

**MEDICAL EMERGENCY: RESEARCH AND GATHERING OF SIGNS IN  
BRAZILIAN SIGN LANGUAGE FOR DEAF PATIENT CARE**

**EMERGÊNCIA MÉDICA: PESQUISA E COLETA DE SINAIS-TERMO EM LIBRAS  
PARA O ATENDIMENTO AO PACIENTE SURDO**

**EMERGENCIA MÉDICA: INVESTIGACIÓN Y RECOPILACIÓN DE SIGNOS EN  
LENGUA DE SIGNOS BRASILEÑA PARA LA ATENCIÓN AL PACIENTE SORDO**



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**ABSTRACT:** Brazil has a significant part of its population that experiences some form of hearing loss. However, even inside public health, there are still communication barriers in medical care for the deaf population. In the face of critical or life-threatening patients, this communication impasse cannot be acceptable. Therefore, this work aimed to collect and spread essential signs for an effective understanding between health professionals and deaf patients. Supported by the extension project *Libras, Linguística e Divulgação* of Federal University of the State of Rio de Janeiro, 80 signs for 57 terms were registered and made available for consultation on the *Plataforma Libras Acadêmica UFF*, supported by the same project. Priority was given to the registration of the most used signs in the country. Yet, there was a lack of signs representing other terms commonly used in emergency services, making it even more necessary for the health sector to get involved with the deaf community.

**KEYWORDS:** Health education. Health sciences. Language barrier. Brazilian Sign Language. Health service.

**RESUMO:** No Brasil, uma parcela importante da população tem algum tipo de perda auditiva. No entanto, mesmo na área da saúde pública, ainda há barreiras de comunicação no cenário do atendimento médico à população surda. Dentro do contexto do atendimento ao paciente grave ou com risco de morte, não é permissível este impasse comunicacional. Portanto, este trabalho visou coletar e divulgar sinais-termos essenciais para entendimento eficaz entre profissional de saúde e paciente surdo. Com o apoio do projeto de extensão *Libras, Linguística e Divulgação da Universidade Federal Fluminense*, foram gravados 80 sinais referentes a 57 termos e disponibilizados para consulta na *Plataforma Libras Acadêmica UFF*, alimentada pelo mesmo projeto. Foi priorizada a gravação dos sinais utilizados com maior abrangência no país. Ainda assim, constatou-se a falta de sinais que representem muitos outros termos comumente empregados nos serviços de emergências, fazendo-se mais necessário o envolvimento da saúde com a comunidade surda.

**PALAVRAS-CHAVE:** Educação para a saúde. Ciências da saúde. Barreira linguística. Língua Brasileira de Sinais. Serviço de saúde.

**RESUMEN:** Brasil tiene una parte significativa de su población que experimenta algún tipo de pérdida de audición. Sin embargo, dentro de la salud pública, siguen existiendo barreras comunicativas en la atención médica a la población sorda. Frente a los pacientes críticos o potencialmente mortales, este impasse comunicacional es inadmisibles. Por lo tanto, este trabajo tuvo como objetivo recopilar y difundir signos esenciales para una comprensión efectiva entre profesionales y pacientes sordos. Apoyado por el proyecto de extensión *Libras, Linguística e Divulgação da Universidade Federal Fluminense*, han registrado 80 signos para 57 conceptos y se pusieron a disposición para consulta en la *Plataforma Libras Acadêmica UFF*, soportado por el mismo proyecto. Se dio prioridad al registro de los signos más utilizados en el país. Todavía, faltaban signos que representasen otros conceptos comúnmente utilizados en los servicios de emergencia, haciendo más necesario que el sector sanitario se envuelva con la comunidad sorda.

**PALABRAS CLAVE:** Educación para la salud. Ciencias de la salud. Barrera lingüística. Lengua Brasileña de Señas. Sistema de salud.

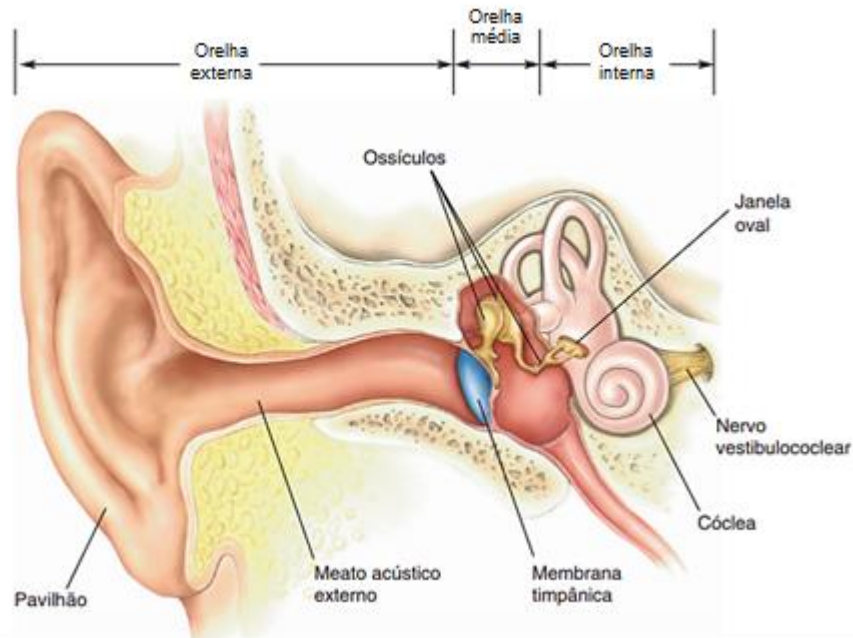
## Introduction

Brazil is a country where hearing loss is one of the most prevalent types of disability. Data from the 2010 IBGE Census show that the number of individuals in this group accounted for 5.10% of the Brazilian population in the year the survey was conducted, a proportion only surpassed by those with visual and motor disabilities (Brazil, 2012). It is also noteworthy that, of the total number of people with disabilities, 7.6% were utterly deaf (Brazil, 2012). Despite the significant number of deaf individuals in the population, social stigma and prejudice against people with disabilities remain equally prevalent (Lopes *et al.*, 2021).

In the context of public health, there are still barriers that hinder access to services and compromise communication between health professionals and deaf patients, despite the fact that Brazilian Sign Language (Libras) is already recognized as a legal means of communication and expression by Law No. 10.436, of April 24, 2002 (Brasil, 2002). Limited communication based on the Portuguese language, clinicians unfamiliar with the Brazilian Sign Language, and a shortage of translators and interpreters of this language are the main reasons for this inconsistency with the aspects stipulated by law. Communication is essential for successful care and for identifying possible illnesses quickly and efficiently. In the context of caring for patients with serious illness and risk of death, stabilizing their clinical condition is essential. In order to provide humanized care, the work process needs to be adapted, especially with regard to gaps in access.

One starting point is the need to understand the different manifestations of deafness. Anatomically, the auditory system is divided into the outer ear, made up of the pinna and external acoustic meatus; the middle ear, made up of the tympanic membrane and ossicles; and the inner ear, which begins in the oval window of the cochlea (Figure 1). Physiologically, sound waves propagate through the external auditory canal to the tympanic membrane. The ossicular chain in the middle ear transmits and amplifies the sounds that reach it through tympanic vibration. In contact with the oval window, the vibration of the stapes (the last ossicle in the chain) generates a vibration in the endolymph, which bathes the organ of Corti. The mechanical energy triggered by the movement of the organ of Corti under the tectorial membrane promotes the contraction and depolarization of the receptors, leading to the propagation of the electrical impulse (Kandel *et al.*, 2014).

**Figure 1** - Anatomy of the auditory system: External ear, composed of the pinna and external acoustic canal. The middle ear is composed of the tympanic membrane and ossicles. The inner ear, starting at the oval window of the cochlea



Source: Adapted from Bear and Connors (2017, p. 373).

Hearing loss and reduction can come from congenital or acquired causes as a result of pathology, accidents, or the use of ototoxic substances (Santos *et al.*, 2014). They can also be classified according to the origin of the disorder, such as a change in sound conduction from the outer ear to the cochlea or the loss of neurons and cochlear hair cells (Bear; Connors, 2017).

The health sector and, traditionally, the educational sector adopt the assessment of degrees of deafness in decibels (dB), distinguished between mild, moderate, severe, and profound. Bilateral, partial, or total hearing loss of 41 dB or more, measured by audiograms at wave frequencies of 500, 1,000, 2,000, and 3,000 hertz (Brasil, 2005), which would already correspond to moderate deafness (Sistema de Conselhos de Fonoaudiologia, 2020). Previous works differentiated the terms "hearing impairment" and "deaf" according to the degree of deafness, however, currently, deaf people and researchers in the field are considering that "the term 'deaf' refers to those who perceive the world through visual experiences and choose to use sign language, valuing the deaf culture and community" (Galasso; Esdras, 2018, p. 10, our translation), considering the importance of the individual's cultural manifestation.

There are official documents in force in Brazil that are of immense importance to the struggle of the deaf community. Decree No. 5.626, of December 22, 2005, provides, among

other things, for the mandatory provision of interpreters for deaf people as a measure to guarantee the right to health (Brasil, 2005). However, the interpreter needs to know the technical terms of the medical specialties, in addition to knowing how to respect the confidentiality and integrity of the patient they are accompanying, i.e. there are ethical issues involved (Gomes *et al.*, 2017). Many deaf people report that their intimacy is at risk during psychiatric or gynecological appointments (Gomes *et al.*, 2017). Even the presence of interpreters does not guarantee the quality of medical care, which contributes to maintaining the segregation of this group.

Through interviews for their research, Pereira *et al.* (2020) report that many deaf people often stop going to the doctor for fear that their complaints won't be understood. Professionals also say that they feel uncomfortable, unprepared, and insecure when providing care to deaf patients precisely because of the language barrier. Both professionals and deaf patients realize the inconvenience of not being able to explain information in detail and the difficulty of not understanding the other person. It is rare to find a professional who actually knows how to communicate using Brazilian Sign Language (Libras), even though the majority of those interviewed consider it extremely important to know this language. Lopes *et al.* (2021) report cases of medical care in which the use of mime is used to try to establish communication, without linguistic criteria or standardization, which ends up not producing the expected results.

The deaf person learns to communicate in Libras gradually by being inserted into a context of daily use of the language, especially when they participate in a deaf-signaling community, without the need for formal teaching. In a similar way, the written Portuguese language is acquired (Quadros, 1997). Thus, some deaf people have Libras as their mother tongue, and communicating with deaf patients through their native language can be decisive in strengthening bonds of trust in medical care.

It is clear that the implementation or expansion of Libras teaching during undergraduate studies in health areas, especially medicine, is essential to guarantee comprehensive care for deaf patients. This measure is especially necessary due to the scarcity of professionals who know the language (Gomes *et al.*, 2017) and the importance of collecting information about the patient's symptoms, which is crucial for rapid diagnosis and treatment upon arrival.

This study aimed to improve interpersonal communication and health care by investigating and compiling the essential sign-terms available in the literature for urgent and emergency care for the deaf population.

## Methodology

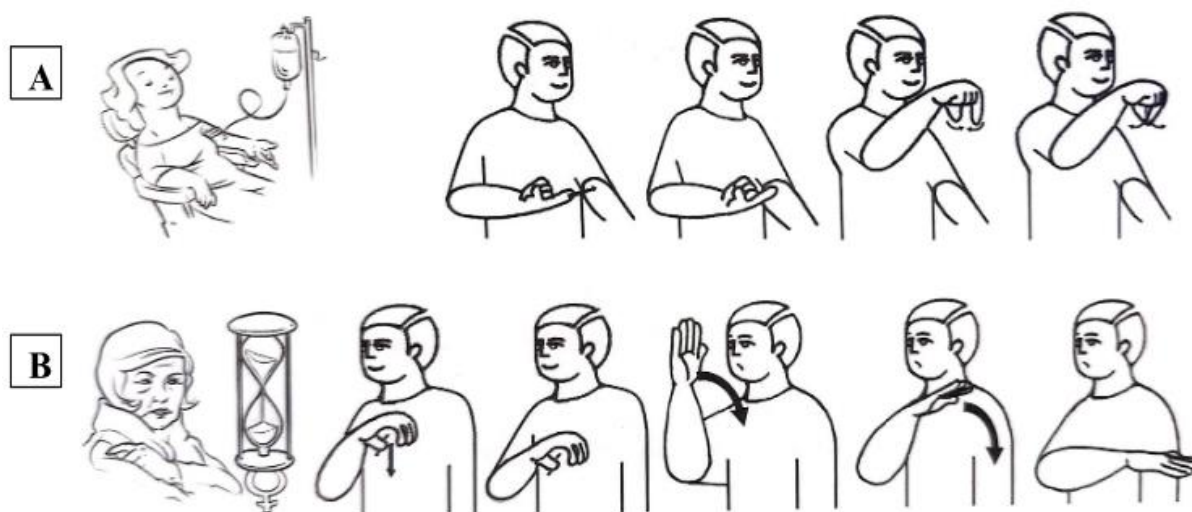
The research methodology can be divided into five stages:

### *A) Selecting the term signals*

A literature search was carried out, and 57 signs relevant to emergency services were selected according to their potential use during an interaction with a deaf patient, either for the patient to communicate their symptoms or for the professional to transmit information about procedures and clinical information, as well as diagnoses. These terms were included for convenience.

In this work, priority was given to the signs most commonly used in Brazil, from different regions, or with the best iconicity. Iconicity (Figure 2A) is related to the representation of something that has a visual resemblance in the real world; in this sense, a sign-term that closely resembles the real object in its composition - hand configuration, movement, orientation, among others (Araujo, 2016; Viana Filho, 2020). On the other hand, arbitrary signs (Figure 2B) do not resemble the object, which prevents the interpretation of the meaning simply through the shape (Araujo, 2016; Viana Filho, 2020).

**Figure 2** - Example of iconic and arbitrary signs. (A) Serotherapy sign (hand in 1, palm up, index finger back, in front of the inside of the arm. Touch the tip of the index finger to the arm. Then, raise the hand, palm down, index fingers, and thumb spread apart. Bring the fingertips together and spread them apart), an example of an iconic sign. (B) Menopause sign (hand open, palm down, fingers apart). Run the back of your thumb down the center of your chest. Then, an open vertical hand, palm to the left, above the right shoulder, is used. Moving the hand to the left, and turning the palm downwards), an example of an arbitrary sign



Source: Adapted from Capovilla and Raphael (2004, p. 97-354).

The signs found were searched for in two physical sources (the fifth edition of the *Enciclopédia da Língua de Sinais Brasileira*, from the work of Capovilla and Raphael (2004), and the *Livro Ilustrado de Língua Brasileira de Sinais* collection<sup>4</sup>) and in five digital glossaries (*Glossário terminológico da Odontologia em Língua Brasileira de Sinais*<sup>5</sup>, *Playlist of Medicine* from *Canal Ed Libras*<sup>6</sup>, *TV Sinais*<sup>7</sup>, *Cartilha de Libras em Medicina e Saúde*<sup>8</sup> and *Sinais-termo da área de Traumatologia e Ortopedia*<sup>9</sup>).

<sup>4</sup> HONORA, Márcia; FRIZANCO, Mary Lopes Esteves. **Livro ilustrado da Língua Brasileira de Sinais: Desvendando a comunicação usada pelas pessoas com surdez**. São Paulo: Ciranda Cultural, 2010.

<sup>5</sup> Available at: <https://www.youtube.com/playlist?list=PLvatSe56LZX9GEGs3I96sKVaII0wP-4Nlb>. Accessed on: May 25, 2024.

<sup>6</sup> Available at: <https://www.youtube.com/playlist?list=PLJyeeILWdHCv9FDWjvsqNp3jbtqneRMId>. Accessed on: May 25, 2024.

<sup>7</sup> Available at: <https://www.youtube.com/@TVSinais>. Accessed on: May 25, 2024.

<sup>8</sup> CAPOVILLA, Fernando César; RAPHAEL, Walkiria Duarte. **Cartilha de Libras em medicina e saúde [livro eletrônico]**. 2 ed. Distrito Federal: Secretaria de Modalidades Especializadas de Educação, 2022. Available at: [https://www.gov.br/mec/pt-br/media/semesp/pdf/CartilhaLibrasMedicinaSaudeCapovilla2022\\_511.pdf](https://www.gov.br/mec/pt-br/media/semesp/pdf/CartilhaLibrasMedicinaSaudeCapovilla2022_511.pdf). Accessed on: May 25, 2024.

<sup>9</sup> GARCIA, Renata Rodrigues de Oliveira. **Sinais-termo da área de Traumatologia e Ortopedia: uma proposta de glossário bilíngue em Língua Portuguesa-Língua de Sinais Brasileira**. 2021. 277 f. Tese (Doctorate in Linguistics) - University of Brasília, Brasília, 2021. Available at: <https://repositorio.unb.br/handle/10482/42558>. Accessed on: Sept. 29 2021.

### ***B) Arrangement of term signs***

The selected signs were organized in a table containing the words in Portuguese and English, their respective conceptual meanings in each language, and the source of the sign-term. The sources were chosen because they are considered more credible, as they come from scientific research. Of course, the ideal would be for both the patient and the healthcare professional to have a wide range of vocabulary to facilitate communication. However, the selection had to be limited to the signs most likely to be used. If there was already a sign-term corresponding to a word in Portuguese on the site, it would not be added, except in situations involving a widely used linguistic variation.

### ***C) Recording***

The recordings were made by the authors at the Inclusion School of the Federal University of the State of Rio de Janeiro (UFF), which supports the Libras, Linguistics and Dissemination (LiLinDiv) extension project. The proprietary recording application of the *smartphone* operating system *Android* was used to capture the image. The videos were standardized on a white background, in which deaf collaborators were invited to perform the signs, dressed in black blouses without prints and without accessories or make-up to avoid distracting the viewer's attention.

### ***D) Edition***

Editing was also done in a standardized way using Sony Vegas Pro 15 software, with rendering resolution settings of 1720x1240 and medium shot framing, sufficient to visualize the configuration of hands, body movement, and facial expression.

### ***E) Disclosure***

To ensure an adequate reach, all the standardized videos were added to the *Plataforma Libras Acadêmica UFF*<sup>10</sup>, a website institutionalized by UFF that disseminates Libras sign-terms. The platform provides access to interested people, whether deaf or hearing, and contains a bilingual glossary used as a source of research for various academic segments, including the health sector. These signs can be used as a learning tool to improve deaf doctor-patient communication. The platform is maintained by the LiLinDiv research and extension project,

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<sup>10</sup> Available at: <https://librasacademica.uff.br>.



which also organizes mini-courses to disseminate signals from specific academic areas. In addition, the project develops *e-books* and booklets.

## Results

From searches in various sources related to emergency care, signals corresponding to 57 terms were recorded, all selected on the basis of their relevance to the topic. All the material collected was made available through the *Plataforma Libras Acadêmica UFF*, so that health professionals can use it as a source of consultation on a daily basis, helping to build quality care for deaf patients. Below are the signs found (Table 1):

**Table 1** - Terms with corresponding signs found, listed with their respective sources and indicating the quantity collected

Term	Encyclopedia of Sign Language	Illustrated Book of Brazilian Sign Language	Digital glossaries
Accident	1		
Adrenaline			1
Drowning	1		
Allergy	1		
Hospital discharge	2		
Ambulance	3		
Anesthesia	2		
Angina	1		
STROKE	2		
Caesarean section	2		
Electric shock	1		
Abdominal colic	1		
Eat	3		
Seizure	1		
Delirium	1		
Defibrillator			1
Fainting			1
Diagnosis	2		
Echocardiogram	1		
Electrocardiogram	1		
Electroencephalogram	2		
Emergency			1
Infirmery	1		
Sprain	1		
Migraine	1		

<b>Term</b>	<b>Encyclopedia of Sign Language</b>	<b>Illustrated Book of Brazilian Sign Language</b>	<b>Digital glossaries</b>
Slipping	2		
Examination / examining / medical examination	4		
Fracture	1		1
Blood count	1		
Hospital	1		
Infarction	1		
Hospitalization	3		
Intoxication	1		
Bite	1		
Mutilate / cut	2		
Losing weight	1		
Emergency room	1		
Burns	2		
X-ray	1		
Magnetic resonance imaging		1	
X-ray room			1
Bleeding	1		
Serotherapy	1		
Suture			1
Tala		1	
Skull tomography	1		
Blood transfusion	3		
Trauma			1
Thrombosis			1
Ultrasound	1		
Urgency			1
Inhalation			1
Intramuscular route			1
Intravenous route			2
Nasal route			2
Oral route			1
Subcutaneous route			1

Source: Prepared by the authors, 2023.

## Discussion

Although the list contains 57 terms, the total number of signals recorded was 80, due to the existence of variations for some of the concepts. This is because, just as in Portuguese, linguistic variations also occur in sign language and can change depending on the region, age, gender, the social position of the speakers, socio-communicative situation, and historical aspects (Schmitt; Beche; Sell, 2013). Thus, some of the terms researched had more than one correspondence in Libras for the same concept. It is essential to consider these variations in order to make this work and its future applications more comprehensive. However, for cases where the signs varied greatly, the team chose to prioritize recording signs used in a more significant number of Brazilian states or those that showed greater iconicity in relation to the concept portrayed.

There is no requirement for signs in Libras to be iconic, but iconicity can facilitate the construction of meanings (Constâncio, 2022). In this sense, in order to minimize the difficulties of assimilation during emergency care, both for professionals who are not fluent or accustomed to using the language and for patients in relation to medical terms, these signs can play a facilitating role.

It is worth noting that some signs that can be used in this emergency context were already available on the UFF Academic Libras Platform, through previous research carried out by the LiLinDiv project, such as: *cefaleia* (headache), diarrhea, dyspnea, high fever, hemorrhage, unconscious and treatment. For this reason, it was not necessary to search for these terms again or add them to the table presented.

It is clear that there are signs that can help care for deaf patients. However, the number of signs available is probably not yet ideal for this population to be adequately served, preventing this group from becoming unaware of issues related to their health (Nascimento *et al.*, 2020). Portuguese words with very specific meanings made it more challenging to identify a corresponding sign-term due to the scarcity of particular terms in Libras in the area of Health Sciences (Francisco *et al.*, 2023). For example, recurring pathologies in emergency services, such as tension pneumothorax, pericardial effusion, or pleural effusion, among others, did not show corresponding signs, which still makes it difficult to communicate about these conditions with patients.

Even with the knowledge and training in relation to the available signs, the ideal scenario for adequate care for deaf patients would be the curricular implementation of complete

learning of Libras, in the same way, that the needs of listeners are met by communication with health professionals (Gomes *et al.*, 2017).

### **Final considerations**

The mobilization and awareness of professionals about the importance of learning Libras is a key step towards its effective and mandatory implementation in academic curricula, with the aim of providing professional training that is compatible with the needs of Brazilian society. This is a crucial step towards ensuring the pillars of universality, integrality, and equity of the Unified Health System (SUS), as well as meeting the needs of deaf patients.

However, there is still an undeniable lack of signs and terms to reproduce everything that is elucidated during health care fully. Term signs have not yet been created for many of the procedures and pathologies that are common in the emergency department. Currently, deaf people are breaking through the barriers and are increasingly being introduced to different areas of knowledge, in addition to linguistics. As the years go by and scientific knowledge advances, more term-signs can be developed, since, with the advancement of the inclusion of deaf people in the various scientific areas, contributing more specifically to research groups, the gaps present at the moment tend to be filled.

Therefore, the UFF Academic Libras Platform can serve as a means of accessing the sign-terms that health professionals would like to communicate to their patients, so that the world of deaf patients can be opened up to professionals. In the same way, the world of medicine can open up to deaf patients, allowing them to better communicate their symptoms and transmit health care information in a broad, multi-professional way, according to their individual needs and characteristics, as well as to comply with Law No. 10,436 of April 24, 2002. In this sense, interprofessional communication is hoped to be increasingly improved and inclusive.

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