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**Ethics in Audiology**

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It's a Noisy World: Holistic Perspective of Noise Burden in Urban Populations  
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## Ethics in Audiology

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## What Is Meant By Ethics?

- The field of ethics can be said to involve systematizing, defending, and recommending concepts of right and wrong behavior.
- “Professional” ethics are standards of behavior or judgments that provide guidance to members of the profession about how to act when they face different circumstances or have to make a variety of different business-related decisions.

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## The 3 R’s

- ***Respect***: An attitude that should ideally be applied to people, organizational resources and the whole environment in which the professional operates.
- ***Responsibility***: a responsibility to customers, colleagues, and the profession as a whole.
- ***Results***: The “means” by which results are achieved should be every bit as important if not more important than the ultimate goals.

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### By Considering the 3 R's

- Can often avoid rationalizations, e.g.,
  - “Everyone else does it.”
  - “They’ll never miss it.”
  - “Nobody will care.”
  - “The boss does it.”
  - “No one will know.”
  - “I don’t have time to do it right.”
  - “That’s close enough.”
  - “It’s not my job.”

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### Societal Ethics and Values

- Operating within the law
- Operating in concert with community expectations
- Operating according to the rules of public safety.
- However, an effective ethical framework needs to go a lot further than a commitment to “stay within the law and be a safety conscious and good corporate citizen”.

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### Why Ethics?

- Every practice needs to operate in legally, fiscally, and commercially responsible ways.
- Needs to be done with all stakeholders in a consistent manner.
- Stakeholders: Customers, suppliers, employees.
- Need policies and procedures for organization, how promotes self, and ensure openness and transparency in interactions with stakeholders.

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### Ethical Considerations

- Standards of behavior, principles and moral values.
- Think about ways in which deal with stakeholders and assess whether there is sufficient integrity and fairness in interactions.

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### Implementation

- Many organizations and companies develop policies; however, decisions are often judgment calls made by individuals in company or organization.
- Key is to develop principles to be followed by employees and lead by example.

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For many years audiology has been talking about the concepts of **Professionalism and Professional Autonomy**

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## What is a profession?

- **Exclusivity** where entrance requires academic doctoral degree and the legal right to practice is defined by a license
- **Code of conduct**
- **Autonomy by virtue** of specialized knowledge
- **Accountability**
- **High ethical standards**

• From K. Loh (2000) "Professionalism, where are you?" ENT Journal

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Despite our success in achieving these goals, we still find audiologists asking

*"How can we receive better recognition for who we are and what we do?"*



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Among the solutions is the need to:

- *identify the intrinsic\* and extrinsic\*\* factors that impact our recognition as qualified cost-effective practitioners*

- \*How we view ourselves as health care providers
- \*\*How others view us as health care providers



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## The Intrinsic View

As we live and present ourselves as **professionals**, we will be **viewed by others in that manner**



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*Becoming a profession is an attitude adopted by its practitioners*

- How we interact with our stakeholders
- How we introduce ourselves
- Our appearance
- Our clinical facilities
- Practice and interpersonal skills
- Our status in the community
- Our promotional/marketing materials and approaches to marketing



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*If, intrinsically, we do not view ourselves as professionals and do not present ourselves in that manner, than neither will others*

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Ethics of Weakness

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Ethics of Power

From Beinhart, P. (2012)

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Ethics of Weakness

- The Weak:
  - Feel they are besieged by the world and a victim.
  - Do not feel that can properly respond to changes in healthcare.
  - Do not feel that have any control over suppliers, e.g., manufacturers.
  - Do not think that can be an independent practitioner.

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Ethics of Weakness

- When presented with ethical conflict
  - Might embrace policies that lead to *perceived survival*, regardless of impact on others (patients, profession, self).
  - Compromise ethics for *perceived survival*.
- Obsess on *Victimhood*

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## Ethics of Power

- Perception of strength and ability to responsibly promote own interests.
- Can respond to opportunities and do not have to compromise ethics to survive.
- Power allows you to dictate the terms of the relationship.

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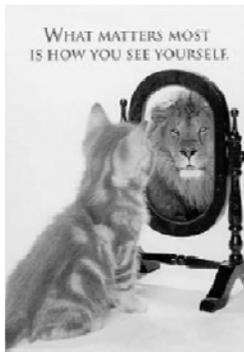
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## Components of Strong Ethical Leadership

- **Purpose** – The ethical leader reasons and acts with a broad vision and purpose for the profession and their own practice setting. This provides focus and consistency for all the stakeholders.
- **Choice** – The ethical leader has the knowledge to judge and act prudently. This knowledge is found throughout the organization and its environment, but must be shared by those who have the power to make decisions.
- **Responsibility** – The ethical leader has the responsibility to make decisions and act, but also recognizes that all those involved and affected must have the authority to contribute what they have to offer toward shared purposes.
- **Trust and Growth** – The ethical leader inspires and is the beneficiary of trust throughout the organization and its environment. Without trust and knowledge, people will be nervous about exercising their authority.

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### Professional Code of Ethics

Specifies professional standards that protect the integrity of the profession.

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Based on Concepts of

- **Nonmaleficence:** Do no harm
- **Beneficence:** An act of kindness, charity, and benefit
- **Autonomy:** To honor the patient's right to make their own decision
- **Justice:** To be fair and treat like cases alike

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### Nonmaleficence and Beneficence

- Ensures that the public is protected from unscrupulous, incompetent and unethical practitioners.
- Offers assurance that the regulated individual is competent to provide the service(s).
- Provides a disciplinary mechanism.

**IN OTHER WORDS, IT'S ALL ABOUT  
PREVENTING HARM AND ADVANCING THE  
GOOD OF THE PERSONS WE SERVE**

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When Confronted with an Ethical Dilemma...

- Is this in line with my objectives or those of the practice and the profession?
- Will the decision result in the right thing being done for the patient/customer and the profession?

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“Culture, more than rule books, determines how an organization behaves.”

-Warren Buffet

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The Building of Trust is an Ethical Activity

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**HIA Survey of  
"Delight" with Hearing  
Aid**

- 1 Audiologist**
- 2 Continued Connection to Provider
- 3 Verification and validation
- 4 Experimentation
- 5 Strong Recommendation
- 6 Personal Counseling
- 7 Thorough Evaluation
- 8 Professionalism
- 9 Personal Motivation
- 10 Hearing Aids Really Work!

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**Audiology Ethical Hot Topics**

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**Goal: Achieve Status as  
Limited Licensed Practitioners**

- Rights and privileges of physicians
- Direct access to patients
- Bill directly for services
- Recognition as autonomous professionals in health care system.

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### How Are We Doing?

- Achieved LLP within all aspects of health care and Medicare remains: Work in Progress.
- Integral to our success has been the adoption and adherence to ethical standards unlike the history of the hearing care profession.

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### BUT...

- It's time to be careful!
- This is not a time to compromise our ethical attitudes and behaviors.
- Others are watching!

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### Historical Perspective of Hearing Care Industry

- Prior to last decade, education and professional messages delivered at Supplier-Sponsored events (e.g., cruises, trips, etc.)
- Continues with Hearing Instrument Specialists but not with audiologists.
- Focus past 20 years has been to establish arms-length relationship with suppliers.
- Audiologists must act from position of "power."

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U.S. Department of Health and Human Services (2012)

- “Most health care providers strive to work ethically, render high-quality medical care to their patients...
- Society places enormous trust in providers, and rightly so. Trust is at the core of the ... patient relationship.
- Medicare, Medicaid, and other Federal health care programs rely on [provider] judgment to treat beneficiaries with appropriate services...”

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HHS (2012)

- Although some ... believe that free lunches, subsidized trips, and gifts do not affect their ... judgment, research shows that these types of perquisites can influence [clinical] practices.
- **The public will soon know what gifts and payments a provider receives from industry.**
- ***The Patient Protection and Affordable Care Act of 2010*** requires drug, **device**, and biologic companies to publicly report nearly all gifts or payments they make to [providers] beginning in 2013.

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...but hearing aids aren't covered by Medicare

- Supplemental Medicare Insurance programs
- Vocational Rehabilitation
- Medicaid
- Tri-Care
- VA contracts
- FEHBP

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### AAA Ethical Guidelines (2011)

- Rationale: “Published studies have revealed influences on human behavior resulting from the exchange of gifts (“gift effect”)”
- “...it is recognized that while all gifts have the ability to influence decision-making, other factors also affect decisions, including ... pricing, durability, features, customer service, customer needs, etc.”

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### AAA Guidelines (cont)

- General use business items such as laptops, otoscopes, and general continuing education would be considered gifts and should not be accepted.
- Uniquely compatible items provided for patient care and education, such as proprietary software, demonstration units, cables, and software needed strictly to dispense a specific product would not be considered a “gift.”
- Meals and travel deemed as rewards are also considered gifts; however, provisions for necessary and modest meals and travel associated with legitimate and necessary product educational/training experiences are not considered gifts, thus are not prohibited.

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### AAA Guidelines (cont)

- *Acceptance of gifts of any value by a member of the American Academy of Audiology from any company that manufactures or supplies products that he or she dispenses, sells, or recommends, may compromise, or give the appearance of compromising, the audiologist's ability to make ethical decisions, and should be avoided.*
- *A provision for modest and necessary meals and travel associated with legitimate product educational/training experiences are permitted*
  - *Attendees should not accept anything that is beyond modest travel expenses, meals, and lodging. Members are encouraged to pay for their own education-related expenses.*

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Intrinsically, let's make decisions in the best interests of the profession and the people we serve

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Our Patients are Watching!

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Hot Topics: Following Best Practices

- Implementing research findings to clinical practice.

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### The Case of the Careful Consumer

From Hawkins, D., AT, 9/2010

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### Mr. Careful Consumer (CC)

- Audiologist evaluated hearing and recommended binaural hearing aids.
- Prior to appointment, went to web for additional research on fitting.

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From AAA website he read:

*Prescribed gain should be verified using a probe microphone that is referenced to ear canal SPL*

From ASHA, he read:

*Probe mic measures are necessary to determine how the hearing aids are performing for a given patient and are the primary method of verifying the performance of hearing aids*

Similar statements from Canada and Australia

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### Mr. CC Returns for Fitting

- Audiologist uses manufacturer's first fit
- Mr. CC asks:
  - Do you know whether speech is audible across frequency range?
  - Why don't you follow the recommended guidelines of professional associations
  - Do you know it takes less than 5-10 minutes to verify this fitting?
  - How do you know what these hearing aids are actually doing in my ears?

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Audiologist: Trust me, I've been doing this a long time!

Mr CC:

Let me understand, you want me to pay you \$5,000 for hearing aids that I will wear 14 hours/day for the next 5 years and you can't take 5-10 minutes to adjust them and verify that they are properly amplifying for my ears?

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Mr CC:  
You don't deserve to be my  
audiologist. I'll be leaving now!

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We need to bridge research and  
clinical practice and adopt best  
practices which leads to more  
effective and efficient hearing  
care

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Hot Topics: Patient Counseling

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### Deafness, Culture, and Choice

N. Levy, J. Medical Ethics (2002)

- Deaf lesbian couple want children that are deaf.
- Do not consider deafness a “disability” but an opportunity to “access a rich culture.”
  - Choosing deafness should be permissible
  - Provides “access to deaf culture”
- “What few saw is that [biotechnologies] technologies to assure healthy babies could be used to ensure that children would be born with disabilities.”

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### Shopping the Genetic Supermarket

P. Singer (2003)

FACT: The law says that genocide is the destruction of an ethnic group.  
 FACT: The law says that an ethnic group is "a set of individuals whose identity is distinctive in terms of common cultural traditions or heritage".  
 FACT: Deaf people are "a set of individuals whose identity is distinctive in terms of common cultural traditions or heritage".  
 =====> Cochlear implants are an attempt to eliminate the trait of Deafness.  
 =====> Eliminating the trait of Deafness will destroy "a set of individuals whose identity is distinctive in terms of common cultural traditions or heritage". (That "set" of individuals will no longer exist.)  
 =====> THEREFORE - COCHLEAR IMPLANTS ARE GENOCIDE

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### Some in Deaf Community argue

Implants will cut them off from the Deaf community and from Deaf culture, which survives because of its distinctive language and its separation from the world of hearing people. (The Deaf community expresses the idea that it has a distinctive culture by the use of capitalization. To be Deaf is to be part of a culture [like being French, American, Hispanic, or Asian] whereas to be deaf is to be unable to hear.) As one parent said: "If somebody gave me a pill to make me hear, would I take it? No way. I want to be deaf."

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We are confronted and challenged by ethical dilemmas. Sometimes we may need to separate our personal beliefs from those of our patients...

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**Hot Topics: Audiology Students**

- Impressionable and most vulnerable to conflicts.
- Unlicensed and hold no decision-making roles within academia or clinics.
- Faculty and preceptors have responsibility to model and discuss ethical guidelines.

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**University Clinics**

- 80% university clinics have relationship(s) with single or only two manufacturers (Freeman, 2011 unpublished survey of university clinics)
- Struggle between *student training* model and *for profit* model.
- “Clinical and academic decisions must be made by university faculty based on student education and clinical decision making rather than on the relationship with the commercial enterprise.” (Windmill, Freeman, Jeger, Scott, 2011)

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Externship and Clinical Placements

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### Requiring a Master's Degree?

<b>Mayo Clinic School of Health Sciences</b> <ul style="list-style-type: none"><li>• <b>Audiology Externship</b></li><li>• <b>Prerequisites:</b> "Must have a <b>Master's degree</b> in Audiology and be enrolled in Doctor of Audiology program."</li><li>• <b>Audiology State Licensure Requirements</b><ul style="list-style-type: none"><li>◦ "Doctoral degree in audiology"</li></ul></li></ul>	<b>Duke University Audiology Residency Program</b> <ul style="list-style-type: none"><li>• "For considerations, applicants <b>must have a master's degree</b> and be eligible for temporary licensure in the state of North Carolina."</li><li>• <b>No. Carolina Law:</b> "To be eligible for ... licensure ...as an audiologist, the applicant must...Possess a doctoral degree in audiology..."</li></ul>
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### Extern Placements: Cost/benefit versus Ethics and Legal Considerations

- Requiring a master's degree so that can be licensed to bill third parties and see patients independently as a student and, theoretically, not have to directly supervise the student!
- Not only a question of ethics but legality and subverting state laws.
- How does this model good ethical behavior for students and the profession?

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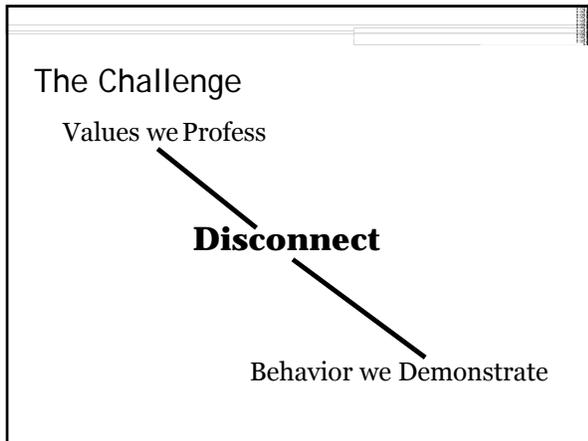
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Standards of Practice (June 2012)

- “Represent the expected professional behavior and clinical practice of audiologists.”

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Focus Should be on Standard of Care (SOC)

- It is what the profession owes our patients.
- It is what the “reasonable, prudent” professional delivers.
- **Failure** to deliver the standard of care may be interpreted as compromising quality and ethics and may lead to error and negligence.
- To the extent you have delivered the SOC and you live in a perfectly just world, you are legally invincible!

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### Summary: Ethical Considerations

- Define the foundation of your ethical decisions
  - Is this in line with my objectives or those of the practice?
  - Will the decision result in the right thing being done for the patient/stakeholder?
- Ethical principles are not concerned with how things **do** operate, but with how they **should** operate!

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### Summary: Ethical Considerations

(continued)

- Understand that the most difficult decisions to make, are those in which there is a conflict between two or more principles of which you deeply believe in.
- So, determine in advance your priorities and culture and realize that a lot will depend on the situation.
  - Document and justify.
  - Develop standards and benchmarks of expectations for your team.

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### Summary

- It's not just about perception
- It's a culture instilled in everyone in the practice
- Ethics, standards of care, branding, behaviors lead to trust
- Trust leads to practice success

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