

Clinical Conundrum

Addressing questions related to ethical and clinical practice issues in speech-language pathology and audiology

Using a question-and-response format, "Clinical Conundrum" addresses a common practice issue from either speech-language pathology or audiology. As we plan to make this a regular newsletter feature, readers are encouraged to submit clinical issues in question format to ACSLPA.

This idea for the following hypothetical question came from an article in the May/June issue of *Audiology Today*, a bimonthly magazine of the American Academy of Audiology (AAA), describing interactive sessions hosted by their Ethical Practices Committee (Ray, 2006). Thanks to Drew Towers, R.Aud and ACSLPA VP-Regulatory for alerting ACSLPA to this article.

Hypothetical Question: A middle-aged man arrives at an audiology clinic. He proudly shows the audiologist a hearing aid that he has recently purchased over the internet and requests that the audiologist adjust it for him. The audiologist feels it is detrimental to the profession to endorse acquiring hearing instruments from anyone else other than an audiologist. Even though the hearing aid is from a manufacturer the audiologist handles, he did not dispense the instrument. Is it ethical to refuse service?

Response from Heather Sample Gosse, R.SLP on behalf of ACSLPA: As a regulated ACSLPA member, this audiologist receives guidance from the Canon of Ethics of the Canadian Association of Speech-Language Pathologists and Audiologists which was adopted by ACSLPA as the College Code of Ethics upon College proclamation on July 1, 2002. A copy of the adopted Code of Ethics would be found in his Desktop Reference. Demonstrating professional knowledge of the Code of Ethics is part of ACSLPA's July 1, 2002 adopted professional standards of practice – Assessing and Certifying Clinical Competency: Foundation of Clinical Practice for Audiology and Speech-Language Pathology (CASLPA, 1999).

In this case, it could be argued that the following statement from the Duties and Responsibilities to the Profession section of the Code of Ethics applies - "Members should seek to advance services for individuals with communication disabilities and assist in establishing high professional standards for such programs." Clearly, ACSLPA members would strive to ensure that a member of the public such as this man receives quality care for his hearing loss. The difficulty in deciding what to do is that there may be several ways to respond that encourage quality care.

In the section Duties and Responsibilities to the Clients and to the Public, the Code of Ethics specifies that "Members should assist in the education of the public regarding speech, language, and hearing problems and other matters lying within their professional competence." Would it be possible to consider discussing this man's hearing concerns and determine whether his hearing had been assessed in the past? Information could then be conveyed about the qualifications of audiologists and the services they provide.

Furthermore, this section of the Code states that "A member shall provide to each client reasonable information regarding the nature and treatment of the client's communication disorder and the professional services that the member has provided or proposes to provide to the client." This section suggests that it would be appropriate to propose a hearing assessment or reassessment to the man if one had not already been conducted or conducted recently, as well as an evaluation of the functioning of his hearing aid. Also note that, as in any case, an audiologist in private practice must not, according to the Code of Ethics, "exploit those serviced professionally by charging a fee that is excessive in relation to the service provided. A member in private practice shall inform those served of professional fees and charges in advance of rendering a professional service."

Finally, this section of the Code states that “Members must utilize every available resource by initiating appropriate referral to other professionals whose knowledge may contribute to the diagnosis, assessment and/or treatment of those served.” If the audiologist is unable or unwilling to adjust this hearing aid, he still has the responsibility of attempting to assist the man in contacting the manufacturer or referring him to someone who can assist him.

In conclusion, while it does not appear that the Code of Ethics prevents the audiologist from refusing this man’s specific request, it does provide guidance that would allow the audiologist to meet his ascribed purpose of promoting quality services for individuals with hearing health concerns. As in all cases, the client’s individual’s needs should be addressed in the most appropriate, compassionate, ethical and competent manner.

Response from Eleanor Stewart, R.SLP, PhD: Eleanor’s dissertation research focused on ethical practice in speech-language pathology. She served as the chair of both the SHAA Ethics Committee and the Glenrose Hospital Ethics Committee. She was also a member of the Glenrose Hospital Research Ethics Committee and CASLPA’s Ethics Committee. Eleanor was asked to provide an additional response for this column due to the focus on ethical practice.

Heather’s comments are useful in illuminating relevant Canon provisions. But as she insightfully states, “The difficulty in deciding what to do is that there may be several ways to respond that encourage quality care.” Heather’s statement serves to highlight the problem with codes of ethics. We want them to do more work than they can. When we attempt to use them to resolve real life issues, we confront the paucity of substantive content and the inconsistencies and conflicts within. It doesn’t help that codes of ethics, ours included, are written in quasi-legal language that give the impression of rules. Such language only freezes some of us. Codes are guideposts only. We need other resources. We can think this scenario through with some basic ideas in health care ethics.

What are the grounds for refusing help? As Heather notes, grounds are not found in the Canon of Ethics. This should not be surprising as health professions such as ours have as their ethical underpinning notions of **beneficence**. We are guided to **do good** for the benefit of those we serve. What is best for this man? To be able to resolve his hearing concerns. In short-to be helped. I don’t see an ethical problem here. Helping the man can involve any of the actions Heather previously described.

Ethical action does not always point to clinical actions such as assessments. There are many examples of ethical action that involve varieties of supportive care. Perhaps we are getting stuck on how we’ve framed the question. Usually we ask: what is the right thing to do? Let me offer a re-direction. Ethics is also concerned with how we live together. From this view we ask, how should we treat others? How should I treat this man?

A climate of care and trust is necessary for the delivery of quality health care. For this reason, many in the field of ethics have focused on the patient-clinician relationship. While a justice perspective offers us notions of rights, duties, and obligations, a care perspective will bring into view the human interaction between unequal partners in the clinical encounter. People think of us as health care experts who are trained to help them with a health concern. Unless the man is belligerent, threatening, or abusive, it seems odd to refuse to help him in some way.

The statement, “The audiologist feels it is detrimental to the profession...” concerns me.

I interpret the statement as making something more important than helping the client. The statement seems to signal a hidden agenda. While the Internet marketplace may have a negative impact on the profession, it is an issue more appropriately taken up in the professional arena or addressed in our public education campaigns. What purpose and whose interests are served by chastising the man for buying a hearing aid in this way?

Does the audiologist have other worries? I suspect so. He/she may be worried that he won't be able to make enough money to meet his/her commitments or to eventually make a profit. These are real concerns in the health care marketplace. But it still seems to me that he/ she can help in ways that are not overly burdensome. Without pursuing the ethical angle, a customer service orientation would resolve this issue in favour of providing information and support. Time is money in the marketplace. But successful business people often take the time to act with the goal of fostering good will. As the cliché goes, a satisfied customer tells his/her friends.

The brief scenario presents a pared down version of an interaction. It is well recognized in health care ethics that contextual details will make a difference in crafting an acceptable solution. For example, perhaps the man has spent all that he could on the device at the urging of a loved one or perhaps his job hangs in the balance. He may regret buying over the Internet but can't admit this to the audiologist, a stranger. Maybe he is intimidated by the audiologist's qualifications. Do any of these additional details change the way you view the story? For some readers it will. Ethical practice calls for more engagement to develop our moral perception, understand our moral agency, and honour our moral commitments to others.

*(*It is accepted in health care ethics to use the terms ethical and moral synonymously as I have here).*

We welcome your thoughts on this or any other clinical conundrum! Readers are encouraged to submit both their comments and their ethical clinical issues in question format to slp@acslpa.ca for SLP related issues and audiology@acslpa.ca for audiology related issues.
