary to afford goods, services, facilities, privileges or advantages to disabled individuals;
2. remove architectural and communication barriers when such removal is "readily achievable" (easy to accomplish without much expense); and
3. make goods, services, facilities, privileges or advantages available through alternative methods when such methods are readily achievable, and when the removal of a barrier is not readily achievable.

What are some accommodations a physician can implement to serve the hearing impaired? Start with an attitude check. Do you want to make your services available to the hearing-impaired just to avoid potential civil rights suits, or do you want to serve your community? The answer to that question will determine how successful you will be in serving all your patients.

Assuming you want to give the best possible service to your hearing-impaired patients, here are some steps you can take:

1. Always face the person. Hearing-impaired people often "hear" by lip reading.
2. Speak slowly and clearly.
3. Keep eye contact with the person.
4. For the severely hearing-impaired, speak in groups of words with several seconds of silence between each group of words. This is to allow the person time to decipher what you are saying.

Mike Canary, audiologist at Anapolis' Canary Hearing, says it takes hearing-impaired persons up to

15 seconds to decipher words. You may normally say, "How have you been since I last saw you?" But with a patient who has a severe hearing deficiency, you would say: "How have (pause) you been (pause) since I last saw you?"

This obviously takes time and patience, but you will reap the benefits of better serving your patients.

1. Make sure your patient is comfortable physically and emotionally. Physical and emotional discomfort are a distraction to hearing. You may want to schedule appointments early in the morning when the person is most refreshed.
2. Do not raise your voice, unless the person requests you to do so. Shouting at someone is threatening and increases stress, which reduces the ability to interpret speech.
3. Where necessary, write down what you want to say, instead of speaking, to make sure there is accurate and effective communication.
4. Be flexible. The law says you must provide anything the patient requests in the way of accommodation as long as it is "reasonable." It is up to you and the hearing-impaired person to decide what this entails. The patient may request something not listed here. Be open to any reasonable request.
5. Make sure that your staff, starting with the person answering your telephones, is well-trained and knows all of the above practices. When you stop to consider what is dependent upon hearing, you will realize how critical it is that even the receptionist who may not normally see patients be trained in providing accommodation to the hearing impaired.

When hearing-impaired patients call your office, they're at an immediate disadvantage. They cannot hear well, and lip-reading is impossible over the phone. This is where speaking slowly and clearly, even pausing between groups of words becomes critical.

You do not want to create any barrier between you and the person receiving the services offered by your office. Remember that your services include calls to the office, not just the actual visit. For instance, setting appointments and leaving messages for the doctor are both services that often take place over the telephone.

Train yourself and your staff to see these "secondary services" as "goods and services," just like the actual visit. Once the person is in the office, the same suggestions given for the doctor apply to all staff - face the person while speaking, and speak clearly and slowly in a normal tone, etc.

Two Final Suggestions:

Schedule appointments for 10 to 15 minutes longer for the hearing-impaired person to allow for the special communication needs. You legally may not charge the disabled person for this (or any other) auxiliary service.

Secondly, have the doctor's assistant actually come over and retrieve the patient when it is time for their appointment, since it is difficult to hear across a room, or even a few feet away for the hearing-impaired person. I have noticed that doctor's assistants (or nurses) will call out the name of the patient being seen next, often across a room full of other patients and distractions. It is virtually impossible for a hard-of-hearing person to hear a name being called under these circumstances.

Making a Difference

The ADA is something of which most doctors are unaware, or at least that with which they are unfamiliar. Yet by taking these simple steps, doctors can not only improve service to both handicapped and able-bodied patients, but have the added privilege of improving the health care

system for a minority group.

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