

Blind Courtesies

by Stanley K. Yarnell, MD

This is a true story, more or less. Only the names have been changed.

Five years ago, I had an appointment for a complete physical exam with a specialist whom my primary care doctor had recommended. I was unaccompanied that day because the specialist had his office in the same building as my primary care doctor, and, besides, I was determined to be more self-confidently independent with my mobility.

I found the door to the doctor's suite of rooms without difficulty, since it was the first door to the right after exiting the elevator, just as the secretary had described it to me over the phone. After stepping into the office, I stood for a moment to get my bearings from the sounds, smells and feel of the floor. The room smelled of microwave popcorn rather than rubbing alcohol or disinfectant, reminding me more of a movie theater than a doctor's office. However, I was reassured by the distant voice of a woman talking in medicalese on a phone in a back room, while another woman spoke on a phone ten feet away, presumably the receptionist. An electronic device was making a gentle humming sound about five feet to her right. It helped give the room some shape.

I set off across the carpeted floor in the direction of the presumed receptionist's voice until my stick hit the bottom of the counter. Bingo! I was feeling pretty darned confident, considering that this was my first foray into this particular office. After giving her my insurance cards and engaging in a little light-hearted, even flirtatious over-the-counter chit chat, the receptionist absent-mindedly handed me a clipboard with questions relating to my personal, social, and medical history. My light-hearted banter and my self-confidence deflated a bit as I reminded her that I was blind and would need some assistance completing the form. Then I administered a self-inflicted mental pinch for not having asked if I could fill out the questionnaire over the phone before my scheduled appointment, especially after the receptionist said she really couldn't leave her desk to take me to a more private spot where she could read me the questions. As it turned out, there were no other patients sitting in the waiting room, so we just got on with it right there. Then I took a seat to await the doctor.

Within ten minutes, a man's voice, about twelve feet to my left, called out, "Stanley?"

I arose, unfurled my stick and headed off toward his voice with a charming smile on my face. I put out my hand and declared brightly, "Dr. Breslin!"

"No," he deadpanned, "I'm Henry, his medical assistant."

"Oh," I said, feeling a little more self-confidence hissing out of my slowly deflating ego.

"Follow me," he said, and I could hear him turning to go.

"Could I take your elbow?" I asked, and with that I found his rather nervously bent elbow and we were off to the exam room.

Henry led me to the side of the exam table, where I sat while he asked a few more questions. Then he handed me a paper gown and told me to take off my clothes, except for my underpants. I could hear him scribbling something into the chart while I got into the gown. Then he took my blood pressure and told me he was hanging up my clothes, which had been lying next to me on the exam table. Finally, he took my white cane, told me that he was leaning it against the linen closet door, and left the room.

Within minutes, the bona fide Dr. Breslin came into the room, introduced himself and got on with the exam. After we discussed diagnostic options and he assured me that he would be in touch with my regular doctor, we did the verbal goodbye dance and he left.

After mulling over our discussion for a while, I thought, “That went pretty well.” Then I realized that I had no idea where Henry had put my clothes. He seemed to have stepped off to the left as he was hanging them up, but I knew I was going to have to “pat down” the room in order to find them, unless Henry would return in a timely fashion. I waited for several minutes, intently listening to any footsteps that might signal his return. But Henry didn’t return.

Now, my self-confidence started to fall away at an alarming rate. I walked to the left and found the door to the outside, but no clothes hanging on a hook on the back of the door. To the left of the door was a sink with little loose things near it on the counter, one of which promptly went skittering into the sink.

“Oh, dear!” I thought, while hesitantly continuing to pat down the room because I didn’t want to stick my fingers into some place I didn’t want to put them, like gooey stuff or sharp objects. I was relieved when I found the linen closet on the right side of the door, remembering that Henry had leaned my stick against it. But it wasn’t there either. Apparently, Dr. Breslin had moved my stick when opening the closet door that one time during the exam.

“Now what?” I wondered. “Stick my head out the door and yell, ‘Yoo hoo’? That’s way too embarrassing!”

So I kept patting down the room. Across from the exam table, I eventually found a phone. “That’s it!” I sighed with relief. I dialed 9 for an outside line, then my number, and within seconds, my pants started to ring. “Eureka!” There were the missing clothes on a hook on the front of the linen-closet door, which had been left open by Dr. Breslin and pushed further toward the wall by me. And there was my white stick between the open door and the wall, right where Henry had left it.

With my self-confidence slowly rebuilding, I dressed and left the exam room. I made note of my pulse, which had gone up embarrassingly high during my panicked search for my clothes and belongings, and then I took a deep breath before I heading down the short corridor towards the voices and my newest friend, the receptionist.

There was a lesson here for me and Dr. Breslin’s staff. Many blind people don’t like to surrender their clothes, wallets, purses, or other valuables to have them placed somewhere where they can’t easily find them independently. Many of us prefer to be shown the location of the hook or hanger, so that we can hang up our belongings ourselves and know exactly where to find them later. And if a health care provider moves one of those belongings for any reason, she or he

should always put it back “where it belongs,” which is to say, precisely where the blind patient put it to begin with. If something is displaced by even eight inches, it can confuse a blind person’s attempts to recover it. Patients may be preoccupied with the diagnosis or treatment options at the end of an office visit and forget to ask if anything has been moved, so health care providers should try to remember to ask if the blind person needs help locating anything before leaving the room. Small courtesies can have a big impact on basic trust, emotional comfort, and self-confidence.