DO PEOPLE REALISE THE IMPORTANCE OF EAR SURGERY?

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Introduction

There is less awareness in modern day society knowing about Ear surgery. This project will help us to understand why this is. The decrease of modern day knowledge of Ear surgery has caused some concern to Otorhinolaryngologists (ENT Surgeons) because this type of surgery can have a big impact on how we live. We have decided to follow up on this chosen subject as we want to find the cause of this concern. Ear surgery alone is crucial as it is important to be able to listen to the teacher. Obviously, the greater degree a person’s deafness the more hazardous is their day to day life, as sounds such as, car horns, sirens etc cannot be heard.

This report serves to uncover the reasons why the public may fail to understand the importance of this subject.

Methodology

A series of questionnaires and interviews were handed out to help collect valuable information for our research into “Do People realise the importance of Ear surgery.” Considering that our project is about “Do people realise the importance of Ear surgery,” it is appropriate that we decided to hand out fifty questionnaires which were split up into four groups “Child, Middle, Senior and Hospital” These groups were chosen because there would be a more systematic result. We also ran a number of interviews; this would help us to get a broader answer to our research.

Our questionnaires contained thirteen statements that our participants would be able to answer through the Likart – scale, none of which were bias otherwise there may have been an unfair result. There was also space at the bottom in which the volunteers could make any remarks upon our research.

We also ran a series of interviews too. We ran some interviews because they allowed us to get a more detailed answer. We chose to use semi – structured interviews because we were then able to be more flexible with our questions, but at the same time we also used direct questions too, to allow us to get the kind of answers we were looking for. As a result of our technique, we were able to collect open-minded and ‘down the line’ answers.

When we were interviewing the public, we chose two different areas depending on their audience. Firstly, we chose Southend High Street as there were mainly youth groups there. Most people
we interviewed mainly were ranging from thirteen to sixteen. We carried out our interviews from the High street over two days, Saturday and Monday. We did this to see whether there would be any difference in the crowd. This also allowed us to get a more varied answer.

We also went around a Supermarket; the reason for this was to target a more elderly crowd. As it turned out, the people we interviewed ranged from thirty-seven to fifty-two, which was a good outcome for our interviews. Again, we carried out our interviews over two separate days, Thursday and Friday.

We have chosen these methods of interview and research because this project draws a direct line towards the perspective of the Public and whether they agree with our statement or not.

Overall, we ran forty questionnaires and twenty interviews over four different days, all of which helped collect our answer and explain it. We were satisfied with our results because they were open-minded and were able to find an answer from a large variety of audiences. This will now allow us to get a fair and clear answer for our result.

Findings

The results of the research appear interesting and it is obvious that the public in general take hearing ability for granted.

The Children’s response

Firstly, most children believed that people do treat their ears too casually, they also agreed that only a small proportion of the British population know how the ear works. This also helps draw a link to the answer to the question, few people know the diseases associated with the ear, as most children strongly agreed with that statement.

The results from the question “people think that once deafness occurs it is permanent” said that they agreed to this statement. Our youth respondents said that they disagreed that the public thought that physical injury can cause deafness to the ear. However, they mostly showed confusion over this question. They showed disagreement as to whether prescribed drugs can cure diseases of the ear. Equally, they also disagreed that over prescribed drugs can lead to deafness; however their answer was not overwhelming.

Understandably, there were few children who responded to our question that chronic diseases can only be cured with surgery. Those
that did, agreed, but understandably the larger majority did not know due to lack of knowledge.

The research’s most important and direct statement was “do people realise the importance of ear surgery”. The youth who were interviewed had strong views on this subject and in the main disagreed. This reaction endorsed the view we expected. They also agreed that ear surgery is a very skilled and delicate operation.

Our respondents also agreed to the statement that hospitals and research centres are under funded which is preventing the speed up of research - with eight respondents agreeing and only one disagreeing.

Our youth group showed strong disagreement as to whether deafness can be a thing of the past. But, they strongly agreed that a hearing disability of any kind can be a serious obstacle to learning.

*The Views of the Middle-aged public*

To begin with, they mostly agreed that people treat their ears too casually. They also thought that only a small percentage of the population know how the ear works. The middle-aged group strongly agreed that people do not know the diseases associated with the ear.

Of the ten people interviewed, eight agreed that people do not associate a physical injury to a cause of deafness. To the question “prescribed drugs can cure diseases of the ear”, only six middle-aged people responded, four agreed and two disagreed, whereas the other four showed uncertainty. Six weren’t sure whether over prescribed drugs can lead towards deafness, the other four strongly agreed.

Five middle-aged people agreed that chronic diseases of the ear can only be cured by surgery.

Our main statement “do people realise the importance of ear surgery” showed that our respondents agreed strongly.

Our research shows us that the middle-aged group strongly agree that surgery on the ear is a highly skilled and delicate operation. They also strongly agreed that universities and hospitals need more money to speed up their research. The response to the statement “it is possible that soon deafness can be a thing of the past” was surprising in that one person strongly agreed, three agreed, two
disagreed, two strongly disagreed and two weren’t sure. Finally, our middle-aged group thought that partial deafness is a serious obstacle to learning.

**Seniors’ Results**

Firstly, most senior people agreed that the public treat their hearing too casually, however two other people disagreed with the statement. Four people strongly agreed that only a small proportion of the population know how the ear works. The seniors agreed that few people know the diseases associated with the ear.

“People think that once deafness occurs it is permanent” received a varied response in that four strongly agreed, three agreed and three disagreed. Again, the statement people do not associate a physical injury as a cause of deafness had a mixed answer, with three strongly agreeing, three agreeing and four disagreeing.

Seven seniors thought that in a majority of cases prescribed drugs can cure disease of the ear. Conversely, “over prescribed drugs can lead to deafness” had a strong positive response. Nine of the ten seniors thought that in some cases chronic disease can only be cured by surgery.

Our major question “do people realise the importance of ear surgery” received seven agreements.

Eight seniors thought that surgery on the ear is a highly skilled and delicate operation. They also strongly agreed that Universities and research hospitals need more money to speed up research. However, “it is possible that deafness may be a thing of the past” received an uncertain answer with six agreements and two disagreements and two don’t knows. From our final question, we received eight agrees and two strongly disagrees considering that partial deafness is a serious obstacle to learning.

**The Hospitals’ Response**

Firstly, eight hospital staff said that people treat their hearing too casually, whereas the other two didn’t know. Six hospital staff strongly agreed and two agreed that only a small proportion of the public know how the ear works. “Few people know the diseases associated with the ear” had a varied answer; three strongly agreed, three agreed, one disagreed and three didn’t know.
The vast majority of hospital staff thought that once deafness occurs it is permanent as this question received four strongly agrees and three agrees. Hospital staff mainly thought that people do not associate a physical injury to a cause of deafness.

However, we were surprised to see that even hospital staff weren’t sure whether prescribed drugs can cure disease of the ear. Then again, over prescribed drugs can cause deafness also received five don’t knows. Ironically, six hospital staff said they weren’t sure that in some cases chronic diseases can only be remedied by surgery.

“Do people realise the importance of ear surgery”, however, received one strongly agrees, five agrees, three disagrees and one don’t know.

Four hospital staff said that they strongly agreed that surgery on the ear is a highly skilled and delicate operation. Five other hospital staff agreed to this statement too, along with one who disagreed. Three hospital staff said that they agreed and one strongly agreed that universities and hospitals need more money to help speed up research, although six weren’t sure. The response to the question “it is possible that soon deafness maybe a thing of the past”, received three agrees, three disagrees, two strongly disagrees and two weren’t sure. Finally, three hospital staff strongly agreed, three agreed, three disagreed and one strongly disagreed that partial deafness can be a serious obstacle to learning.

Summary of findings

Understandably, very few people know how the ear itself works, or indeed the diseases associated with the ear, as our research shows. Equally, despite modern day knowledge of surgery, too many people believe that once deafness occurs it is permanent and few think that prescribed drugs can be the basis of a cure.

The research showed an interesting comparison in respect of the importance of ear surgery in that twenty-one people agreed that it was important whilst almost the same number i.e. seventeen disagreed. Nevertheless, the vast majority recognized that surgery on the ear is a highly skilled and delicate operation.

Most believed research is under funded and because of the complexity of the ear, the inability of prescribed drugs to offer a cure,
not surprisingly, twenty-one of the forty responding disagreed that in the near future deafness will be a thing of the past.

In closing, nearly everybody correctly identified that partial deafness to whatever degree is a serious obstacle to learning ability, and the question needs to be asked as whether teaching centres not only recognize this but do something about it.

The research suggests that, apart from perhaps medical specialists, the man in the street takes a very passive attitude to this important human faculty – THE EAR.

Discussion

Turning first to the extent of deafness, statistics have been drawn from research available through the Internet.

It reveals that there are almost 9 million people deaf or hard of hearing in the U.K alone. Not surprisingly, of this number, 6.5 million are aged over 60. Additionally, 8.2 million people suffer mild to moderate deafness of which 6 million are over 60 years of age. Fortunately, the number of people profoundly deaf is much less by comparison being only 700,000.

Looking at deafness on an age related basis, percentages have been extracted for those people over 50 years of age and over 70 years of age. They show that 71% of 70 years olds and over have some kind of hearing loss. However, 1.3% of this age group have profound hearing loss, not surprisingly, these percentages reduce significantly in the over 50’s range, with 41.7% having some kind of hearing loss and only 0.6% having profound hearing loss.

Turning now to the opposite end of the age range, some 840 babies are born each year in the U.K. with significant deafness and there are 12,000 aged 0-15 years who were born deaf.

To aid those who are profoundly deaf, help is available through the use of sign language, hearing dogs and of course, hearing aids. There are 2 million people with hearing aids of which 1.4 million use them regularly. Interestingly, it is thought that some 4 million people could benefit from a hearing aid.
All these statistics serve to prove that deafness to whatever degree is a large and very real human problem.

An opportunity has been taken to seek the views of an eminent ENT (Ear, Nose & Throat) Consultant. To confirm his credentials suffice it to say he undertakes lecture tours in America and the Far East as well as visiting Cambridge University for presentations to other ENT surgeons.

He was asked his views on political support to management and training. The inter-relationship between GP’s (General Practitioners) and Consultants and in particular the standard of GP referrals.

We asked his views on whether ENT itself is now becoming too wide a specialty.

His comments on all the above are extremely interesting. It is his considered view that our political masters feel that more and more ‘re-disorganisation’ is the answer. He suggests that currently the specialties are weighed down in the perceived importance, he strongly believes “our masters want to dumb it down, reduce training, employ lots of basically trained people to get the numbers done, while giving lots of lip service to quality matters.”

Whilst writing this paper, we realised how concerning this point is because hearing is a major sensory device and when lost – in some cases due to insufficient GP knowledge – it can rarely be regained by an ENT Consultant when eventually referred. Therefore, it is necessary that the NHS recognise the need to address this problem by training and educating GPs (who are the first point of contact) to recognise the benefits of acting sooner by referral in most cases of continued ear problems.

He goes on to expand on the importance of ENT surgery. He says “that it is a fact, but regrettably not well recognised that say ¼ of GP patient visits relate to ENT problems. Perceivably, therefore GPs should receive a good deal of ENT training. This is not the case; they receive little or none on the standard 3 year GP training scheme.” This is best illustrated by the “abysmal standard of referrals, where quite obviously the GP has usually no idea.” An example is someone after ten courses of antibiotics for ear
infection is referred to the Consultant and the cause in adults is quite often with the jaw joint.

So, ENT knowledge is vital in GP work. The perception though; is that GP work is something else, so they receive training in general medicine, when what they really need is ENT, psychosocial medicine, orthopaedics and paediatrics etc.

All this raises the question as to why their training does not reflect the need, the answer is simply that vested interests, traditions and trainers.

Contrary to what the public may think, such is the breadth of Consultant knowledge needed for ENT that it is becoming interestingly sub-specialised. For example, some Consultants may specialise in otology, the complex reconstructions of the middle ear, but they may also specialise in rhinology and endoscopic surgery. Other sub-specialties are of ophthalmologists, rhinology, head and neck cancer operations can also fall under the ENT Consultants umbrella.

There is of course a body of general ENT that all Consultant Surgeons can deal in, but the above illustrates that “general is getting more limited all the time.”

As a discussion point, it will now be appropriate to compare and contrast the results of the research with the points raised by the Consultant.

There is no doubt that not only the public, but GPs as well, not only do not know how the ear works, but surprisingly, do not know the diseases associated with the ear. Interestingly, there was almost a balance in the research between those who agreed and those that disagreed did not know whether or not prescribed drugs can cure disease of the ear. Yet, the Consultant feels that often drugs are prescribed for the wrong conditions and this relates particularly to the ear. There was a mere balance in agreement and disagreement in the research with people realising the importance of ear surgery. Yet such is its importance, the Consultant stressed how there are various types of surgery relating to different parts and conditions of the ear. This situation is exemplified by his reference to the larynx, the neck and jaw etc.
There is an interesting comparison in respect for the need of more money whilst the research and Consultant both agreed that this was necessary, the Consultant stressed the need for less spending on general medicine and more money spent on more focal medical skills. For example, ENT teaching for GPs and teaching of more specialties within the overall sphere of ENT.

In closing, neither party could dispute that deafness is a serious obstacle to learning. Yet, the very Consultant we have referred to in this paper is partially deaf and regularly uses a hearing aid.

**Conclusion**

Originally the broad area we were to investigate was whether people realised the importance of ENT surgery. However, it became patently obvious that this issue was so great that it was subsequently decided to concentrate on the importance of ear surgery alone.

The conclusions are as follows:

- With a population now of 60 million people in the country, no less than 15% are either deaf or hard of hearing.
- In these there is 1.16% of the population who are registered as severe or profoundly deaf.
- Because the vast majority of the population seem to suffer no hearing problems it is understandable that they treat their hearing too casually or that in fact some cases are not reported.
- Not surprisingly, very few people therefore, will show any interest in how the ear works or the diseases associated with the ear.
- Not only the public but general GPs are aware that drugs can have little effect in solving the majority of ear problems.
- Perhaps the major finding in the whole of this paper was the lack of GP knowledge on ear problems.
- Responses from the Consultant will lead to the conclusion that chronic disease of the ear can only be remedied with surgery, which interestingly was supported by the public’s response to this question.
- The Consultant and public’s view on whether extra finance was needed for research etc, complemented each other.
Understandably, both agreed for the need of more NHS funding.

The question is ‘whether people realise the importance of ear surgery?’ The answer is ‘No’. But this is not surprising when one considers the number of specialties which surround the ear alone. After all it is only a small part of the human anatomy.

In short, what needs to be done to make sure the NHS recognises the importance of ear surgery.

Ensure the Government is lobbied for more funds and secondly, and perhaps more importantly, train GPs so they too know more about the diseases of the ear.

FOOTNOTE FROM THE AUTHOR:

Just as an interesting piece of information, we mentioned otology and the importance of remedying chronic diseases of the ear. Without otology and the skills of the surgeon, the author of this paper would be deaf by now. This is the reason why I have chosen to explore this topic with endeavour.

REFERENCES

The Consultant
WWW.HIM.org.gov