Moment of Truth

Category: Stories
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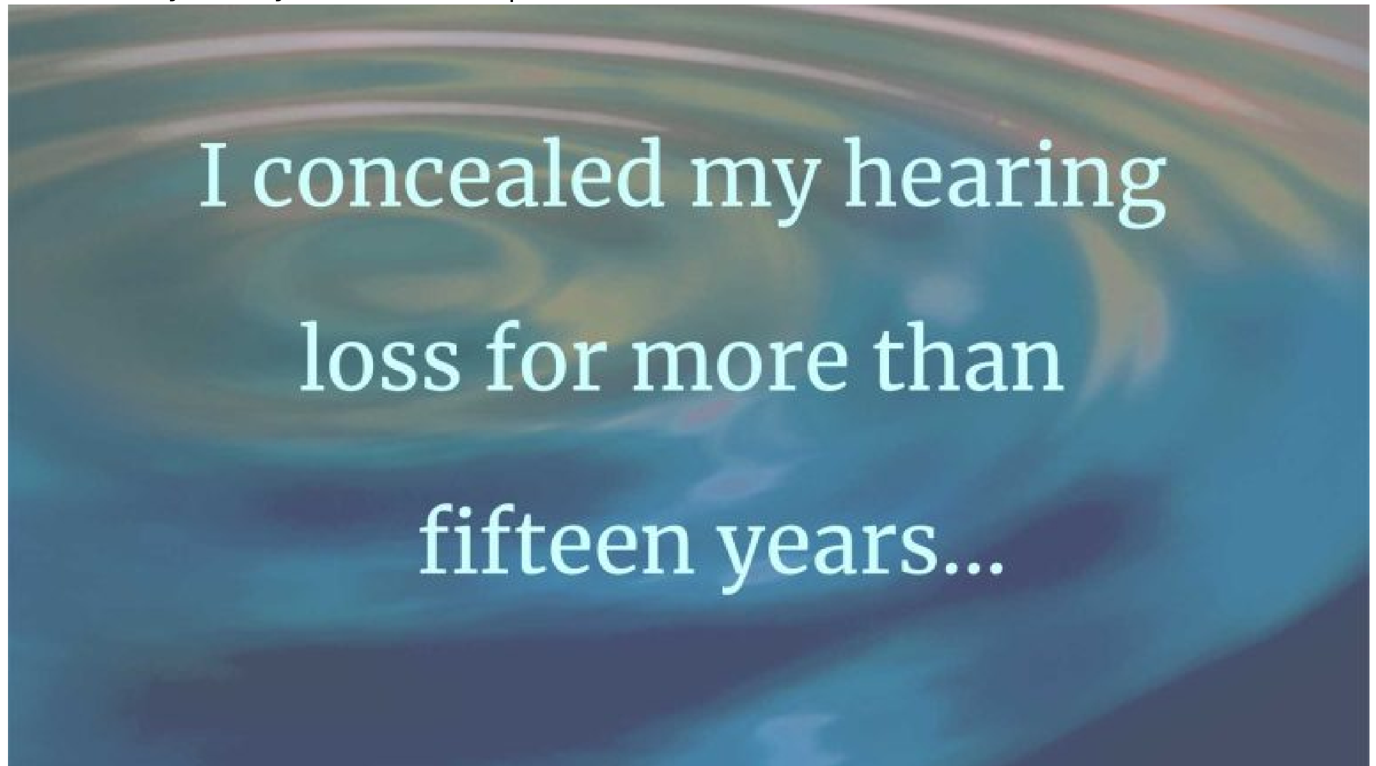

Twenty-five-year-old male, Type 1 diabetes with recent left-leg amputation, poor glucose control.

Routine case, I figured. I was the senior endocrinologist at a community health center, teaching resident physicians and caring for medically underserved patients.

I had prepared a chair to my immediate right for the medical resident, Anna, so that by turning my head slightly away from my desktop computer I would be able to see her face clearly. Although she didn't know it, I was deaf—and with one of my cochlear implants failing, I needed to lip-read to understand speech.

My deafness had occurred fifteen years ago, just one year after I'd completed my endocrinology fellowship. Almost overnight, I went from hearing to being nearly deaf. The cause, as I learned, was autoimmune inner-ear disease. Even with my years of medical education, I hadn't known this could happen.

The sudden, devastating hearing loss left me with paralyzing fear: Could I still communicate with my husband and two toddlers? What about the four-month-old fetus I was carrying? Could I continue to be a physician?

I had navigated my medical training as a hearing person, but in the group practice to which I belonged, I could no longer multitask in situations that involved hearing. If I missed someone's words, no one had time to

repeat them, and if I didn't respond right away when people spoke to me, they thought I wasn't paying attention.

To continue leading my medical team effectively, I began using assistive devices, including an amplified stethoscope. Still, I felt inferior to my hearing peers. Plagued by self-doubt, I opted to keep my deafness hidden.

I concealed my hearing loss for more than fifteen years, during which I had two cochlear-implant surgeries. I suspected that my physician colleagues and other office staff knew about my hearing loss, but thankfully, no one said anything. My office nurse was my only workplace confidante: When others spoke to me, she would repeat what they'd said, using other words to help improve my comprehension.

Anna the resident entered the room, sat in the designated chair and started to summarize the patient's history.

As she spoke, my eyes ping-ponged back and forth from my computer screen to her mouth, reading her lips. Mission accomplished.

After reviewing the records, we scurried down the hall, knocked on the exam-room door and entered.

The patient, Mr. Sanchez, sat at the edge of the exam table, shoulders hunched and head bowed. He seemed tall, perhaps because he was so skinny. Even though his belt was buckled at the tightest hole, his jeans hung loosely on his lanky body.

He was a new amputee. His leg had been removed below the knee when antibiotics hadn't cured a bone infection that had evolved into creeping gangrene.

"How can I help?" I asked—my usual opening.

No response. Mr. Sanchez just stared at the three-week-old stump where his left leg used to be. He scrutinized the ragged, stitched flesh, still in the early stages of healing.

I reflected that my own healing after the sudden deafness had been slow, too. I'd taken a medical leave of absence, attended speech-reading classes and, a year later, had my first cochlear-implant surgery. Rehab was an excruciatingly slow, nonlinear process of brain training and relearning to hear—an exhilarating, exhausting roller coaster of successes and setbacks.

With time, tremendous effort and the support of my healthcare team, my friends and especially my family, I resolved to continue my medical career, but differently. I left my group practice and became an endocrinology clinician educator, focusing on optimizing physician-patient communication. This worked, because I understood barriers and miscommunications: I *lived* with them.

When Mr. Sanchez finally spoke, his long, curly hair swung back and forth over his face, concealing it. He mumbled something to his missing foot. I

didn’t catch any of it.

Arms crossed and shoulders tensed, I felt heat rising from within and a deep flush spreading over my face and neck.

“Please say that again,” I said, thinking, *And for God’s sake,* look *at me! I need to see your face and lips!*

I felt a strong urge to run away. How could I hide my disability and also attend to my patient’s needs, when I couldn’t hear him! I heard my heart’s pounding in my ears, which was kind of funny, because I couldn’t hear much else.

When he spoke again, it was a muffled jumble of sounds. Trying to understand key words, I caught “my fault…grandmother…” and “insulin without a prescription.”

“Can you please repeat what Mr. Sanchez said?” I asked Anna.

She faced me and spoke clearly, and I lip-read her words:

“I did this to myself. I never took care of my diabetes; I only went to the doctor when I ran out of insulin. Then I moved here with my grandma and found out that I didn’t need a prescription for two kinds of insulin, NPH and regular, so I bought those on my own and figured out how much to give myself.”

I realized that Mr. Sanchez was a survivor—like me.

Suddenly he looked up at me, brows furrowed and eyes narrowed.

“Doctor, did you even hear me?”

Busted.

I didn’t want him to see me for who I felt I was—a deaf doctor, flawed and less than. Yet I needed to connect.

“No, I didn’t hear what you said. I’m deaf.” The words erupted from my mouth before I could squelch them.

Just like that, years of cover-up fell away: My invisible disability was unveiled.

I tried to breathe. I thought I’d feel terrified. Instead, I felt lighter—relieved.

I glanced at Anna. Her eyes were teary, and she smiled at me.

“Just as you are waiting for your prosthetic leg, I’m waiting for surgery for a new hearing device,” I told Mr. Sanchez, thinking, *I’ve trusted him with my truth. Will he trust me with his care?*

“I need you to look directly at me and speak slowly, so I can lip-read,”

I concluded.

For the first time, he turned toward me, swinging his jagged stump up onto the exam table. Our eyes met, and he leaned in.

Together we negotiated a new, affordable insulin regimen. Then we reviewed the checklist for diabetes initial-visit care, including bloodwork, urine tests, eye and foot exams, immunizations, nutrition-education referral, glucose monitoring and medication reconciliation. We planned for an insulin pump in the future. He agreed to return in a month and to contact the clinic with any questions.

I ended the visit in my usual way.

“Did I understand and address your concerns today? Any questions?”

“You got it all, Doctor,” he said. “I’ve never felt so heard.”