

Ethics Rounds Needs to Consider Evidence for Listening and Spoken Language for Deaf Children

The July 2015 article, "Ethics Rounds: Should All Deaf Children Learn Sign Language," questions whether parents of a deaf child should communicate with their child via American Sign Language (ASL) or listening and spoken language (LSL) and seems to suggest that use of ASL outweighs an approach that focuses solely on LSL. The Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell) respectfully disagrees. AG Bell fully supports families being made "aware of all communication options in an unbiased manner,"¹ including ASL, LSL, and other methods. However, pediatricians should consider the evidence and the outcomes of children of such options. The article should have presented a panel of more balanced and accurate responses.

More than 88% of families choose an LSL outcome for their deaf child (personal communication, 2015). AG Bell supports these families by advocating for LSL through evidence-based practices that focus on achieving successful outcomes through the use of auditory teaching and appropriate technologies, such as hearing aids and cochlear implants (CIs).² The evolution of CI technology demonstrates that CIs received at an early age are effective in providing a deaf child the ability to hear and speak.³

Studies show that children who follow an auditory-verbal (A-V) communication approach (solely by using LSL, and not ASL), demonstrate better LSL skills than do children who follow a total communication approach using both LSL and ASL.⁴ Goldberg and colleagues⁵ studied 23 patients at the Cleveland Clinic's Hearing Implant Program who receive A-V therapy and, based on standardized tests, they demonstrated expressive and receptive language test scores with most at or above their "typical" hearing peers.

In discussing options with parents, physicians should consider current and emerging evidence. Although bilingualism may be helpful to hearing children and occasionally to deaf children who are unable to fully achieve LSL, a young CI child (already playing "catch up" to hearing peers) requires constant and consistent auditory teaching. Immersion in spoken language is critical to the LSL success of a CI child, as is teaching the child to communicate with spoken language. The window for a deaf child to acquire LSL is much shorter than the window in which ASL can be acquired.

Deaf children today frequently communicate quite well with LSL alone, and the number of children who have a need of ASL to communicate has decreased dramatically. When today's parents are told that these children should learn ASL as part of a deaf culture, they increasingly respond that their children actually are part of a hearing culture: that of their families, friends, and the world at large. Children today have unprecedented opportunities to develop LSL, thanks to newborn screening, and early identification and intervention, and tremendous technological advances that were unavailable to past generations. Clearly, what it means to be "deaf" truly has changed.

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Conflict of Interest:

None declared.

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Ethics Rounds Was Right On Point

The National Association of the Deaf (NAD) applauds you for your July 2015 article, "Ethics Rounds: Should All Deaf Children Learn Sign Language?" The article addresses an ongoing debate in the education of deaf children, and rightfully examines the evidence regarding delayed language and cognitive development in deaf children.

Most families with deaf children are persuaded by misguided professionals to pursue listening and speaking only and exclude the use of American Sign Language (ASL), and the evidence shows that many of these children do not acquire language and cognitive development at age-appropriate levels. Even with cochlear implants, the most advanced listening technology, the best estimate is that only 40% of children with implants get some benefit for language learning from the technology¹; in that 40%, many show effects of early language deprivation.

Today, we have studies that show the effects of language deprivation at this early age. These effects are not shown when children learn ASL from birth. These studies are readily available to those who would deprive children of learning a sign language in early childhood, and we encourage an

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