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Fifty Shades of Gray

Ethics and Audiology

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Objectives for this presentation

- List several current considerations in ethics for the audiology
- Describe an ethics of care response based on case-based presentation
- Demonstrate communication skills that are based on ethics
Ethics is commonly misunderstood and seen as a black and white

- May be black and white or “ prefect ” in theory but many “ shades of gray ” in practice
- Addresses all “ wrong doings ”
- Designed to policy professional relationship with (a dual relationship)—this is a black and white and NOT a shade of gray!

Defining ethics: the basics

- Principles of right and wrong
- Principles and values that guide a profession
- An audiologist’s commitment to their patients and providing quality care
Defining ethics: a broader perspective

- Create “mindful” consequences of our actions (Chabon and Donaldson, 2011)
- Stewardship for patient well-being and for the profession
- A “covenant of trust” (Woodstock Theological Center, 1995)
- “A continuous and dynamic decision-making process that ultimately seeks to render a judgment about human conduct”
- Influenced by culture, religious principles, law, politics, economics, and science, among other aspects (Payne, 2011)

Ethics is:

- A decision-making model
- Shades of gray, not black and white
- More than just a focus on conflict of interest (COI) issues related to the audiologist/manufacturer relationship
- Expanding role in many aspects of audiology; required ethics CEUs as part of licensure, COI reporting in University and Hospital based positions as examples
- Thinking beyond these issues today—how is ethics germane in patient care in our profession?
Moving beyond a traditional view of ethics

- Focus today will include ethics of care and address an evidenced based approach to ethics
- Reframing of some traditional components of ethics
- The Code of Ethics (COE) is the primer for the profession and the individual, however professional ethics goes so much farther than the COE

The “ethics of care”

- Responsibility of audiologist in patient care
- Scope of practice and standard of care must guide ethics in the profession of audiology
- Bigger concerns in ethics of care than the relationship with manufacturers
  - “There’s nothing you can do about tinnitus; you’ll have to learn to live with it”
- Patient says they can’t hear in noise; no speech in noise testing is performed, despite it being part of the standard of care in the profession of audiology
- Hearing aids fit with no follow-up
The “ethics of care”

✦ Allows us to differentiate ourselves from others

✦ In order to address ethics of care, the audiologist must look beyond the code of ethics (COE) and conflict of interest (COI) and consider organizational and social relationships and valuing each patient as an individual

✦ The ethics of caring is essential to the mastery of professional identity (again, how we differentiate ourselves and as a characteristic of a mature profession and mature professional)

✦ (Purtilo & Doherty, 2011)

Ethical principles
Viewed as foundations for most professional COEs

✦ Nonmaleficence
✦ Beneficence
✦ Fidelity
✦ Autonomy
✦ Veracity
✦ Justice
✦ Paternalism
Reframing ethical principles: Applications to audiology

✧ **Nonmaleficence:**
✧ Your actions may potentially harm someone else
✧ “First, do no harm”; thought to be related to the Hippocratic Oath
✧ The foundation of a caring response
✧ Refraining from harming another
✧ Purtilo and Doherty, 2011

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✧ **Beneficence:**
✧ Your actions may benefit someone else
✧ Bringing about good
✧ A separate “duty” from not harming
✧ Professional responsibilities are to:
✧ Prevent harm
✧ Remove harm when it is being inflicted
✧ Bring about positive good
✧ Purtilo and Doherty, 2011
Reframing ethical principles: Applications to audiology

✧ **Beneficence in action in audiology**
✧ Our “positive good” as audiologists
✧ Patient who reports recreational noise exposure is provided information on hearing conservation and provide hearing protection
✧ Follow-up on hearing evaluation in a child to “get the big picture”
✧ The issue of a “difficult to test” child and how to obtain the bigger picture
✧ Who determines when testing happens—the audiologist or third party provider?

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✧ **Beneficence in action in audiology**
✧ Our “positive good” as audiologists
✧ Patients who have auditory complaints not reflected on the audiogram and our role
✧ What our patients expect in care: They tell us and we listen
✧ Adult with APD based on surviving a bombing
✧ “Normal hearing and all in your head”
✧ Moving beyond the audiogram is an act of beneficence or “ethical good”
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✧ **Fidelity:**
✧ A promise, explicit or inexplicit, to someone else
✧ Faithfulness; in the profession of audiology may be defined as meeting their reasonable expectations
✧ Basic respect
✧ Professional competence
✧ Adhere to the standard of care for the profession of audiology

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✧ Fidelity
✧ Follow policies and procedures in your practice and the laws designed to protect patient well being
✧ Reason to expect that agreements between patient and professional will be honored: informed consent, verbal agreements, conversations
✧ **THUS, ETHICS IN AUDIOLOGY IS BASED ON THE FACT THAT THE PROFESSIONAL MEETS THE REASONABLE EXPECTATION OF THE PATIENT (AND OTHERS) (PORTILO AND DOHERTY, 2011)**
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✧ **Autonomy:**
✧ The ability to exercise “freedom” in the situation
✧ Refers to both professional autonomy for the audiologist and patient autonomy for the person being seen
✧ To be free and independent to act on your own decision-making (Purtilo and Doherty, 2011)

<table>
<thead>
<tr>
<th>Reframing ethical principles: Applications to audiology</th>
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<tbody>
<tr>
<td>✧ <strong>Autonomy:</strong></td>
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<td>✧ Has changed over time due to advances in what is “clinically possible”, expansion of technology, increased patient/family involvement in decision-making etc.</td>
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<tr>
<td>✧ Vaccinations: In the past, parents vaccinated their children based on the recommendation of physicians; now, it may be based on the recommendation of Jenny McCarthy?</td>
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✧ Autonomy
✧ Patients now have what is referred to as “patient centered care” (Purtilo and Doherty, 2011)
  ✧ Significant benefits in many ways; must look at it from an ethical perspective
  ✧ Shared decision-making between the professional and patient

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✧ Autonomy
✧ Resulted in increased regulation and legislation, such as HIPAA
✧ Professions act to minimize oversight
✧ What is the role of ethics in patient decision-making: Choice for using one hearing aid when binaural fitting is recommended?
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✧ **Autonomy:**
✧ What is the role of ethics in patient decision-making: Patient choice for using one hearing aid when binaural fitting is recommended?
✧ As we learn more about the benefits of amplification to potentially stave off depression and cognitive impairment, what are the potential ethical implications for the patient/professional

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✧ **Autonomy:**
✧ The importance of documentation? What documentation is needed, if any, to assure that ethics are a consideration
✧ Audiologists relationship with manufacturer to choose appropriate technology for the patient: product training and who decides
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Veracity: The position to tell the truth or to be deceptive (Purtilo & Doherty, 2011)
- Binds the audiologist to being honest
- Must disclose conflict of interest (COI) to the patient and their family as part of the audiologist’s commitment to be honest

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Veracity
- A place for addressing “dual relationships”
  - The patient/professional relationship is challenged when there is another relationship with the same individual: friendship, business partners, 4th year AuD student
  - The dual relationship results in a “conflict” and it must be managed
  - How the audiologist handles this with honesty (the veracity component): May result in a referral to another audiologist
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✧ Another aspect of dual relationships involves the supervisor/supervisee relationship or employer/employee relationships and ethical consideration

✧ Few black/whites and many shades of gray
  ✧ Requesting that a 4th year “pick up a coffee” for the preceptor when they stop at Starbucks in the AM
  ✧ “Car in the shop”: Can I catch a ride with you with an employee
  ✧ Posting information on email that your daughter is selling Girl Scout cookies

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✧ “Dual relationships”
  ✧ Unequal power results in questions
  ✧ Guidance for addressing dual relationships (Hamill & Kukula, 2006)
    ✧ Avoid supervising close friends, family members, people with authority over you in another capacity
  ✧ Define the supervisory relationship and personal relationship
    ✧ Direct discussions are indicated (again, veracity means honesty!)
  ✧ Maintaining objectivity
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- Guidance for addressing dual relationships (can't)
  - Avoid accepting gifts from students or employees
    - Is this guided by the organization? Is there a social ethic that guides this within the organization
  - Shade of gray?
  - If personal relationship develops, is there a risk of exploiting the relationship or increase lack of objectivity?

- If the personal relationship is to continue and objectivity cannot be maintained (patient care, supervisory, etc.), the professional relationship needs to be discontinued
- Avoid physical contact
  - Again, is this black/white OR is there a shade of gray related to social ethics: Has physical contact changed over time???
    - The “hugging” patient: Can I give you a hug
    - The hugging student: Can I give you a hug?
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✧ Justice
  ✧ The position to distribute benefit (or burden) among individuals and groups in society who have a legitimate claim to the benefit
  ✧ What is “rightfully due” to an individual or group (Purtilo & Doherty, 2011)
  ✧ Responsibility to treat people “fairly and equitably”
  ✧ Ethical issue of Medicaid?
    ✧ Obtaining hearing aids for a patient who needs them...can you be a Medicaid provider and not provide? (Legal and ethical issue)
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✧ **Justice**
  ✧ Ties into aspect of “social ethics” which has been mentioned several times
  ✧ How to provide benefit for all
  ✧ Considering aspects of “disability” (Payne, 2011)
  ✧ In ethics, is there a different “standard” for people with disability?

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✧ **Paternalism:** Being in the position to decide for someone else
  ✧ Limits patient autonomy
  ✧ Making decision FOR the patient vs. WITH the patient (Purtilo & Doherty, 2011)
  ✧ Ethical issues related to this
  ✧ If I were you, this is what I’d do
  ✧ Responsibility to support development of “self-advocacy” skills (Payne, 2011)
Ethics and morals: What can YOU do?

- Ethics are “rules” provided by an external source (e.g. licensure board, professional organization, etc.)
- Society guides this
- Externally driven
- An audiologist who is following a COE may have no moral integrity

- Morals are your own principles of right and wrong
- A personal compass
- Internally driven
- Moral integrity guides decision making and would do this regardless of the COE

The concept of a “moral agent”

- An audiologist has a professional and moral right and responsibility to make decisions, based on rational thought, and is responsible for the outcomes of the decisions (e.g. can’t “pass the buck”)
- Goes beyond the responsibilities of the COE
- (Purtilo & Doherty, 2011)
The concept of a “moral agent”

Along with being a moral agent, ethical decision making is based on the focus of a moral object, viewed as the first step in the ethical decision process (Maguire, 1984)

Interconnected set of questions that helps to guide ethical decisions and must be weighed based on the situation

Facts, Subject(s), Means, Motive, Location, Time, Consequences, and Alternatives (Maguire, 1984)

Ethics and your internal “compass”

Consideration: Who has to abide by “ethics”? (Metz, 2011)

Members of an organization must abide by the Code of Ethics

What about non-member audiologists?

Raises the question again for standard of care for the profession

May or may not have the ability to recommend sanctions for unethical behavior in the profession, but professional organizations certainly have clout with licensure boards and other agencies

Underlying question should always be what would patients/consumers/the public of audiology services expect?
Ethics and your internal “compass”

- Consideration: Who has to abide by “ethics”?
- What’s an audiologist to do?
  - Pick a Code of Ethics as your guide
  - Check your internal compass
- About 50% of inquiries to ASHA’s Board of Ethics are related to a potential code violation
- May be related to employer demands or something being done by a colleague (Bupp, 2012)

Ethics and your internal “compass”

- Employer directed issues
  - Employer asks for changes in billing to enhance reimbursement
  - Clinical precepting: Student wants to get C’s; only one preceptor has their C’s on the staff and has been told to sign off on all hours despite not being the person to supervise the hours
  - Support personnel being used however not supervised appropriately (usually related to state licensure issue)
“Real world” audiology ethics: A collegial approach

✧ Building an ethics coalition in the workplace: Considering shades of gray and developing potentially shared “moral agency”

✧ Ethics beyond “policing” the profession but encouraging thinking and becoming educated about what it means to be ethical

✧ However, there is a responsibility to the public as a “policing” function

✧ Professional responsibility
  ✧ Unethical/incompetent behavior in our colleagues
    ✧ Impaired due to substance abuse, theft from patients/employer, poor professional judgment, to name a few
    ✧ “Whistle blower” law to protect reporting
  ✧ Building a stronger profession: Standard of care, abusing dual relationships, etc.
Consensus model for addressing ethical decision-making (Chabon & Morris, 2005)

- Conscious reflection about decisions made by audiologists practicing audiology
- Ethical analysis is often too abstract or esoteric to address dilemmas faced by audiologists
- Needing to choose between two courses of action, each with a significant consequence and each can be supported by at least one ethical principle.
- An ethical principle will be compromised in the unchosen course of action (Landes, 1999)

Questions to guide decision making

- Am I facing an ethical dilemma?
  - Gather information, including from key decision makers and mentors, review guidance from the COE, address relevant facts, values, and beliefs
  - State the dilemma clearly
- If ethical dilemma exists:
  - Analyze the situation
  - Proposed course of action and the consequences of each possible action
  - Would the solution be permissible, impermissible or obligatory
Questions to guide decision making

- Evaluate decision
- Identify personal interests and social roles
- Building consensus and support through understanding and evidence is the goal

An ethics decision-making flow-chart (adapted from Chabon and Morris, 2004 by Fitzgerald, 2015)
Summary

- Ethics is NOT about being a minimalist or about battling legal and regulatory issues, it’s not about just learning about COE and being concerned about COI.
- It’s about checking the moral compass and keeping an eye on changes that frame ethics.
- Many ethical issues to consider that are in flux: social media concerns, telepractice/telehealth, expansion of patient centered care.

Summary

- A recent consideration is that confidentiality now “belongs to the patient”: medical records (“My chart”, etc.).
- In contrast to the Seinfeld episode “The Difficult Patient”:
  - Elaine, picking up her chart and reading that is says “Difficult”.
  - Physician walks in “Elaine, you shouldn’t be reading that.”
  - She does end up stealing her chart in the episode.
- A sign of the times: Ongoing changes in the world of healthcare.
Summary

“Ethics is about questions; about who asks, what they ask for, and how we as individuals and communities respond” (McLean, 2003).

References


References


