

Dr. Loren J. Bartels:

A Look Into the Mind and Heart of a Caring Physician

By Barbara Liss Chertok

In this unique story about a cochlear implant surgeon, we see an example of “touchy feely” medicine. This term is loosely used in the medical community to describe a physician’s compassionate approach along with his or her clinical skills. Can skills of the heart be taught? Many medical schools think so and are trying to teach this in entry-level courses. Here is a patient and physician who found the right mix of science and compassion leading to binaural cochlear implants.



Dr. Bartels and the author, Barbara Liss Chertok

My story begins in May 1957, as a carefree, 21-year-old living in a suburb of my hometown Boston when I suddenly and without warning lost my hearing bilaterally. Our family doctor treated me at home “for a cold” for two weeks, after which time I entered the hospital—totally deaf—for three weeks of intensive testing and X-rays, all resulting in “diagnosis unknown.”

A blood test taken three months later gave a misdiagnosis of “herpes virus.” It was not until 35 years later, my sudden onset deafness was correctly diagnosed as Cogan’s syndrome, an autoimmune disorder, by Dr. John Niparko at Johns Hopkins Medical Center. I had gone there to discuss a cochlear implant, but decided to wait.

For 41 years, I masqueraded in the mainstream as a hard of hearing person, reading lips and making use of a small amount of residual hearing in my right ear with a powerful hearing aid. With my aid, I could hear some of my own voice, but no words or background sounds. I could be in a room with one hundred people chattering away, and with my eyes shut, I was alone.

Fortunately, I was an instant lipreader. Having studied operatic voice in my teens, I was used to focusing on the mouths of singers. And, having worked as a dental assistant for a while, I would zero in on peoples’

mouths and teeth as I talked with them. My lipreading skills were such that I often could tell where people were from by the way they held their jaw and moved their lips to form words—even if I had no clue as to what they were talking about. I wanted to share my lipreading skills with others with hearing loss and in 1985, I began a ten-year career teaching lipreading at Montgomery College and privately from my home in Maryland.

I Decided on a Cochlear Implant

Fast forward to 1997, the year I relocated to Florida and decided to get a cochlear implant in my right ear. I recall on the day of my surgery being wheeled into the operating room, waking up and nothing had happened. As I opened my eyes, the anesthesiologist was standing over me in my hospital bed trying to explain—as I read his lips—that he had had trouble intubating me, so the surgeon cancelled the operation. As disappointed as I was, I thought to myself: This was auspicious! This surgeon and I had never had a good rapport. As an interviewer, asking questions is my forte, and he seemed to take each question as a threat to his skill. I immediately began a search for a new surgeon.

My search led me to the Tampa Bay Hearing & Balance Center and to its director, Dr. Loren J. Bartels. Dr.

Bartels was a warm and caring physician. Best of all, he answered all of my questions willingly. I liked him right away. I knew things would be different this time...and they were.

The cochlear implant surgery in my right ear was scheduled for December 1997. Intubation was not a problem this time, and the surgery went smoothly. A month later during the activation of my device, as I heard myself speak via my implant, I exclaimed: “Oh, that’s me, I’m hearing my own voice!” Speech sounded as if it was being beamed down from Mars, but I didn’t care as long as I could hear something.

Progress with my implant continued for three years and then reached a plateau. The benefits of my implant were that it allowed me to communicate more easily with others, enjoy music again, and best of all, hear on the phone for the first time in more than four decades. It is truly a miracle device! Eleven years later, in September 2008, Dr. Bartels implanted my left ear. This ear had not heard a sound in 54 years and when my device was activated, I was thrilled to be able to understand some words without lipreading!

I can honestly say that two implants are definitely better than one. With my bilateral cochlear implants, I can hear better in distance, hear

better in noise, and music sounds much richer and fuller.

To this day, Dr. Bartels and I have maintained an excellent patient-physician relationship. I had the opportunity to interview him for *Hearing Loss Magazine*.

Interview with Dr. Loren J. Bartels

Loren J. Bartels, M.D., FACS, is director of the Tampa Bay Hearing & Balance Center. He has been recognized in "Best Doctors in America" continuously since 1992. He has been elected as a member of several prestigious senior professional societies, including the American Otologic Society, the Triological Society, the American Neurotology Society and others. Dr. Bartels has been chief of the medical staff for Tampa General Hospital and a member of its board of directors. Training DVDs of Dr. Bartels' cochlear implant surgical techniques have been produced and are now used in many countries to train other surgeons in modern cochlear implant surgical methods.

Dr. Bartels and his associate Dr. Christopher J. Danner, serve both children and adults, performing implants from all three cochlear implant device manufacturers: Advanced Bionics Corporation, Cochlear Americas Corporation, and Med-El Corporation.

Please tell us about yourself.

I was born in Nebraska but moved to Tampa at about age eight when my father took the pastorate of an inner city church. Both parents had been seminary professors but mom later became an English literature teacher. I completed high school, college, and medical school in Tampa and residency at the Geisinger Medical Center in Pennsylvania. From 1979-1980, I completed fellowship training in otology, neurotology, and skull base surgery in Los Angeles at the House Ear Institute under the mentorship of Dr. William F. House when I became intimately familiar with cochlear implants which were then still experimental.

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What makes a good patient-physician relationship?

The physician's role is to discern where the patient is in the several issues of illness, prior history, anxiety, stress, education, emotional acceptance, and related health issues. The physician's role is also to educate and motivate decision-making among the medical options available. Sometimes the options are straightforward and easily selected. In the other extreme, sometimes no more than education, given empathetically, is possible.

Among the physician's role is to estimate how well the patient understands, accepts, and prepares to make decisions. That may cause the physician to adapt communication to suit the perceived needs. We encourage the patient to ask questions. This back and forth communication builds not just a good relationship but one that ministers to the patient's needs.

You do it all: teaching, research, private practice, surgery. Which is the most satisfying?

For me, the most satisfying is an expressly thankful patient and it really does not matter from which sphere that comes.

What are your passions?

Pediatric cochlear implants probably move me the most. Because I know so vividly what adolescent, teen, and adult issues are for the completely deaf person, rescuing a baby from deafness prior to their first birthday is my most powerful motivator. Nothing makes

me cry tears of joy more than seeing a three-year old deaf girl converse like a normal child with her mother. Nothing gives me greater joy than seeing a ten-year old boy who has just hit a walk-off winning home run in the final baseball game of the season telling me that "my new ears" are so much more valuable, that he gave me his home run ball. Nothing inspires me more than a seven-year old girl who speaks her lines in a Christmas play with perfect diction.

Do you foresee the day when deafness will be corrected in utero?

This is an interesting question. It presumes that we can accurately assess genetics, inner ear development, and hearing in utero. For some relatively common genetic disorders, like Connexin 26/30, a theoretic potential exists to do gene transfer in utero but I do not see near term research attempting to tackle this question. The gene transfer vectors simply do not yet exist, but much research in that direction is ongoing.

A study done in 2010 by the Archives of Neurology indicated that severe hearing loss greatly increases the risk of dementia and one in thirty persons is predicted to suffer from dementia by 2050. Please comment.

The Baltimore Longitudinal Study of Aging found hearing loss to be an independent marker for dementia but they did not determine whether it was a remediable issue or simply a cofactor of aging, i.e., they did not opine that improving hearing would prevent dementia.

You started wearing bilateral hearing aids about three years ago. Welcome to the hearing loss community.

My hearing loss is mild, but hearing aids do help. Still, the struggle of hearing conversation and missing many words is one with which I readily identify.

continued on page 22

Hearing aids have become quite small yet many people who need them won't wear them. How do we remove the stigma?

Our culture could improve the notion that hearing better is essential to effective communication, that avoiding misunderstanding is the duty of not just the speaker but also the listener. I like to tell spouses of my patients that, 'if you didn't say it to his/her eyes, you didn't say it,' because of that duality of responsibility in communication. The issue for the public, then, is to frame optimizing hearing as everyone's responsibility.

Why do cochlear implants sometimes fail?

The most common cause of failure was that moisture would slowly seep into the internal electronics. That problem is now pretty rare. At present, failure of a specific mode of the internal device seldom happens more than a handful of times. The last decade has seen dramatic strides in reducing internal device failure rates.

You collaborated with the State of Florida Children's Medical Services on the law that mandates hearing screening of newborn babies. Why is this important?

Universal infant hearing screening came to Florida in the late 1990s. The importance is easily ascertained when one looks at the hearing and speaking ability of children born deaf who receive a cochlear implant before age 12 months versus later than age two. Those who receive it before age 12 months have a high rate of having normal language by the time they are in grade school unless they have other significant disabilities. The older the children are at the time of cochlear implantation, the less likely they are to have normal language skills. And the difference is permanent, lifelong, and readily noticeable. One of the largest barriers to early cochlear implantation is failure to detect the hearing loss at birth. The infant hearing screening

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programs pick up the vast majority of children with hearing loss, but some do develop hearing loss later as a progressive problem for a variety of reasons.

What goes through your mind as you implant a six-month old baby?

I think about those children I have done early versus those we did not see until later and the enormous difference early implantation makes. I think I cry every time, happy tears, thrilled to be able to make a difference.

The cochlea, the size of a pea, is the same size at birth as at death. How do you operate on such a tiny organ?

We do two rehabilitative operations on the cochlea: the stapes surgery and the cochlear implant surgery. Both require great dexterity under an operating microscope with magnification that may be as high as 25 times normal. Most would suggest that beyond dexterity, a high specific knowledge and experience base is just as essential.

You have been performing surgery for 35 years. How does a surgeon know when it's time to 'throw in the scalpel?'

NO, NO, NO! So long as a surgeon has no neurologic tremor and continues to have a facile mind, eager and able to recognize situations promptly, and apply clinical judgment from a broad range of experience, the older surgeon continues to gain in skill. When aging affects any of these issues, it is then time to stop operating.

You have done more than 800 cochlear implant surgeries—in children younger than 12 months and adults older than 80 years. What comments of theirs come to mind?

A gentleman wrote, 'Doc, I am hearing sounds I have not heard in more than 30 years. Please do my other ear as soon as possible.' An older lady with a close knit family told me with a twinkle in her eye, all of her family around her said, 'you're the best thing that ever happened to me.'

The mother of a now three-year old boy who waited outside my exam room door to say, 'I just wanted to hug and thank you for what you have done for my son.' Two cochlear implanted women were talking to each other and one said, 'I'm really a hearing person who just happens to be deaf.' The mother of a teenager who relayed with a wistful grin that she heard an odd noise and upon exploration found her daughter climbing out of a window to meet a forbidden boyfriend. The boy who told me, 'My CI ears are way better than those others.' ■■■■



Barbara Liss Chertok is a freelance writer/interviewer and a former lipreading/speech-reading teacher.

She was suddenly deafened at age 21 due to Cogan's syndrome, an autoimmune disorder, and is a bilateral cochlear implant recipient. She has been a member of HLAA since 1979 and is active in the Hearing Loss Association of Sarasota Chapter. She serves on the board of the American Hearing Research Foundation. She can be reached at barbchert@aol.com.

The FDA approved cochlear implants in 1985 for adults and in 1990 for children. According to the FDA, nearly 250,000 people worldwide have received cochlear implants. In the U.S., roughly 45,000 adults and 30,000 children have received them.

Doctors Often Struggle to Show Compassion When Dealing with Patients

By Manoj Jain, M.D.

Many say our health care system lacks compassion. I too at times feel that pills and surgeries, CT scans and radiation therapies, biopsies and blood tests have become a priority in medicine and that compassion—the “touchy-feely” part of medicine—has become an afterthought in patient care.

Compassion is one of what I call the “Four Cs,” along with competency, communication and convenience. These are things patients should be able to expect from their doctors. Compassion and communication skills are part of a good bedside manner, something that medical schools strive to teach.

In my practice, I find that each patient is different in his or her need for compassion. The art of medicine is not just choosing the right medicine but gauging the needs and providing reassurance and comfort to the patient. A burly man might appreciate a pat on the shoulder while an elderly woman might like me to hold her hand during a conversation. ■■■

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Read the full article from the *Washington Post*, May 17, 2011, at <http://bit.ly/WashPostArticle>

The Miracle in the Christmas Play

By Loren J. Bartels, M.D.

After hearty handshakes and friendly hugs with a lovely young couple and their daughter, we walked away thinking back about seven years earlier. When I first met them, they sat quietly, eyes staring forward, unanimated, and, I presumed, sadly. I had heard that they were coming in. The six-month old baby girl with them seemed unusually quiet as well.

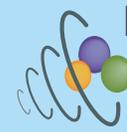
The story started with a pretty typical ear infection but something changed. She had become obtunded, lethargic, but also irritable. An urgent trip to the pediatrician resulted in emergency hospitalization and a spinal tap.

Meningitis had only been a vague term, not a familiar entity, not a personal reality. Its dreaded complications were even more unknown. On two intravenous antibiotics, initial hope that their third child, a girl after two boys, would rapidly improve faded as her lethargy persisted.

Five days into treatment, the reason became apparent: the bacteria were resistant to the usual antibiotics. With a medication change, she turned the corner and her personality showed glimmers of her prior vivaciousness. Soon thereafter, auditory brainstem response testing confirmed a major complication: the baby was now deaf, no signs of any ability to hear, not electrical and not even to loud sound. And that’s what brought them to see me, an ear specialist.

My wife and I marveled at this now seven-year old blonde delight with untamable rolls of curly hair, and an energetic personality to match. My eyes misted as I envisioned her performance that evening. In the Christmas play in the midst of several similarly aged children, she had been Angel Gabriel, reciting her lines perfectly:

“Do not be afraid, for behold, I bring you good tidings of great joy...” ■■■



Hearing Loss
Association
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HLAA’s Initiative for People Ages 18–35 with Hearing Loss

HearingLossNation is a non-profit online community designed specifically for hard of hearing individuals between the ages of 18 and 35.

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