## pediatric pointers

## The Ethics of Serving Children

fter more than two decades, I have just retired from public service on licensure boards; my transition has caused me to reflect on some of the ethical issues I have encountered as they relate to services provided by audiologists to the pediatric population.

First and foremost, there is a huge difference between the primary mission of professional associations and the primary purpose of state licensure boards. Both have a place in our world. Professional associations advocate for their members and for the advancement of their respective professions. Licensure boards advocate for consumer protection and consumers' rights and, in turn, act as monitors or policing agents for those who are licensed to provide services to those consumers.

Unfortunately, I have seen the line between professional associations and licensure boards blurred way too much over the years, particularly when professional associations try to overly influence public policy on licensure boards in an effort to protect their own interests. It is time that we all take a step back and realize that we should hold "paramount" the best interests of those children (and all patients) we serve over and above the advancement of any professional issue. Professional associations have no legal jurisdiction in any state, while state licensure boards have complete legal authority over the practice of the profession within their respective domains. Understanding both worlds and knowing that each has a place and a purpose will make for a better service delivery model amongst us.

I am not saying that advancing the profession is a bad thing, but advancement should not come at the expense of ethics when it comes to those for whom we provide services.

I have witnessed firsthand the evolution of ethics in audiology. I can remember when professional conventions were overrun with prizes and giveaways—cars, trips, expensive electronics and more—but, at this year's AAA Convention in San Diego, there was an eerie silence in the exhibition hall. I overheard many attendees comment on the complete removal of the giveaways and say that the most they could hope for was an ice cream cone!

So how do we handle what I like to call the "edited" professional recommendations made by some of our colleagues? Today, many of these directions obviously are tailored to the circumstances of reimbursement. There are a number of practices, agencies and institutions that do not accept Medicaid clients anymore. What happens to those children in need who do qualify for Medicaid services and technology? Well, here is what I have observed: the audiologist now tells the Medicaid families that little Timmy doesn't need those hearing aids and certainly does not need FM in the classroom or at home. Why? Is it because that audiology practice no longer wants to file for Medicaid reimbursement?

I have been astounded at the intellectualizing that has occurred when it comes to molding recommendations to fit the "reimbursement train." Have we forgotten that we are to provide unbiased recommendations and treatment? To suddenly begin to advise parents differently because of reimbursement issues is wrong.

A second issue of great concern is brandspecific product recommendations made by audiologists. Often, colleagues in non-school settings send my staff and I, as well as school directors, letters that specify a product brand,



make and model. This kind of recommendation may be appropriate if there is only one option in the world of the specified technology, but I rarely have seen such limited circumstances.

I don't even instruct my own staff on specific brands to recommend for FM technology. It is my strong opinion that it is within each audiologist's professional role to recommend what he or she deems to be appropriate technology for the individual needs of a child in a classroom. Not only is a brand-specific recommendation inappropriate, it sets up an immediate conflict between parents and school audiologists and administrators. Every professional in this situation deserves respect, and the community-based audiologist should consult with the school audiologist in an effort to work together on recommendations, particularly those that are to be carried out in the school environment.

How and why we make recommendations for our clients/patients, particularly the little ones, is an extremely important topic. It is time for a serious discussion about the continued evolution of our ethics; talk to your colleagues and don't be afraid to speak up for our profession. \$



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