

As a legal intern for Disability Independence Group (DIG), I was introduced to many legal issues that are incurred by individuals with hearing impairments, significant illnesses, and service and emotional support animals. I also worked on cases of discrimination based on sexual orientation and gender. Many of the issues faced by DIG's clients are unbelievable, unless you have spoken with the discriminated individual, or you have seen video footage of abuse. There were several times when I found myself extremely frustrated with the lack of consideration or thought used by those in positions of authority when determining how to communicate with deaf and hearing impaired individuals. One such example of this is the lack of availability of effective communication methods to deaf individuals in hospitals.

Under the Americans with Disabilities Act, deaf individuals are entitled to effective communication by hospitals. Whether the deaf individual is a patient in the hospital or the parent of a minor child being treated in the hospital, effective communication must be provided. Effective communication is not the same for every hearing impaired individual. An interpreter may be needed for one individual, but a video remote interpreting device may be sufficient for another individual. It is imperative for hospital staff – including doctors and nurses – to listen to their patients in order to determine what method of ASL interpretation is best for the individual.

Hospital staff cannot simply disregard the wishes of its patients and their family members who are in need of effective communication aids. If a method of communication, such as finger spelling or written communication, is not adequate,

there must be a change in the method used to communicate with the deaf individual. So long as a person in a decision-making position is asked to change a method of communication to a more efficient method, the hospital must comply. It should not be determined by hospital staff if a communicative method is sufficient for a specific individual; rather, the individual should determine if communication is sufficient for his or her own benefit.

In order to change these practices by hospital staff, the hospital staff should be educated. It may not seem obvious to the staff that a video interpreter is not sufficient in effective communication. However, if hospital physicians and nurses are educated on the difficulties that deaf and hard of hearing individuals incur when using a video interpreter, these misconceptions may be eliminated. Education may also alleviate the frustration of deaf and hearing-impaired individuals who require interpreters in hospitals.