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Editorial

DEAFNESS IS MORE THAN JUST A HEARING DISORDER

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INTRODUCTION

In medical education, particularly in the study of Ear, Nose, and Throat (ENT), deafness is generally understood as a sensory disorder characterized by a reduction or loss of hearing function, measured through audiometric tests and classified according to its degree and etiology. This approach is important for clinical diagnosis and management purposes, but it risks oversimplifying deafness as merely the absence of hearing ability.[1] Various literature shows that deafness impacts not just biological function, but also affects communication, social participation, education, and an individual's overall quality of life.[2,3] For many individuals, especially those who experience early-onset or permanent deafness, this condition shapes the way they interact with the world and often ties into unique identities and life experiences. Therefore, viewing deafness solely as a disease or biological deficit is insufficient to capture the complexity of this condition. In the context of modern medical education, which emphasizes a patient-centered and biopsychosocial approach, it is necessary to broaden perspectives in teaching deafness to medical students. Medical education should not only equip students with the ability to recognize and manage hearing disorders, but also help them understand the functional and social implications of deafness, thus enabling them to provide more inclusive and meaningful healthcare services to patients.[4] This editorial briefly outlines the limitations of existing biomedical approaches, how to understand deafness as a functional and contextual condition, its implications for medical education, and reflections in learning.

LIMITATIONS OF THE BIOMEDICAL APPROACH

The biomedical approach has long been the main foundation in ENT education, focusing on identifying etiologies, classifying hearing disorders, as well as medical and surgical management. Medical students are trained to recognize types of deafness, determine the degree of severity through audiological examinations, and plan interventions aimed at restoring or replacing hearing function. This approach is crucial for basic clinical competence and cannot be neglected. However, when ENT education becomes too centered on biological aspects, significant limitations arise. Several studies show that doctors and medical students often feel unprepared to communicate with deaf patients, especially in clinical situations that require in-depth anamnesis, shared decision-making, and patient education.[3] This indicates that mastery of diagnosis and therapy does not automatically equate to readiness to provide effective, patient-centered care. The biomedical approach also tends to position deafness as a condition that must be "corrected," so that the success of health services is measured solely by improvements in hearing function. This perspective risks ignoring the reality that not all deaf individuals want or can obtain certain medical interventions, and that quality of healthcare also depends on the physician's ability to adapt to the patient's communication needs and preferences.[4] In this context, the limitation of the biomedical approach does not lie in its science, but rather in its incompleteness if not complemented with functional and social perspectives.

DEAFNESS AS A FUNCTIONAL AND CONTEXTUAL CONDITION

Understanding deafness comprehensively requires a shift from a purely biological perspective toward a functional and contextual understanding. Within this framework, deafness is not only seen as an impairment of the auditory system, but as a condition that affects the way individuals communicate, participate in daily activities, and interact with their social environment.[1,5] The literature on disability emphasizes that the limitations experienced by deaf individuals often arise from a mismatch between their communication needs and an environment that is not inclusive, including within healthcare services. Communication barriers, lack of clinical adaptations, and the attitudes of healthcare professionals can contribute more significantly to service gaps than the medical condition of deafness itself.[4,6] Therefore, a medical education focus that is solely on biological correction risks overlooking contextual factors that are crucial in determining the quality of care. In otolaryngology education, introducing deafness as a functional and contextual condition is essential to foster the understanding that the success of healthcare services is not always measured by the restoration of hearing function. Instead, success is also reflected in the physician's ability to adapt communication methods, respect patient preferences, and optimally support patient participation in the care process. This approach aligns with the principles of patient-centered care and the biopsychosocial model, which form the foundation of modern medical education.[2,5]

IMPLICATIONS FOR MEDICAL EDUCATION

Understanding deafness as a clinical, functional, and contextual condition carries direct implications for medical education. Learning about ENT is no longer sufficient if it only equips students with the ability to diagnose and manage hearing disorders; it must also prepare them to interact effectively with deaf patients in daily clinical practice. This includes skills such as conducting adaptive anamnesis, delivering accessible medical information, and involving patients in decision-making.[1,3] The medical education literature shows that early exposure to disability perspectives during primary education can enhance students' empathy, communication readiness, and professional attitudes towards patients with disabilities.[4,7] In the ENT context, this approach can be integrated through case-based learning, clinical simulations, or direct engagement with deaf individuals, so that students learn to see patients as subjects with lived experiences, rather than merely objects of diagnosis. Another implication is the need to shift learning objectives from an exclusive focus on biological correction towards supporting patient function and participation. Medical education that adopts this approach will be more aligned with the principles of patient-centered care and the biopsychosocial model, as well as contribute to the development of doctors capable of providing inclusive and equitable health services.[1,5]

LEARNING REFLECTION

Teaching deafness comprehensively in medical education is not an attempt to diminish the importance of clinical competence in ENT, but rather to broaden the meaning of competence itself. By understanding deafness not merely as a hearing disorder, but as a condition that affects function, communication, and social participation, medical education can shape doctors who are more attuned to patients' needs and better prepared to provide inclusive care. ENT, with its close relation to fundamental human functions and communication, is strategically positioned to drive this shift. This editorial invites educators and medical education institutions to reflect on how deafness is taught, not simply as a diagnosis to be corrected, but as a lived experience that must be understood and respected.

REFERENCES

1. World Health Organization WHO, editor. World Report on Hearing. 2021. 252 p.
2. Olusanya BO, Neumann KJ, Saunders JE. The global burden of disabling hearing impairment: a call to action. Bull World Health Organ. 2014 Feb 18;92(5):367–373.
3. McKee MM, Paasche-Orlow MK, Winters PC, Fiscella K, Zazove P, Sen A, et al. Assessing Health Literacy in Deaf American Sign Language Users. Journal of Health Communication. 2015 Oct 9;20(sup2):92–100.
4. Iezzoni LI, Agaronnik ND, Bolcic-Jankovic D, Donelan K, Lagu T, Ressalam J, et al. Physicians' Perceptions Of People With Disability And Their Health Care. Health Affairs. 2021 Feb 1;40(2):297–306.
5. Peter H, Penzel T. International Classification of Functioning, Disability and Health (WHO). In Springer Berlin Heidelberg; 2020. p. 1.
6. Kuenburg A, Fellinger P, Fellinger J. Health Care Access Among Deaf People. DEAFED. 2015 Sept 24;21(1):1–10.
7. Shakespeare T, Iezzoni LI, Groce NE. Disability and the training of health professionals. The Lancet. 2009 Nov 1;374(9704):1815–1816.