



Editor-in-Chief Pick November 2022

By Jeffrey A. Kline, MD

Those Who Can't Hear Should Be Heard

This month's pick addresses the care of emergency department patients who are deaf or hard of hearing (collectively abbreviated as DHH). While not common, communicating with DHH individuals seeking emergency care is common enough to be a significant problem. For example, failure to find a qualified American Sign Language (ASL) interpreter can lead to diagnostic error, both in under-testing and over-testing. The situation escalates when a DHH patient does not know or cannot use ASL.

Within the context of diversity, inclusion and equity (DEI), the work by James et al., [Emergency department condition acuity, length of stay, and revisits among deaf and hard-of-hearing patients: A retrospective chart review](#), provides novel quantitative insight into differences, and possible disparities, in care of DHH patients.

While DHH patients who used ASL were equal to non-DHH patients in terms of emergency severity index and pain scores, their length of stay was 9%, or 30 minutes longer. This raises the inference that communication was at least 9% less efficient with DHH-ASL patients, and by extension, their risk of diagnostic error was increased compared with non-DHH patients.

This paper adds an important voice to the DEI narrative for those who have difficulty hearing. Let's listen.