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 colleagues[5] 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 technology[1]; 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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opening of minds to look closely at what newer research of the past 10 to 15 years has revealed.[2] In the Ethics Rounds discussion, most of the participants agree that emerging research shows that ASL reduces the risk that deaf children will have delayed language and cognitive development.

Those who attempt to portray the choice as being between speech and listening or signing are perpetuating a myth. This is not the choice. Many families choose both, and, in fact, there are many research studies that show a strong correlation between fluency in ASL and reading ability in English.[3–5] Both languages are needed to reduce the risk of harm to deaf children when many are unable to fully acquire spoken language through speech and listening alone.

As an organization composed primarily of deaf and hard-of-hearing adults who have experienced every kind of educational methodology, we are united in expressing our support for the use of both ASL and English for all deaf children. We also want to affirm our love and respect for our parents, and communicate with them fully as a family. With a solid education in both ASL and English, we are not segregated from society but are fully empowered to engage as equal partners. The NAD has many parents and professionals as our members and allies, and we welcome everyone who supports our mission of preserving, protecting, and promoting the civil, human, and linguistic rights of deaf and hard-of-hearing people in the United States.

Thank you again for this Ethics Rounds.

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None declared.

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Ethics Rounds Needs to Consider Current Population of Deaf Children

The July 2015 article, "Ethics Rounds: Should All Deaf Children Learn Sign Language," concludes that the benefits of learning sign language clearly outweigh the risks and that this approach seems clearly preferable to an approach that focuses solely on oral communication, and all deaf children should learn sign language.

As a professional in the field for >30 years and speaking as the executive director of the Center for Hearing and Communication (CHC) in New York City, I do not believe that there is one way for "all" deaf children to learn language or to be educated. At CHC, we provide a wide range of services to people with all degrees of hearing loss regardless of mode of communication. That said, our habilitation program for children who are deaf or hard of hearing is an auditory-oral program with the goal of having the children attend a mainstream educational program, typically beginning in the preschool years. Although we recognize that this approach may not be the right choice for every child, with the advent of universal newborn hearing screening, technical advances in amplification (including early bilateral cochlear implantation), and access to early intervention, this is a realistic option for more children than ever before.

At CHC, it is no longer unusual for us to begin working with infants as young as 4 weeks of age, immediately providing amplification and beginning a habilitation program with the infant, family, and other caregivers. It would be an extremely rare case where a trial of hearing aids was not medically indicated, and with current amplification technology, some degree of hearing aid benefit is always provided. It is becoming the "norm" for infants to receive a cochlear implant, if not 2 implants, by the age of 7 months. As a result of this early intervention, the children we see are achieving age-appropriate linguistic and cognitive milestones at very young ages.

It is our hope that when pediatricians find themselves in a position to counsel families of newly diagnosed deaf children that they recognize, as we do, that every family and child is unique and every recommendation must be individualized. We also hope that in this ever-changing field, they recognize that the outcomes possible today for deaf children learning spoken language far exceed those that are seen in published research of just a few short years ago. The controversy over whether sign language should be incorporated into a deaf child's communication system is almost 200 years old. The field of early childhood deafness and the opportunities for management

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