

Case 1

[This is a real case. The quoted text is from Ouellette, “Hearing the Deaf”]

“In 2002, Lee Larson was a single mother to two-year-old Kyron and three-year-old Christian. Like their mother, Kyron and Christian were deaf. The family’s native language and primary mode of communication was American Sign Language (“ASL”). Larson took great pride in the family’s deaf identity and participation in Deaf culture. Deaf culture is a tight knit social structure whose members share ALS as a common, visual language. Culturally Deaf individuals characteristically think it is a good thing to be deaf. . . . [E]xpectant deaf parents characteristically hope to have children with whom they can share their language, culture, and unique experiences - that is, deaf children.

“...Larson’s boys were enrolled at Shawnee Park Elementary School, which offered only an oral-aural program for deaf children. ...Because they were unable to communicate with teachers, staff, or other children at their new school, officials at Shawnee Park Elementary became concerned that the boys were falling behind their peers. They urged Larson to have her sons treated with cochlear implants. Cochlear implants are a form of technology that allow deaf people to obtain various degrees of hearing...

“The degree to which cochlear implant recipients develop spoken language ability varies depending on the age at which the recipient is implanted (younger recipients are more likely to develop spoken language ability than older recipients) and the amount of spoken language training provided to the recipient. Indeed, audiologists strongly recommend that recipients be totally immersed in oral/aural communication at home and in school once the implant is activated. The strong recommendation is that families who choose cochlear implants make a total commitment to oral-only communication (no ASL) for the best cochlear implant results...

“Larson researched and spoke with people about implants. ... Although she concluded that the boys could make the decision to get implanted when they got older, at this time she wanted them ‘to grow up with a strong self-esteem, not trying to be something they are not.’ She also wanted them to be ‘part of the [D]eaf culture,’ and continue to communicate in ASL...”

1. Did Larson do the right thing? Why or why not?
2. Should she have been allowed to make this decision for her children? Why or why not?

Case 2

A deaf couple has a number of embryos fertilized *in vitro*. They screen these for deafness, and choose to bring to term a child who will be deaf, rather than one who can hear. The child will be able to receive cochlear implants later in life if they choose.

3. Did this couple do the right thing?

4. Should they have been allowed to make this decision?

5. If your answers to these questions differed from your answers to Questions 1 or 2, what makes the difference?

Case 3

A deaf couple has a number of embryos fertilized *in vitro*. They screen these for deafness, and choose to bring to term a child who will be deaf, rather than one who can hear. The doctors make a mistake, and implant the woman with a fetus that eventually becomes a hearing child. Upon discovering this, the parents have the child deafened. The child will be able to receive cochlear implants later in life if they choose.

6. Did this couple do the right thing?

7. Should they have been allowed to make this decision?

8. If your answers to these questions differed from your answers to Questions 1, 2, 3 or 4, what makes the difference?