

Clinical Pain Medicine

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Pain Assessment Very Difficult in Deaf Patients

American Sign Language (ASL) interpreters should be present at every encounter between a deaf patient and his or her health care providers, according to an expert presenting at the recent Canadian Pain Society annual meeting (poster 104).

This conclusion came as a result of four, 90-minute focus groups led by Sandra LeFort, RN, PhD, and her colleagues. Two of the groups included seven deaf individuals with a variety of chronic pain conditions; the other two involved four hearing ASL interpreters and one deaf interpreter. Participants responded to questions about the deaf person's experience with pain and pain care, and the interpreters' experience with how pain descriptors are communicated to health care providers.



Deaf interpreters are deaf individuals who are highly skilled in ASL and act as intermediaries between a deaf person and an ASL interpreter. They are most useful in situations where a deaf person's sign language is inadequate or difficult to understand (not all deaf people have the same level of proficiency in ASL).

Speaking at the meeting, held in Quebec City, Dr. LeFort said there are many barriers to effectively assessing a deaf patient for pain. These include miscommunication between clinicians and patients, who may not understand what is being asked of them (eg, common descriptors of pain quality such as "sharp," "dull" and "stabbing" may be confusing); the existence of few sign language versions of existing pain scales; and the fact that there is only one formal ASL sign for pain. These factors often force interpreters to translate patient's body language into terms clinicians find informative, said Dr. LeFort.

"The ASL interpreters have to interpret for all kinds of health problems," she said. "But they said that pain was the most difficult."

"We found that the challenge is around assessment of pain in the deaf. Without accurate assessment, diagnosis and treatment are compromised—and the more complex the assessment, the greater the difficulty in making an accurate diagnosis," wrote Dr. LeFort,

professor, School of Nursing, Memorial University of Newfoundland, St. John's, and Labrador, Canada, in an email to *Pain Medicine News*.

Some of the major findings from the team's preliminary analysis of video- and audiotapes from the focus group sessions are listed here.

There is a lack of ASL vocabulary for commonly used pain descriptors.

It is critical that ASL interpreters are present at medical appointments if at all possible. (Dr. LeFort added that family members sometimes will interpret for the deaf person "but this is usually not ideal.") Health care providers should not rely on lip reading or written notes to communicate with the deaf person.

If the deaf patient has a low level of ASL literacy, pain communication is even more challenging; in such cases, the use of a deaf interpreter should be considered.

Health care providers should speak directly to the deaf patient rather than to the ASL interpreter or family member.

Interpreters are very conscious of giving physicians the wrong information and often check back with the deaf person to ensure accurate communication (e.g., "OK, is this what you mean?")

The Numeric Rating Scale should be well explained, and may not be appropriate for older deaf individuals as it can be confusing to them.

Deaf individuals had no problem identifying the location of pain using body maps and could describe how pain affected their daily functioning.

Angela Mailis-Gagnon, MD, PhD, director of the Comprehensive Pain Program, Toronto Western Hospital, Ontario, Canada, said the study highlights that deaf individuals are among the particularly vulnerable pain patient populations.

"Patients with chronic pain have a very difficult time getting care," Dr. Mailis-Gagnon said in a phone interview with *Pain Medicine News*. "And for someone with a hearing deficit, it's going to be twice as hard."

There is only one published well-done study on pain assessment in deaf people, according to Dr. LeFort. Conducted in Italy, it examined one-dimensional pain scales to assess pain severity in the deaf population (*J Nurs Measure* 2011;19:91-104).

—Rosemary Frei, MSc

Drs. LeFort and Mailis-Gagnon reported no relevant conflicts of interest.
