

Deafness Forum of Australia

Introduction

This submission to the Australian Commission on Safety and Quality in Healthcare addresses the Draft National Patient Charter of Rights and specifically its impact on those patients who are Deaf, hearing impaired or suffer from a chronic disorder of the ear. Currently, one in six Australians has some form of hearing impairment, and this is projected to increase to one in four by 2050 . Hearing loss is closely linked with ageing so if hospital patients are more frequently older Australians, it is to be expected that up to 70 per cent of those aged 70 years or older would have a hearing loss.

Access to adequate health care and patient safety can be hampered by a hearing loss: this can result in sub-standard levels of care, and put the patient in a position of increased risk. It is essential that staff members are appropriately trained and knowledgeable of/in communication techniques and also about providing alternative methods of communication.

About the Deafness Forum

Deafness Forum is the peak body for deafness in Australia. Established in early 1993 at the instigation of the Federal government, the Deafness Forum now represents all interests and viewpoints of the Deaf and hearing impaired communities of Australia (including those people who have a chronic disorder of the ear and those who are DeafBlind).

The Deafness Forum is divided into four classes of membership: Consumers, Consumer Associations, Service Providers, and Service Provider Associations.

The Deafness Forum exists to improve the quality of life for Australians who are Deaf, have a hearing impairment or have a chronic disorder of the ear by:

- advocating for government policy change and development
- making input into policy and legislation
- generating public awareness
- providing a forum for information sharing and
- creating better understanding between all areas of deafness.

Comments and Responses

Deafness Forum has consulted with members in all states of Australia to gather feedback on this topic. Our responses represent a number of comments received and our own deductions based on our continuing engagement with members and referral of complaints and questions.

3.1 - ACCESS: Equity of access to public health care

Deafness Forum supports this principle, especially as it relates to people who a disability, specifically those who are Deaf or have a hearing impairment or suffer from a chronic disorder of the ear.

3.2 - RESPECT: Respect, dignity and consideration

Deafness Forum supports this principle.

Nonetheless, the Deaf community are often misunderstood and accordingly members of the Auslan-using Deaf are often unknowingly discriminated against within a multitude of public systems. Deafness Forum encourages active education of staff and associated facilitators to learn about the Deaf community.

3.3 - SAFETY: Promoting safe and competent care

Deafness Forum supports this principle.

However, Deafness Forum believes that the safety of the patient may be dramatically hindered due to a lack of staff acknowledgement or understanding of an existing hearing disability (whether acknowledged by the patient or not).

In specific cases the patient may not be giving informed consent, purely because of a breakdown of communication and lack of checking with the patient as to true

understanding. Instances such as infection control situations may be especially dangerous because of the lack of ability to lip read or use other visual clues.

3.4 - COMMUNICATION: Communicating clearly throughout the period of care
Deafness Forum strongly supports this principle and applauds the decision to make specific reference to the appropriate usage of interpreters.
We refer to the use of Auslan (Australian Sign Language) a recognised community language.

We also refer to a range of technology solutions, such as hearing loops, real time captioning, the use of written information (including pictures) and the importance of providing open captions when using patient videos/DVDs to explain procedures. When dealing with both Deaf and hearing impaired patients, a number of factors aid in successful communication. It is important to acknowledge that currently one in six Australians have some form of hearing loss and with our ageing population this number is likely to grow significantly in the coming years. Accordingly, it is necessary to note that: communication may become particularly difficult in situations where surgical masks are used to reduce the risks of infections, when patients are undergoing such procedures as radiology, etc., interpreters required to facilitate communication may need to be located so that they are unable to see medical procedures or other things that need to remain private, interpreters must keep details of medical procedures and other things confidential, in the same way that they keep the actual interpreted communications confidential, failure of patients or staff to use their hearing aids can impact upon communication, and a range of other conditions, such as severe illness, frailty, dementia, or even simple confusion may reduce normal communication skill levels.

3.5 – Information: Being informed about services, treatment and care
Deafness Forum supports this principle.

However, we note that information provided to the patient and accordingly that patient's ability to provide informed consent can often be hindered by the patient's inability to hear and the staff members' lack of knowledge or willingness to overcome this issue. As previously mentioned, the use of technology solutions such as hearing loops, real time captioning, captioned videos. DVDs, the use of written information including pictures, can assist.

3.6 – PARTICIPATION: Informed decision making and informed choices
Deafness Forum acknowledges the importance of informed consent in the treatment process. Regardless, if communication is deficient between patient and staff, decision making can be impacted and lacking informed consent. We are aware of instances where quality of care has been compromised, allegedly because of a patient's hearing impairment, and hence the patient provided a "wrong answer." In an extreme case, this resulted in the death of a patient. Instances such as surgery, where hearing aids/cochlear implants might be removed but questions still asked verbally of a patient, are of grave concern to us.

3.7 – PRIVACY: ensuring personal information is secure
Due to the nature of hearing disabilities and the lack of understanding within the wider community and health professionals, it is often the case that in trying to overcome the patient's disability information results in shouting at the patient to try to make statements heard. It is important for those working in the health sector to understand that increasing speech volume does not assist those that are hearing impaired and instead causes lip patterns, vocal quality and pronunciation to decrease – factors essential to effective communication with those who are hearing impaired. In addition, there is a range of technology solutions that assist people with hearing aids or cochlear implants (such as hearing loops, counter loops) however take-up of these is quite limited in hospital settings.

3.8 – REDRESS: commenting on care and having concerns addressed

Deafness Forum supports this principle.

In some instances it is difficult, if not impossible for patients who are Deaf or hearing impaired to contact friends or family outside of the hospital (for example to comment on the care being provided). This is due to a lack of adequate equipment within the hospital. For example, having Telephone Typewriters (TTYs) available as an alternative for the common bedside phone for the Deaf, and having all accessible phones fitted with a volume control making them suitable for people with a hearing impairment. We have been told of instances where the only way that a person with a hearing loss could communicate with anyone outside of the hospital was to have a nurse or other hospital staff member talk into the phone for them, then lip-read what the staff members said to them. This makes it difficult to comment on the care being provided, and reduces the patients' ability to make a complaint and to preserve the patients' privacy.

Conclusion

Deafness Forum supports the concept of a national patient charter of rights and the way it could assist the millions of Australians who are Deaf, have a hearing impairment or suffer from a chronic disorder of the ear.

For any questions relating to this information, please contact

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This submission has been sent to
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Access Economics 2006 "Listen Hear: The economic impact and cost of hearing loss in Australia"