

beings. Your vulnerable and piercing words, crucial to be said and heard today, give me a little more hope for systemic change, as well as more direction for me to enact change. I do hope to run into you someday in Halifax.

—*Micah Peters MD  
Halifax, NS*

**Competing interests**

None declared

**References**

1. Dhara A. Our complicit role in systemic racism. *Can Fam Physician* 2020;66:596-7.

## Hearing an opportunity

Dear Dr Grant<sup>1</sup>:

Yes, I can hear what you are saying. Thank you for saying it so well. As a hearing-impaired physician, my moment of reckoning occurred while working in a rural and remote emergency department as the only physician in the hospital. A few years before this incident, I had realized that I was not hearing well through my stethoscope and switched to an electronic stethoscope that helped immensely. However, one night, a young, soft-spoken, suicidal Indigenous girl came to the emergency department. We sat together in a private examination room to get away from the noise in the department. She sat sideways to me, avoiding eye contact. Her head was down, allowing her long black hair to hide her face. She was sobbing quietly and had difficulty getting her words out. Most of her speech was inaudible. But worse still, I could not see her lips. Until then I had not realized how much I was reliant on lip reading to aid in understanding the sounds that I was gradually not hearing anymore. And compounding the problem was the circumstance of having to ask someone who was so terribly upset and struggling to repeat themselves. It was at that moment that I regretfully decided to retire from emergency medicine.

There comes a point for all of us when we must give up our medical practice. It is painful for those of us who have enjoyed clinical medicine. But it is also dangerous for us to continue on at the expense of our patients. However, this does not have to be the end of our medical careers. There are many other areas of medicine to be explored that can accommodate the hearing impaired. I have a small medical software company. It does not really generate much income, but it does keep me involved medically and serves to help patients. And after all, in retirement, those are worthy goals in themselves.

I hope that you hear me. This could be an opportunity, not a threat. Be optimistic and look for the “possible.”

—*Murray B. Trusler MD MBA FCFP(LM) FRRMS  
Fairmont Hot Springs, BC*

**Competing interests**

None declared

**References**

1. Grant J. Can you hear what I am saying? *Can Fam Physician* 2020;66:476-7 (Eng), 483-5 (Fr).