Ethics in Audiology

TARIKVISION/SHUTTERSTOCK.COM AND SUZANNE CHANESMAN

We review general guidelines for ethical conduct of audiologists in a variety of clinical and nonclinical settings, with a focus on suggestions for maintaining ethical conduct in private practice.

BY JAMES W. HALL III AND ROBERT M. TRAYNOR

The integrity of an audiologist's clinical practice and reputation as a health-care provider rests on constant and consistent ethical conduct. Equally important, the integrity of audiology as a profession is built upon individual audiologists' adherence to a code of ethics. From a practical perspective, audiologists in many states within the United States must document a basic understanding of ethical concepts and principles to obtain and maintain licensure. And at least one hour of continuing education in ethics is required for renewal of the American Board of Audiology (ABA) certifications.

The American Academy of Audiology offers multiple resources to promote and support knowledge of ethical conduct in various work settings and activities, including clinical practice, student supervision, research, relations with hearing-related industries, and professional communication.

Members of the American Academy of Audiology are expected to follow the Code of Ethics (American Academy of Audiology, 2023).

> *In any discussion of ethical conduct, it is important to distinguish between ethics and law.*

The Code of Ethics is organized into two sections. The first section contains detailed descriptions of principles that members agree to comply with and adhere to. The eight principles cited in the Academy Code of Ethics offer clear guidance for ethical conduct of audiologists who provide clinical services and/or conduct research. Examples of the characteristics of ethical behavior included within the principles are as follows:

- Honesty
- Compassion
- Respect for patient or research participant dignity, worth, and rights
- Professional competency
- Protection of patient or research participant privacy and confidentiality
- Avoidance of conflicts of interest
- Provision of services that are in the patient's best interest

The second section describes a series of procedures that serve as a guide for the management of alleged noncompliance with the Code of Ethics. Members have a responsibility to communicate with the Ethical Practices Committee about suspected cases of noncompliance. The Code of Ethics concludes with a review of policies and procedures followed by the Ethical Practices Committee statement to maintain confidentiality in all dealings involving Academy members.

The Academy's Ethical Practices Committee "serves as a resource for the interpretation and application of the Academy Code of Ethics." In addition to its educational role, charges of this committee include review of "public and member complaints alleging unethical behavior by its members"

with determination of "appropriate disciplinary action" as needed. Another valuable Academy resource is the publication *Ethics in Audiology* (2012).

In preparing this brief article, we draw on our combined experience of more than 75 years as service providers, faculty members in academic audiology programs, and directors of private practices and hospital-based audiology clinics. The recent literature contains a variety of publications addressing the general topic of ethics in audiology, among them surveys of "ethical dilemmas" (Callahan et al, 2011); reviews of ethics knowledge in audiology (Naudé et al, 2022); and papers focusing on specific examples of ethics in audiology, such as the "audiology-industry interface" (Ng et al, 2019).

In addition to studying the Academy Code of Ethics, all audiologists are advised to review educational references on ethics, such as the *Ethics in Audiology* book, and perhaps published articles that address relevant ethical issues depending on specific work settings, clinical services, and patient populations. Assuming a diverse collection of readers, including practicing audiologists and students in graduate-level educational programs, we offer general guidelines that will contribute to ethical conduct of audiologists in a variety of clinical and nonclinical settings.

Definition and Key Terminology

Four terms that often appear in discussions of clinical ethics are probably not readily recognized by some audiologists (Varkey, 2021). *Beneficence* is the audiologist's duty to help the patient, whereas *nonmaleficence* is the duty of an audiologist to avoid offending or causing discomfort, pain, or harm to patients. The third term, *autonomy*, refers to a patient's power and right to make rational decisions and choices regarding their care. Finally, the term *justice* in health care implies fair and equitable provision of care without any professional conflict of interest.

General Guidelines for Ethical Conduct

In any discussion of ethical conduct, it is important to distinguish between ethics and law. The law is grounded in ethics, but it consists of rules and regulations administered at different levels of government. Violations are typically punished with fines and/or imprisonment. Ethics, in contrast, are encoded in personal and professional guidelines for good and moral behavior and for knowing and doing what is right versus wrong.

The Code of Ethics offers members clear guidelines for minimizing the likelihood of inadvertently or unknowingly engaging in unethical conduct. In addition, audiologists must be familiar and compliant with federal rules and regulations. Audiologists providing clinical services must comply with HIPAA (Health Insurance Portability and Accountability Act) requirements, whereas audiologists in academic settings with didactic or clinical teaching duties must be familiar and compliant with FERPA (Family Educational Rights and Privacy Act).

Ethical Behavior in Support Personnel

A comment about support personnel is warranted here. Audiometric technicians and audiology assistants, sometimes known as

VISIT US AT
AAA 2024+
HearTECH Expo
BOOTH 1115

RAYOVAC
PRO LINE® ADVANCED

NEW CHILD RESISTANT PACKAGING!

RAYOVAC is ready for **Reese's Law**, with all hearing aid batteries being produced in new **child resistant** packaging from March 8, 2024**.

The new packs will be **100% child resistant**[1] but senior-considerate[1], and with no changes to the same **high quality** hearing aid batteries – **NO HEARING AID BATTERY LASTS LONGER*.**

For more information please contact your RAYOVAC Sales Manager

*Based on standard ANSI/IEC average.
**If you have finished goods in your warehouse or stores, or if Energizer has finished goods in its U.S. warehouses, these can continue to be sold through until exhausted.
[1]Senior Adult Test, Sequential Child Test, CPSC 16 CFR PART 1700.20, August 2023, Prepared by Child Related Research, Inc.

patient extenders, can contribute efficient and productive clinical practice (American Academy of Audiology, 2021). The position statement and the Academy Code of Ethics specifically address the legal and ethical responsibilities of audiologists who employ support personnel, including assistants, technicians, front desk personnel, and anyone else working in a clinical facility.

Of course, audiologists who serve as preceptors for doctor of audiology students also have total responsibility for any clinical services that the students provide. The supervising audiologist alone is responsible for patient care, safety, and well-being. Also, audiologists are obligated to disclose to patients that support personnel and/or graduate students are assisting in the provision of services.

Ethics in Audiology Practice

Gray Areas

Within the past decade, increasing numbers of seasoned audiologists have moved to private practice settings (Fabry, 2016). Fabry also noted that audiologists realize their patient responsibilities in the private sector are the same as in any other clinical venue, but a private practice is also a business. Helmick (2000) observed that the sharp ethical distinctions between professions and businesses had become blurred in contemporary society.

In most audiologist/patient relationships, ethical decisions are clearly presented by the codes of ethics of professional associations, such as the American Academy of Audiology. However, business decisions may require navigation through ethical "gray areas," where decisions between right or wrong behavior are less clear. Maintaining a business adds the additional pressure of fiduciary responsibility to your patients. The audiology ethical codes were largely drafted by members of the profession that were not responsible for maintenance of a private clinical practice and thus may not appreciate the practicality of some necessary business decisions.

The writings of Peter F. Drucker (1909–2005) are one source for enhancing clarity to ethical decisions within the gray areas of clinical practice. A management consultant and the architect of management thought and strategy, Drucker was a leader, scholar, and visionary for most of the 20th century, and a staunch advocate of ethics in business.

According to Cohen (2010), one of Drucker's protégés, integrity is a fundamental component in ethical business relationships. Drucker's definition of integrity was adherence to a moral code under all conditions, regardless of whether anyone else is observing. Integrity is the spirit of the organization created by leadership. Adapting Drucker's views to audiology private practice, we posit that patients will forgive many issues, but they will not forgive a lack of integrity. Lack of practitioner integrity may simply prompt the patient to seek treatment elsewhere. However, practitioner dishonesty may also lead to legal concerns.

Drucker had some views on business ethics that may be helpful for practitioners wrestling with decisions in gray areas. We will now summarize four categories of ethics: social responsibility, prudence, profit,

and what Drucker refers to as Confucian ethics. Each of these categories does not result in a simple black-and-white decision. However, their application may assist audiologists as they navigate difficult practice terrain.

> *The first component of the ethics of prudence is always making decisions in the best interest of the patients.*

Social Responsibility

Drucker defined his social responsibility category as cost-benefit ethics, or ethics for the greater good. Social responsibility ethics suggest that someone in power, such as an audiology practitioner, has a higher duty if their actions confer benefits to others. Decisions by someone in power, like an audiologist, must be the best interest of patients. The ethics of social responsibility suggest that, on occasion, a potential violation of ethical guidelines may be considered to avoid a greater ethical violation with ramifications for the practice and also for patients.

A private audiology practice is a business not unlike any other business. Employees must be paid, and numerous other routine ongoing expenses must be covered, including taxes, equipment, space, product costs, and operating costs. A short-term business loan may be needed to manage costs. In good economic times, this is not a serious situation, as a business loan will usually be granted by reputable banks or other financial institutions, but the decision may become ethically complicated during economic downturns.

When traditional bank funding is not available, practitioners may be tempted to turn to unprincipled loan companies with extremely high interest rates, weekly payments, or other onerous demands. The audiologist is then faced with two

unappealing options: taking out a loan with excessive interest rates and unreasonable payback demands or going out of business. The audiology practice owner may then consider applying for a loan from a hearing aid company or a buying group that has an interest rate with reasonable payback terms.

Professional codes of ethics in general forbid this practice, but which is worse: going out of business and leaving many patients without services or accepting an "unethical loan" with a reasonable interest rate and loan terms? Drucker's ethics of social responsibility would suggest that accepting a loan from a manufacturer or a buying group might be violating Principle 7 of the Academy Code of Ethics (American Academy of Audiology, 2023). Yet, it also serves a higher level of ethical practice because it permits ongoing service to patients that is in compliance with Principle 1 of the Academy Code of Ethics.

Prudence

In applying the ethics of prudence, Drucker cautions business owners to always be careful in making decisions. The first component of the ethics of prudence is always making decisions in the best interest of the patients. For example, if a patient has a hearing aid to return beyond the agreed time, the prudent decision is to return the product and return the funds to the patient, possibly with a processing fee, assuming the clinic can return the device. Ethically, prudent practitioner decisions should always be in favor of the patient.

While the above decisions are obvious and discussed within the Codes of Ethics, other decisions may fall within the gray area for ethical prudence. Risky decisions, such as the expansion of the practice, remodeling of the clinic, adding locations or services, and procedures that improve the practice to better serve patients, must be made prudently.

Practitioners must take extreme caution in these gray area decisions to avoid ethical dilemmas of social responsibility. Is this decision created by a motivation to "do the right thing" for patients or an extreme risk to make the practice economically viable? Thus, the ethics of prudence compels practitioners to negotiate the gray areas with the goal of consistently making decisions in

the best interest of the patient, even when it may not be in the best interest of the practice.

Profit

Some audiologists remember the days when profit was not a popular or even an acceptable term in the profession. At the time, some audiologists were most comfortable giving away services for nothing or almost nothing. The movement into private practice led to fiscally responsible practice owners profiting from the practice of their profession. Profit is no longer a nasty word in audiology. Indeed, it is essential to business survival and an income that is commensurate with an audiology education. Practitioners now review their costs and then set their fees and prices accordingly to maintain profitability.

Drucker's ethics of profit do not assume limitations on the profit for successful practitioners. Rather, his writings make clear that profit reflects a healthy business, whereas it is socially irresponsible and perhaps unethical if a business does not show a profit at least equal to the cost of doing business. Failing to generate a profit undermines patient service. Without profitability, practice owners lose interest. The practice may fail, leaving no place for patients to receive necessary quality hearing care. The ethics of profit simply means that it is unethical not to make a profit.

The Ethics of Confucius

Confucian ethics posits that parties are ethically dependent on each other. Confucius reportedly described five general relationships where special ethical rules apply. This concept suggests that there are mutual ethical relationships of parents to children, between spouses, older siblings to younger siblings, friends to friends, and superiors to subordinates. In audiology practice, the superior to a subordinate relationship is most important where the audiologist is the superior and the patient is the subordinate.

According to Drucker's interpretation of Confucian ethics, the clinician and practice have a duty to the patient and, likewise, the patient has a duty to the clinician and practice. When patients agree to work with an audiologist for an assessment and management, the audiologist has a responsibility to provide the best possible services and products, whereas the patient has an ethical responsibility to honestly participate in the assessment and/or management programs. Thus, audiologists and patients share ethical responsibility in an audiology practice. The gray area in this ethical challenge might occur when a patient is discharged from the clinic. Confucian ethics would suggest that when a patient does not participate in a mutually cooperative acceptance of an assessment or management program, the clinician has an ethical opportunity to refuse service to the patient.

Conclusion

In this brief review, we have offered straightforward guidelines that contribute importantly to ethical behavior of audiologists who are in clinical practice, including a private practice. We strongly encourage practicing audiologists, as well as doctor of audiology students, to apply all relevant

guidelines in their daily clinical and nonclinical professional activities.

We also urge audiologists and audiology students to take advantage of selected resources that deal with ethics that are readily accessible and listed as references in this article. Although our review has highlighted ethical conduct of audiologists in the United States, we emphasize that ethics in audiology is universal and not country specific.

James W. Hall III, PhD, ABA Certified, is a part-time permanent professor in the Osborne College of Audiology at Salus University, Elkins Park, Pennsylvania, and in the Department of Communication Sciences and Disorders at the University of Hawaii, Honolulu, Hawaii. Dr. Hall lectures internationally on ethics, best practices, diagnostic audiology, auditory processing disorders, electrophysiology, and tinnitus/hyperacusis.

Robert M. Traynor, EdD, MBA, ABA Certified, is an adjunct professor in the Department of Communication Disorders and Sciences, Rush University, Chicago, Illinois; Osborne College of Audiology, Salus University, Elkins Park, Pennsylvania; and Doctor of Audiology program at the University of Arkansas for Medical Sciences, Little Rock, Arkansas. Dr. Traynor lectures internationally on various topics, including audiology practice management and forensic audiology.

Acknowledgment

Some of the material presented in this article was included in an AudiologyOnline webinar titled "Essential Ethics in Audiology Today" that was delivered on June 1, 2022, and published in 2023 as an online CEU course.

References

American Academy of Audiology. (2012) *Ethics in Audiology: Ethical Practice Guideline for Relationships with Industry for Audiologists Providing Clinical Care.* www.audiology.org (accessed December 18, 2023).

American Academy of Audiology. (2021) American Academy of Audiology position statement: audiology assistants. www.audiology.org (accessed December 18, 2023).

American Academy of Audiology. (2023) American Academy of Audiology Code of Ethics. www.audiology.org (accessed January 11, 2024).

Callahan A, Lass N, Richards K, et al. (2011) Ethical dilemmas in audiology. *Contemp Issues Commun Sci Dis* 38:76–86.

Cohen W. (2010) *Drucker on Leadership: New Lessons from the Father of Modern Management.* San Francisco, CA: Jossey-Bass.

Fabry D. (2016) The future of private practice in audiology. *Semin Hear* 37(4):369–378.

Hall JW III. (2022) Essential ethics in audiology today. Audiology Online. www.audiologyonline.com/audiology-ceus/course/essential-ethics-in-audiology-today-37777 (accessed December 13, 2023).

Helmick J. (2000) Professional ethics and audiology. In *Audiology Practice Management*, Hodsford-Dunn H, Roeser R, and Valente M (eds). New York, NY: Thieme.

Naudé AM, Bornman J, Kanji A. (2020) A systematic review of ethics knowledge in audiology literature (2011-2020). *Am J Audiol* 31:835–844.

Ng SL, Crukley J, Kangasjarvi E, Poost-Foroosh L, Aiken S, Phelan SK. (2019) Clinician, student, and faculty perspectives on the audiology-industry interface: implications for ethics education. *Int J Audiol* 58(9):576–586.

Varkey B. (2021) Principles of clinical ethics and their application to practice. *Med Prin Pract* 30:17–28.