

P R E F A C E

It doesn't seem that long since I received the envelope from Rutgers Medical School. But it is. It was before anyone knew what a video cassette or compact disc player was, before the space shuttle, the personal computer, or the minivan became household words. It was even before President Nixon resigned from office. I remember hesitating before opening the envelope. It was, after all, just like the others, a thin one. Then I took a deep breath and read the letter. "It is with great pleasure that we inform you that the faculty of Rutgers Medical School has voted to accept you." I did not finish the paragraph—I was too busy jumping for joy.

That same year, 1974, thousands of others across the country received similar letters from medical schools. However, mine was a special case. A major difference separated me from everyone else, one that made it particularly hard to get accepted: I am almost totally deaf.

The word *deaf* is not a precisely used term. There is a whole spectrum of "deafness," ranging from mild hearing loss to total inability to perceive sound. Still, as Oliver Sacks explains so well in his book *Seeing Voices*, the word *deaf* is often used to denote anyone with a hearing impairment. This is unfortunate. The extent of the loss plays a crucial role in dictating how a person functions in society, as well as determining whether he or she can speak like most people or must use sign language.

Sacks himself describes three broad categories of people with hearing loss: those who are hard of hearing, those who are severely deaf, and those who are profoundly deaf. The hard of hearing group is by far the most common. It consists of people who hear

well enough to converse relatively easily with others in society. People who are severely deaf traditionally have had much more difficulty doing this. Today, however, because of technological improvements in modern hearing aids as well as other equipment, even this group can hear speech and converse orally. People who are profoundly deaf, on the other hand, have no hope of ever hearing speech and must lipread, use sign language, or both. These are the people who were once called “deaf-mutes.”

I have been classified as having a “profound” loss. It is so great in most frequencies—ninety decibels or greater—that I depend on reading lips. This would put me in the third category. However, I can hear a few sounds in the lower frequencies (below one thousand cycles per second). And with enough amplification, I can often use the phone. I even understand a rare word without reading someone’s lips. So I probably belong in the ill-defined area where the second group meets the third. Regardless, many (if not most) people consider me deaf, and I occasionally refer to myself in this book as being so.

I was a senior in high school when I first conceived of writing this book. As part of my application for a college scholarship available for persons who are deaf, I was required to have an interview. That is how I met Catherine Munro, a hearing person who was, at the time, a deaf educator for the state of Illinois. Our encounter turned out to be more than the usual perfunctory meeting. She was excited about my plan to become a physician—there are very few physicians who are deaf or profoundly hard of hearing. Since I was going to be a pioneer of sorts, she persuaded me to undertake two projects.

The first was to learn sign language. I had been one of the first persons with my degree of hearing loss to be mainstreamed in Chicago area public schools and thus had not learned this language. Most people who are deaf have difficulty communicating with physicians and often bring an interpreter when seeking medical care. As a result, some of the details are lost during translation, and the deaf person loses the confidential doctor–patient relationship. By learning American Sign Language, I could help alleviate this problem.

I began to learn American Sign Language the summer after my first year of medical school. A classmate and I went to the weekly meetings of a northern New Jersey deaf club where we studied the basics of the language. I'll never forget the enthusiasm and enjoyment shown by the members teaching us. Since then, I have improved my signing and can now converse in it, though I am not as fluent as I would like to be.

Mrs. Munro's second request was for me to write about my experiences as a doctor. There are few role models for people who are deaf, and she believed a book about a physician with a profound hearing loss would help fill this void. So after several years of private practice, I sat down to write my story. I have tried to highlight, where appropriate, how my life is different from those who hear normally. In some fundamental ways, and some not so fundamental, it is vastly different. Many of these differences will interest hearing people, as will the solutions I have devised to compensate for them. I am sure other deaf people will find all of them familiar.

Another reason I wrote this book is that people often ask me, "What's it like to be a family doctor, especially one who's deaf?" This story is my answer.

Long hours, patients' expectations, difficulty in making some diagnoses, and the emotional commitment required—these factors combine to make medicine a demanding profession. But it is not all worries and heartbreaks; there are funny incidents, glowing accomplishments, and happy times as well. The diversity of experiences that family doctors encounter is fascinating, and these make being a family physician, hearing or deaf, satisfying despite the drawbacks.

But being deaf adds a whole new dimension to being a doctor. In addition to the usual practice of medicine, one also confronts everyday issues such as communicating through masks in surgery and using a stethoscope. How I have tackled these and other problems are all explained in the book.

Everything in this book is true. Thus, in order to protect everyone's confidentiality, I have changed the names of most of the people and places. The only real ones are mine and those of my medical

assistant and family. Otherwise, any similarity of names in this book to real persons and places is purely coincidental. Also, where necessary, details have been altered to maintain privacy.

Writing a book is an immense undertaking that requires seemingly endless hours. Despite having read this comment in other prefaces, I had no idea how time-consuming this process really is. Fortunately, my wife understood. I am indebted to her for her patience and understanding on the many evenings I disappeared after the kids went to bed. She encouraged me when I did not think I would ever finish. And she critiqued my manuscript when she had other, more important things to do.

My parents also reviewed the manuscript innumerable times. They made many invaluable suggestions, all of which improved the book markedly. Even more so, I am thankful to them for their unwavering confidence in my ability to make it in this hearing world. Without their encouragement and support, I would not be where I am today.

Others also devoted hours of their time to reviewing the book and offering suggestions. They are, in alphabetical order: LeAnne Davis, Sue Grangroth, Melvin Gray, Arla and Werner Huck, Florence Lerner, Jude Reed, Larry Russell, and David Spendlove. I would like to thank Pam Check for her wonderful editorial assistance, my writer's group for their constructive comments, and Karen and Cami Christiansen for their secretarial help. Ivey Pittle Wallace, the editor at Gallaudet University Press, made many insightful suggestions as well, all of which greatly improved the manuscript. Likewise, I am also indebted to my agent, Susan P. Urstadt, not only for her constructive suggestions but also for her confidence that the manuscript I submitted to her three years ago was publishable.

Finally, I would like to thank my office staff—both past and present—as well as my associates. My prejudice aside, I am convinced that they make up one of the best medical offices that has ever existed. They care about each other as well as the patients, and it shows in the way they treat people.

So Catherine Munro, here it is. It took a long time to write but it's finally done, and I hope you have an opportunity to read it. I also hope the Deaf community will be as encouraged as you predicted many years ago. And for those of you in that community who are wondering if you have a chance to succeed in a hearing world, the answer is a resounding yes. I did it. You can too.