



Although Bressler agrees that many adults are satisfied with their cochlear implants, he asks: "Should we really experiment on deaf children?"

Of particular concern is the inability of a 2-year-old to provide feedback if an implant is causing problems. "All options must be weighed very carefully."

Kristin Snoddon, one of Canada's first cochlear-implant recipients, recalls the period after she received her implant in 1990, at age 15, as "the darkest period of my life. When my parents confronted me about this implant . . . I was shocked, because I did not think there was anything wrong with me physically, emotionally and mentally."

Despite being a popular straight A student in a mainstream classroom, "it was like my parents were telling me there was something horribly wrong with me."

Snoddon, deaf from age 5 because of meningitis, remembered sound and voices. She was disturbed that the implant was "not like hearing at all — it was like vibrating in my skull [and] was very annoying. I have a lot of visual concentration that keeps me very alert to my surroundings and the implant distracted me from what I could see."

Bressler is troubled that other deaf children may eventually share Springford's and Snoddon's reactions to what their parents have done or suggested. "Deafness is not something you should make a child feel defective or in-

complete about," he says. "I wonder about the future self-esteem of a child who is aware that she or he has undergone major surgery for a prosthetic device, not to save life but to please parents."

Bressler knows that health care professionals and the deaf often see these issues much differently. If a group of hearing physicians, psychologists, educators, audiologists and therapists and a similar group of deaf professionals "each write textbooks on the cochlear implant and its surrounding issues, I can assure you they will be diametrically opposed."

Parents in the process of deciding what is in a child's best interest will often be caught in the middle of this "mind-boggling" debate. Bressler, who frequently consults parents of deaf newborns or children, sometimes receives thick files of detailed reports from various specialists and educational experts.

Even when a 3-year-old has not yet spoken, "not one reference is made to the possibility of sign language or any suggestion of meeting someone in the deaf community." In-

stead, there will be a diagnosis of autism, pervasive developmental disorder "or some other esoteric diagnosis.

"Parents then tell me they have never been introduced to the concept of signing and deaf culture," says Bressler. "If they are not interested, that's fine, but at least they should be told to invest a significant amount of time before deciding against it. I will support them if they want a



**Kristin Snoddon: stopped using her implant**

## Cochlear implant, yes or no?

Deaf family physician Hartley Bressler says several questions should be answered before a decision is made to proceed with a cochlear implant. The questions concern the way a successful implant is defined.

Will a successful implant mean I'll be able to hear like hearing people?

Is success the ability to communicate like hearing people, without any obstacles or barriers and without being dependent on assistance?

Is the measure of successful language/communication the ability to learn a word at a time after hours of repetitive rote learning?

Are recipients using the implant as an adjunct for lip reading? (If the answer is yes, this cancels questions 1 and 2.)

Is success measured against the academic and educational achievements of hearing or deaf people?

Finally, is success based on the notion that a cochlear-implant recipient will be able to integrate into the hearing society as one of its better, more successful and productive members?

If an affirmative answer to the final question is used to define success, says Bressler, it means that "all the successful deaf physicians, lawyers, PhDs and other professionals in the world" have been discounted.