

## **LETTER TO THE EDITOR**

## Barriers deaf patients face when receiving dental treatment.

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Deaf people are like foreigners in their own country... How would we feel if when receiving dental care we were unable to express our concern to the dentist, and if he/she in turn did not have a way or the means to explain his or her actions? Would we feel anxiety, fear, frustration?

There is a considerable lack of knowledge about how dental care should be provided for Deaf patients, as they are a very specific group among people with disabilities. Unlike most patients with other types of disabilities, Deaf people have a very specific and localized condition, they just cannot "hear". Their intellectual ability, physical and cognitive skills, and particularly their oral cavity and oral diseases do not differ from those of hearing people. In fact, Deaf people in general do not see themselves as part of a group with disability, but as part of a linguistic minority<sup>1-3</sup>.

From the medical standpoint, these people are called "deaf", and their condition is defined as an alteration in the perception or processing of sounds, and classified according to: etiology, degree of hearing loss, location of the lesion and time of onset. On the other hand, according to the sociocultural approach, these people call themselves "Deaf", with a capital D, to differentiate this conception from the medical approach. They define themselves as members of a world with its own language and culture, customs and values, arising from their hearing condition. Sign language, which differs morphologically, syntactically and phonologically from spoken language, is the most important cultural element of the Deaf community, and the foundation of their social interaction<sup>1-3</sup>.

According to international data, there are over 70 million Deaf people in the world, and about 80% of them have not received any type of formal education; a situation that occurs in developed countries and that is even worse in developing nations, making a large number of Deaf people illiterate. Moreover, and for the same reason, most of those who complete high school only achieve very ba-

sic reading comprehension skills, barely equivalent to the skills achieved by fourth-grade primary school students<sup>2,3</sup>.

In this scenario, the major obstacle to this community in dental care is communication, which is deficient or even nonexistent in most cases. According to the literature, Deaf people report feelings of discrimination and lack of empathy by the dental staff. They also warn about the lack of communication, which is clearly and paradoxically evident from the simple fact of being "called out" by their names in the waiting room, not being able to understand the treatment the dentist will be performing, discuss other treatment options, understand aftercare instructions, the dosage of drugs and/or any specific type of tooth extraction aftercare<sup>4</sup>.

As a result of this communication gap, Deaf people have become an isolated population when it comes to receiving medical and dental care. They lack access to education and prevention measures in oral health, not receiving a timely and quality treatment.

As a result of the situation described above and according to some studies, Deaf people have a high prevalence of active caries ranging from 46 to 95% in both primary and permanent teeth, poor oral health, lack of knowledge of good oral hygiene techniques, with over 50% of patients showing poor oral hygiene rates, a number that is even higher than people with other disabilities<sup>5</sup>, and expressing a negative conception of dental care in general<sup>4</sup>. Unfortunately, no studies have been conducted on this subject in Chile.

Given this reality, it is necessary to evolve from the medical approach, focused only on the disability of people, to a sociocultural approach, based on the knowledge of the skills and abilities of these patients, and no longer on their disabilities. Understanding what it means to be a Deaf person facilitates interaction, significantly reducing the problems in dental treatment that we have already discussed.



Specifically, it is suggested that dental practitioners need to attend Sign Language courses, which are usually free or have a very low cost. Health professionals can get in touch with Associations of Deaf people and use some of the few currently available technological tools to facilitate communication with Deaf patients. One example is "Odontoseñas" (Odontosigns), a free downloadable application for mobile phones, developed and designed jointly by Deaf people, dentists, programmers and designers, where diagnosis and treatment by the dentist is provided through the Chilean Sign Language, improving the quality of oral care in Deaf patients.

Finally, although Sign Language has been formally recognized in several countries, including Chile, as the natural means of communication for the Deaf community, no measures to address this problem have been implemented in health care services in Chile. This is mainly due to the fact that the implementation of inclusion policies is slow and does not meet the requirements imposed by our social reality.

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