Silenced

Category: Stories
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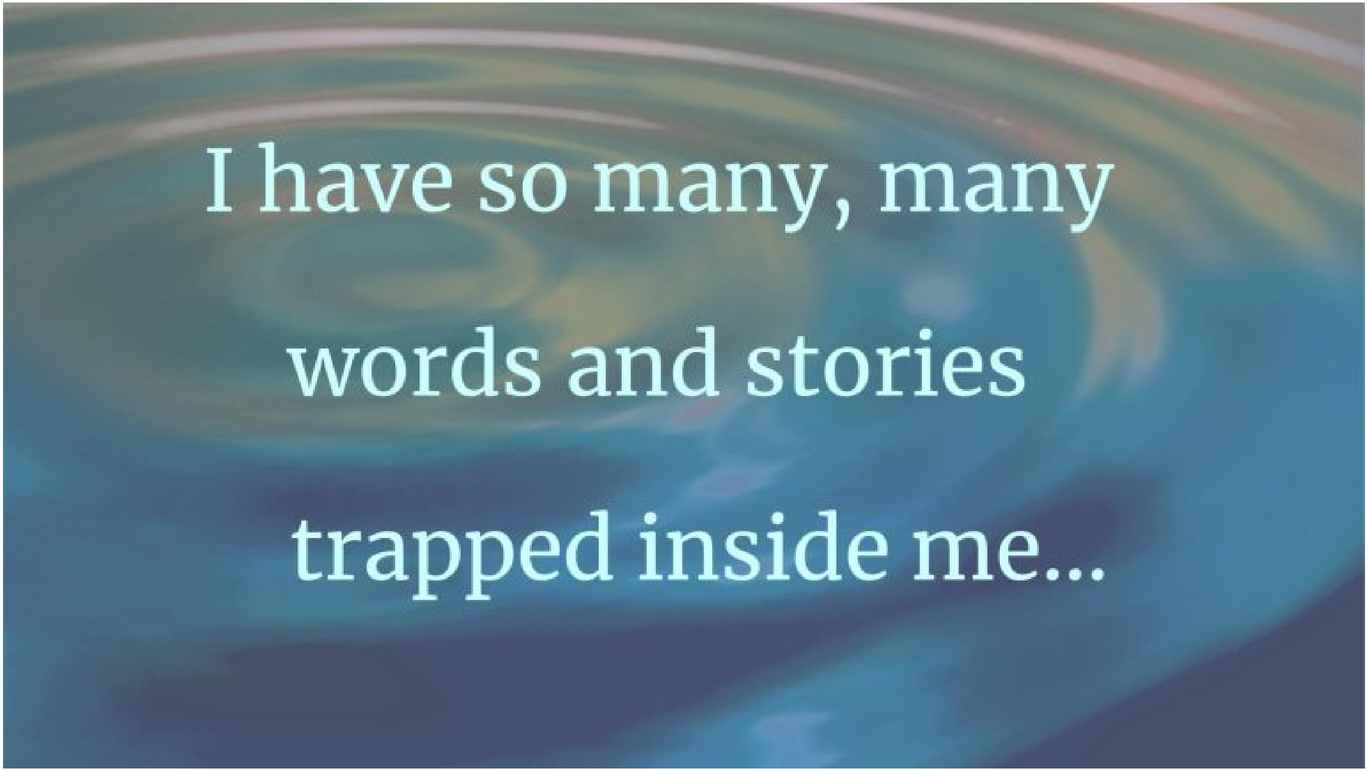

Editor’s Note: This piece was awarded an honorable mention in the Pulse *writing contest, “On Being Different.”*

As a maternal/fetal medicine specialist for twenty-four years, I’d always felt that speaking to my patients, peers and the hospital staff was one of my God-given talents. I’m very good at giving bad news to expectant parents about their fetal diagnosis—or I used to be.

All of that changed six years ago, when I had a thyroidectomy for thyroid cancer. During the surgery, both of my recurrent laryngeal nerves were paralyzed, and so both of my vocal cords are paralyzed.

As a result, I have lost the ability to control my vocal inflections. For instance, I’m unable to raise my voice at the end of a question—the audible clue to the listener that a question is being asked. This inflection is used unthinkingly, day in and day out, by everyone—except for me. I can no longer tease or kid or be sarcastic with my family and friends, because it comes off sounding mean. My voice, having lost its cadences, is unpleasant to hear; and now, when giving perinatal counseling to my patients, I have no way to convey the empathy and emotion I feel for them—something that I used to do effortlessly.

To use a medical metaphor, I feel as if I’d gone in for reconstructive surgery on my knee, but woke up with an above-the-knee amputation. It was that traumatic: I felt, and still feel, that my voice was surgically cut out of me.

After my surgery, a tracheostomy was performed; a hole was created in my windpipe, and a breathing tube inserted in the hole. Returning to work after the tube was removed, I was very breathless, and my voice was quiet, hoarse and coarse. (It still is.) My paralyzed vocal cords obstruct my airway, leading to shortness of breath. I have to walk slower than I used to; I must also wear a microphone headset with a portable speaker, so that I don’t strain my vocal cords.

At first glance, I appear normal to my patients, but when I introduce myself and start counseling them, I see them trying to figure out what is wrong with me. Patients who don’t know me frequently comment on my voice or inquire about my speaker and microphone.

“Are you talking on the phone?” they ask—or, even worse, “Are you recording our conversation?”

They express concern that I may be sick, and possibly contagious. I assure them that they cannot “catch what I have.”

Some of my fellow physicians joke about my microphone, asking, “Can I get fries with that?” It’s hurtful to feel that my disability is being belittled and ridiculed, but at this point, I don’t waste my time (or voice) explaining my medical condition.

“You don’t need that headset; I can hear you fine,” some colleagues have assured me, unaware of the effort it costs me to talk.

Since my headset was prescribed by my laryngologist, I can’t help but wonder: *Would these colleagues go up to someone who uses a cane or crutches and say, “You really don’t need that”?*

I’ve become keenly aware of the power that the human voice wields in our society, as reflected in many catchphrases: “Use your words”….”Speak up”….”I just want to be heard”….”Speak your mind”….”She found her voice”.…”I have something to say”….”Listen to me!”

Until my voice was taken from me, I felt confident that my patients would come away from our sessions with a full understanding of their unborn baby’s birth defect, and of the plan of care for the pregnancy, delivery and newborn baby. Now, however, I’m concerned that my vocal difficulties may lead them to misinterpret something—even when I ask, as I always do, if they understand everything.

Patients expect their physician to be competent and caring; an entirely appropriate expectation. While counseling patients, I wonder how much they may be doubting my competency. When our session is complete, I often wonder how the patient perceived me. Did she think I was caring and empathic? Did she feel that I’m competent, and does she trust me and my knowledge? Did she understand my counseling, or did my voice get in the way? The physician/patient relationship is not a balanced one: Was she afraid of asking me to repeat myself?

I also find it difficult to talk on the phone with medical professionals who don’t know me. My voice no longer conveys confidence, knowledge or authority, and when I inform a colleague of abnormal test results or give a nurse or sonographer directions or medical orders, the response is sometimes disbelief. I feel as if I’m not being taken seriously. Though I’m not mute, the outdated, offensive phrase “deaf and dumb” comes to mind and pierces like a sword. In our society, if you can’t speak fluently, people think you’re not bright.

I used to be a fast talker and dynamic lecturer to our ob/gyn residents, nurses and sonographers. Nowadays, when I’m providing a lengthy, detailed explanation or teaching moment, I can see colleagues or staff thinking: *Will she just spit it out? I don’t have the time or patience for this.*

“I know what you’re getting at,” someone will say, cutting me off.

JUST LET ME FINISH! I think.

Before my injury, I was the “golden” physician at my hospital system. I did radio, billboard and TV ads for the hospital, videos for the hospital website, TV interviews and research presentations. I served on the hospital board, did fundraising and taught our medical staff, our ob/gyn residents and the hospital and imaging staff.

After my disability, I was golden no more—set aside by the hospital administration. Who wants to listen to someone whose voice is unpleasant and difficult to hear, and who, when she speaks, sounds as if she’s had a stroke? Who has the time to really listen to what I have to say?

In the years before my surgery, I had established myself as an excellent healthcare provider for high-risk pregnancies. I had a great reputation that I’d worked hard for and was proud of, in a group where I was a senior member. My experience and work history made returning to work with a voice disability easier for me—but when I think of clinicians in training who have voice disabilities, I can only imagine that they’ll find establishing a medical career very daunting.

I have so many, many words and stories trapped inside me because they aren’t pleasant or easy to speak, and no one has the patience to hear me out.

Who will listen to me now?