Ethics for the Hearing Healthcare Professional

Presenter: Marjorie Klaskin, AuD, CCC-A

Good afternoon. My name is Marjorie Klaskin and I'm an audiologist with Starkey Hearing. I'm an education and training audiologist and I am going to talk to you today about ethics for the hearing health care professional. Excuse me, but before I get started, I do want to go over a couple of housekeeping notes first. So if you would like to ask a question, please do so by using the Q and A feature and I will do my best to answer the questions at the end of today's course.

A PDF handout for this presentation may be accessed through your pending courses on Audiology Online and it's also posted as a handout in the chat as a PDF, so please feel free to download that if you need it. Excuse me. CEUs are available through Audiology Online with a paid membership pending passing the multiple choice examination. And this course is good for one ceu. And after you complete the course section, go to your pending courses section of Audiology Online and pass that five question exam to earn the ceu.

And if you have any technical issues, feel free to either call or email Audiology Online directly or use the Q and A window to report any issues. We have someone from Audiology Online today on here to monitor in case you have any technical issues.

And we have three learning outcomes for today. And so the first one is that we are going to be able to compare the differences between laws and ethics. The second one is that we're going to explain the purpose of an ethics protocol in a hearing healthcare practice. And then the third one is going to discuss how to recognize ethical dilemmas. So let's get started.

And I know many of you have taken ethics courses before and ethics really don't change much. And some of you have even taken this course before and it is going to be very similar. There's going to be a lot of review in this course and the goal is to get you to think about ethics on a daily basis. Ethics are something that we should think about often. Ethics are those quiet nuances within us that guide us in everyday life.

And so let's make sure that everyone here knows exactly what ethics are. So according to the Oxford Dictionary, the definition of ethics is moral principles that govern a person's behavior or the conducting of an activity, the branch of knowledge that deals with moral principles.

And there are actually two types of ethics. We have personal ethics and professional ethics. And so personal ethics deal with relationships and with situations that are dealt with in everyday life. They include things such as integrity, honesty, loyalty, selflessness, fairness, self respect. I think we can all agree that these are character traits that anyone would be pleased to have.

And these are all ethical traits.

And now let's talk about professional ethics. So professional ethics are ethics that guide a person with interaction and business dealings in their professional life. These are traits that are often in tandem with the professional's personal ethics. And so these traits include honesty, trustworthiness, respect for others, adherence to the law, avoiding harm to others, and accountability. And I think you can see that these are all great traits for any professional to have.

But now, what constitutes an ethical dilemma? So, there are three conditions that must be present for a situation to be considered an ethical dilemma. And so the first condition for ethical dilemma is that there must be different courses of action to choose from. The second condition occurs in situations when an individual must make a decision about which course of action is best. Situations that are uncomfortable but that don't require choice or not.

Ethical dilemmas. And then the third one is, no matter what course of action taken, some ethical principle is compromised. So, in other words, there's no perfect solution.

And so here's an example of a personal ethical dilemma. So, you're driving down a snowy road and you pass a car sticking out of a ditch on the side of the road. And so this is going to be a tutorial to prepare you for several polls that will be offered throughout this course. And these polls are designed not only to keep you engaged and make it more interesting, but also an eye opener to demonstrate how members of the same profession given the same situation can have differing opinions on how to handle that situation. So please feel free to participate and put your answer in this poll.

And so what would you do in this ditch situation? Remember, you're driving down that snowy road and you pass a car sticking out of a ditch on the side of the road. Would you A, stop and offer or call for help or B keep going because you think help is already on the way?

And so that poll should be coming up any second now.

Yeah. So if the poll doesn't come up and if you want to put it in the chat, what would you do? Would you do A, stop and call and offer help or B keep on going because you think help is already on the way?

Hey. Hey. Good. So some of you. Oh, there comes the poll.

So what would you do in this card situation? Stop and offer and call for help or keep going because you think help is already on the way?

Awesome. So 93% of you said you would stop and call or offer for help, and about 7% said you would keep going because you think help is already on the way. So you can see there is some difference in opinions of what you would all do.

You may have also heard the term, and by the way, thank you all for participating. You may have heard the term conflict of interest. And you may not be aware of the differences between an ethical dilemma

and a conflict of interest. And so let's take a look at the definitions of each of these to see the differences. So as you can see, an ethical dilemma is a dilemma within oneself, and a conflict of interest is between two different parties.

And conflicts of interest may not actually be an ethical dilemma, but it can still be part of a code of ethics and even law.

But remember, as a professional, not just in hearing healthcare, but in any profession, you, you are responsible for upholding professional ethics and are therefore professionally liable for any breaches in ethics.

And so codes of ethics are formal statements of what an organization expects in the way of ethical behavior. It will not solve every dilemma, but it does provide rules and guidelines. It reflects senior management's desire for compliance with values, rules and policies in support of an ethical climate. And it should be specific enough to be reasonably capable of preventing misconduct. It's important to realize that these are not all knowing, all encompassing rules.

Some are indeed rules, but some are guidelines to help a clinician to make the best decision in those difficult situations.

And they give us compass in writing to guide us through those situations that give us concern or regarding what is right and what is wrong in the workplace.

And why, as professionals, are we even concerned with ethics? And I know that you are all aware that hearing professionals are mandated to have continuing education hours in ethics, but why is this so? Just like personal ethics are a means of governing our personal relationships and behaviors, professional ethics are meant to guide our professional relationships and behaviors. Therefore, ethics

in hearing health care exist. And according to this example from AAA American Academy of Audiology, they exist to keep in check the behaviors and relationships of hearing healthcare professionals with those that they serve.

And they also serve to protect the integrity of our profession as a whole. Though, according to research, most of us would, in any given situation, do the right thing. And there are various opinions on what the right thing to do is. Fortunately, not unfortunately, fortunately, we have professional codes of ethics to guide us.

Most professional organizations have their own codes of ethics even outside of the healthcare field. And what you'll find, as I did, is that there are many similarities among them. There is an overarching theme of do what is best for the patient or customer and derivatives thereof. Ethical practice requires that we adhere to the Code of ethics to which we subscribe. All professional boards for Hearing Healthcare have established a Code of Ethics that their members must follow.

And in addition to your professional organizations, it's likely that the governing bodies of each state has its own Code of Ethics established for professionals who are licensed in their state. While each of these may be slightly different, they all have a fundamental core that is the same. And so here is a screenshot of what I found for the New York State Audiology Professional Practice Ethics Considerations this is the state where I live, and you can easily do a search to find your state's Code of Ethics. And if you dig into these, you'll find that these codes too have the theme of doing what is best for the patient. Scope of practice, safety, treatment plans, referrals, et cetera are all themes that can be found in the codes of ethics of our professional and state organizations.

And there is a harmony in all of these codes of ethics that ensure that we as professionals best serve our patients. And in determining what constitutes an ethical dilemma, it is necessary to make a distinction between ethics, values and morals, as well as laws and policies. So ethics are statements or

standards that are used by individuals or members of a profession or group to determine what is the right course of action in a situation. They rely on logical and rational criteria to reach a decision. But then values, on the other hand, describe ideas that we value or prize.

To value something means that we hold it dear and feel it has worth to us. As such, there is often a fear, healing or effective component associated with values. And often values are ideas that we aspire to achieve, like equality or social justice. Morals describe a behavioral code of conduct to which an individual ascribes they use to negotiate, support, and strengthen our relationships with others. You have heard the saying birds of a feather flock together.

It is our moral characteristics that bind us to our chosen groups of peers. And then finally, laws and agency policies are often involved in more complex cases in which professionals are often legally obligated to take a particular course of action.

And in addition to codes, states also have passed laws related to ethical conduct that professionals who are licensed in the state must abide. And are codes and laws one and the same? While it may be ethical to obey the law, ethical standards go beyond legal requirements, so the law does not necessarily give you direction on what is appropriate professional behavior. Ethical questions are not usually subject to fear of legal consequences, and unethical behavior can result in negative consequences from the professional organizations. But what's legal isn't always ethical so most kinds of lying are perfectly legal, but lying is generally recognized as being unethical.

Breaking promises is generally legal, but is widely thought of as being unethical.

And in contrast to codes of ethics, laws are a system of rules that a particular country or community recognizes as regulating the actions of its members and and may be enforced by the imposition of penalties.

And so we can see that codes and laws are not the same thing. But however, if we compare common elements of state laws against common elements of professional organization codes of ethics, we do see some similarities. Both ethics and laws define how we are to protect our patients privacy and it directs not only how we manage our patient files, but how we promote our practices and manage professional relationships. Both ethics and laws also have guidelines or regulations regarding maintaining professional competency and ensuring that you do not practice under the influence of any substance which can impair your judgment. And additionally, conflicts of interest, billing issues and reporting violations are commonly addressed in both codes and laws.

However, there are differences between codes and laws, which is why you must be fully aware of both your board's codes and your state's laws. And each can be different. So it is not in the scope of this presentation to review in detail the elements of all the board's codes or the state laws relating to hearing healthcare. Also federal laws too, by the way. But it is strongly recommended that that you review your state's laws and professional organizations codes in detail.

And so laws prohibit the practice of areas for which you are unlicensed or is outside the scope of your licensure, such as cerumen management in some states. In addition, there are laws that relate to convictions post licensure, such as failure to pay child support, code of ethics, address supervision of students and relationships with manufacturers and research.

But an example of negligent misconduct would be not fulfilling a commitment to a patient. For example, you made a verbal promise to provide goods and services like free batteries for a year and there was no written contract, only a verbal agreement, maybe a handshake. So would this be legally binding from a legal standpoint, verbal contracts can often be as valid as written contracts, but can be extremely difficult to regulate. But I think everyone would agree that it would be unethical not to fulfill on this verbal agreement and then hearing healthcare professionals work in various settings such as physicians

offices, private practices, hospitals, universities, retail industries, even schools, and each setting with its own set of challenges and traditions. No work setting is devoid of ethical dilemmas and no professional is immune to the allure of placing self interest above that of people that we have committed to serve as our first priority and if we are to maintain the public's trust, we must be on guard for such situations and have mentally practiced a plan of action in advance in order to increase the likelihood of responding in a trustworthy manner.

We must regularly remind ourselves that we are responsible for preserving the future well being of this profession as our legacy to that next generation of hearing professionals and Determining whether you are facing an ethical dilemma is not always cut and dry or a black and white decision. And so as we can see in this image, some actions such as does it break the law? Looks pretty clearly black and white on one end. However, the majority of what we face on a day to day basis, it's not so clear cut and there are many shades of gray. And so when our decisions result in actions that could be perceived as well falling into the many shades of gray, we are facing an ethical dilemma.

So as we said earlier, an ethical dilemma exists when there are two or more compelling courses of action to resolve a professional conflict. Really are clear cut legal guidelines at issue, but rather moral choices that based upon fairness, good judgment and accepted standards of practice can produce the best outcome for all involved. And certainly in the course of ongoing practice hearing Health professionals encounter a number of situations that call upon their ability to resolve conflicts along the lines of not what is necessarily legal or expected, but what constitutes the most evidence ethically accepted solution.

However, if you are faced with an ethical decision, the very first thing that you should do is document. Document. And let me say it again, document. It is never too early to start protecting yourself and this might be one of the most important things that I say to you today.

But now that we have some guidelines and what the differences and similarities are between ethics and law, let's see if you can tell on the next few slides if they are ethical dilemmas or legal issues. And so in the next slides piece, please feel free to write in the chat with a Q and A whether you think it's an ethical dilemma. I would actually do it in the chat. Do you think this is an ethical dilemma, a legal dilemma, or even both?

And so quid pro quo. A hearing professional rents office space from a physician and pays rent based on the number of referrals of Medicaid patients. So is this an ethical dilemma or is it a legal issue? Just going to give a minute what people think.

So this would be legal. So this is the anti kickback statute. So the anti kickback statute addresses the offering, giving, soliciting or receiving of kickbacks in return for Referrals of patients whose items are reimbursable under federal health care programs. The anti kickback statute is a criminal statute and violations are a felony punishable by imprisonment, heavy fines or exclusion from federal healthcare program participation. And so this next one has to do with confidentiality.

So the patient signs the practice's confidentiality statement and then the practice or the practitioner shares the information with the buying group and manufacturer. The buying group sells the patient's contact information to a third party and as a result the patient receives marketing literature from the third party and complains to the practitioner. So is this an ethical dilemma or a legal issue? What do you think? And so this one actually could be both HIPAA and codes of ethics.

This certainly has a legal component as governed by the Health Insurance Portability Accountability act, the HIPAA act, it would benefit the professional to ensure that they require all businesses such as buying groups and manufacturers to sign a HIPAA statement to avoid the situation. And it's also an ethical issue as boards have issued statements about privacy and confidentiality. But according to ihs, their Code of Ethics, the professional shall hold in confidence all information and records concerning a

patient and use such data only for the benefit of the patient or as the law demands. And then American Academy of Audiology AAA Code of Ethics Individuals shall not reveal to unauthorized persons any professional or personal information obtained for the person, served professionally and then accepting gifts. So you're at the National Conference for Caring Healthcare Professionals and in the exhibit hall, a technology manufacturer is offering a voucher for a free Flight, up to $350 Value for attendees who purchase a specific amount of product today, right on the spot.

And you are considering whether to do this since you will use their product anyway. So is this an ethical or a legal issue? And again, just things for you to think about. And so this would be an ethical dilemma. So giving people personal gifts could be an ethical issue if it sways the professional to give their loyalty and lean towards dispensing those specific products.

For example, excuse me, you can see here that AAA states in their code of ethics that accepting gifts in excess of $50 may compromise or give the appearance of compromising the ability to make ethical decisions. And it should be avoided.

And how about this one? This has to do with research. So a hearing professional is offered $5,000 by a manufacturer to work as a consultant conducting research on the effectiveness of a new noise management algorithm. And the hearing professional doesn't reveal in presentations and publications that they were paid by the manufacturer. So is this an ethical dilemma?

Or a legal dilemma. And so typically we would say that this is ethical, as per AAA code of ethics, they should inform colleagues and the public that they were paid for this research, but it could be legal as well due to any contractual stipulations that was set forward. So this is that example of a gray area.

And so now that we have some guidelines and what constitutes ethical, legal and moral as an exercise of interest, I pulled several healthcare providers hearing healthcare providers, a mix of both

audiologists and hearing instruments specialists. I even threw in some ents to get their opinions on each of these situations. And I think it will be interesting to see how several of them feel about how to handle these situations. And I want you to think about how you would handle the situation and what you would think about the responses.

And so situation one. So I am creating a website for my audiology practice. Can I post testimonials and laudatory comments from my clients on the site to market my practice? And so according to a bunch of the professionals, all of the professionals that were polled had a pretty easy time with this one. And so it's clear in this case that documentation will make all the difference in this situation.

But how about this one? So I have a private practice. Can I establish a sliding fee scale to help clients from low income families afford my services while maintaining my regular fee structure for all other clients? Someone suggested that this would be discriminatory. So remember what classifies a situation as an ethical dilemma?

There is no one right answer. And so I'm going to read these answers to you. So I think this is discriminatory. There are other agencies who will allow for funding for low income families as long as they meet specific criteria. Somebody else said yes to the sliding fee schedule.

However, you need to document how you determine the fee scale and eligibility requirements. So for example, is it patients without insurance? And somebody else said, well, I don't know that it's unethical by definition, but it is discriminatory, so I would not choose to do so. And then lastly, this is a discriminatory practice unless a process is set in place. So here we have some differing opinions from many hearing healthcare professionals.

But how could that be to have so many differing opinions? Because there can be a difference in opinion. And now you see how tricky that this can be. But also remember that if you are working with

third party billings or certain insurances, there may be further regulations that you do need to comply with.

Situation number three, can I refuse to provide a client's file and records to another provider or Doctor until the client has first fully paid his bill for my services, I don't think we'll get paid otherwise. So I'm not going to read these to you, but all of the professionals that I pulled seem to be in agreement on how to handle this one. Professionals should not withhold records under any circumstance, especially if the patient has provided appropriate documentation, unless this law is protected under HIPAA.

And then Situation 4, one of my favorites. One of my clients has asked me if I would go out on a date with him or her. I think that this might be a problem, but I don't know. He's nice and I attracted to him. Yikes.

I don't know what to do. So we have a vast difference of opinions on this one. And so you can see how without some sort of professional guidelines, personalities can enter into a situation and the outcomes be totally different. This is a perfect example of why professional ethics exist, but also in the hearing care practice, these written ethical laws, ethical codes must be written as well.

Let's take a deeper dive into what some practical ethical encounters might look like. And this is your chance to give your opinion. After each ethical situation, you will be asked to complete a multiple choice poll. And I think we will find it interesting to see if there are differences of opinion on how these matters should be handled. After each poll we will look at what the codes of ethics are from aaa, ASHA and ihs, the state and hopefully learn a thing or two about the codes, not the state, but what IHS states.

And then maybe we'll learn a little something about ourselves as well.

So case study number one, and we have seven front desk staff asks you to see an adult patient with severe cognitive impairment. The patient is non verbal, non communicative and has a history of cerumen blockage and external otitis media. But as a, a seasoned clinician, you know that this is going to be a really difficult patient. So what would you do? Would you A tell the front staff to postpone the appointment time in hopes that the patient will go elsewhere, B, tell front staff to allow extra time for the appointment, or C, would you refuse to see the patient?

So I'm just going to give a few minutes, or not a few minutes, about 30 seconds to a minute to see everybody's answers here and you will see everybody's answers in a moment.

I know what I would do and I'll tell you in a moment what I would choose.

And I absolutely agree that I would also go with B to allow more time for the appointment. Thank you for participating but now let's see what our state organizations, I'm sorry, our national organizations say. So the American Academy of Audiology says that members shall provide professional services and conduct and conduct research with honesty and compassion and shall respect the dignity, worth and rights of those who are served. So this jumps out to me here. Is that the word compassion?

And then providing dignity and worth for the patient. And then of course, Asha says that individuals shall honor the responsibility to hold paramount the welfare of persons that they serve professionally. So obviously putting them off in hopes that they're going to go somewhere else is not holding paramount the welfare of this particular patient. Excuse me. And then the International Hearing Society says that IHS members shall not delay furnishing care to patients served professionally without just cause.

So that's pretty cut and dry. And I don't think that because they may be a challenging patient is just cause to push them out in hopes that they will go somewhere else. So thanks to all that participated

and let's take a look at the next case study. So you work in an adult only clinic and someone calls you to ask if you can test their two year old and you have no experience testing children, what would you do? Would you A, use your clinical knowledge to wing it?

After all, how hard could it be? Would you B, refer the patient to a pediatric clinic or C, schedule the appointment and then use your own child or maybe a friend's child to practice on before the appointment? And again, we'll give about 15, 30 seconds to give everybody a chance to answer.

And by the way, this has happened to me quite a few times when I was still clinically practicing.

Great. And the answer is B 99%. And honestly, I would do B as well. And that is what I did. I would refer out to pediatric specialists in my area.

And here's what our professional organizations have to say about it. So AAA says members shall maintain the higher standards of professional competence in rendering services. So this means that if you decide to render services that you're saying that you have the professional competence in that area, and if you don't have the professional competence in testing a two year old, then you should probably not accept that appointment. And the other two organizations here would tend to agree. So Asha says an individual shall use every resource, including referral and or interprofessional collaboration when appropriate, to ensure that the quality of service is provided.

And IHS says that members shall utilize all resources available, including referral to other specialists as needed. So you can see that our three organizations are pretty much in agreement. So Far with everything. Case study 3. So a daughter is asking for information about her mother's hearing aid fitting the mother is your patient and you have no signed document allowing you to share any information with anyone other than the patient.

So in this case, what would you do? Would you A, refuse to speak with the daughter? Would you B, ask the daughter to bring back assigned authorization to share the patient's information? Or C, would you ask the daughter to elaborate on why she needs the information and make an informed decision from there?

Now just give a little time for you to fill out the poll.

Great. And so most people chose B and some C and and I have to say that I always thought that I would choose B and I would choose B, but I also would want to know why the daughter needs the information. So I'm torn here myself between B and C. It doesn't mean that's the right answer. That's my answer.

And so AAA says that we shall maintain confidentiality of information and records of those receiving services or involved in research. It does not say that there's any other reason that we could breach that confidentiality. Asha says that individuals shall protect the confidentiality and the security of records. And of course IHS pretty much says the same thing. But is there really ever a situation in which it might be okay to share this information?

Is there a situation where you could share this information without assigned consent? What if it's an emergency? Do you make an exception for that? Can there really be that exception? And yes, there is that time.

What if somebody was in a car accident? What if they're unconscious? What if the doctor needs this information? And again, this is an example of an ethical dilemma that could be gray and not so black and white.

I'm purposely not going to give you a bunch of information on this patient. I want you to make your own decision on how you would handle this one. Maybe you have a full audiogram, maybe you have more than just pure tone audiology. We don't know. So would you fit based on this, would you fit this patient monorally or binaurally?

What would you do? Would you fit them monarally or binaurally?

Just going to give it a few more seconds, let people answer.

Sometimes you have to really think about this too. It's not so easy. And so it's pretty mixed, a little bit more monly and some about 26% binaurally. So in my mind this could go either way. And I'm going to mention again documentation on this one.

So no matter if you think this Patient should be fit monorally or binaurally, you can make a case for it. As long as you have appropriate documentation you want to verify, validate and document. And like I said earlier, as long as you can rationalize why you made the decision that you made, you will be fine. And let's see what our organizations say. And so AAA says that members shall provide only services and products that are in the best interest of those served.

Well, how do we know if the fitting that right here also would be in the best interest of our patient? So we're going to do some verification and validation. That was AAA. Asha says that individuals who hold their Cs shall evaluate the effectiveness of services provided and dispense products only when benefit can be reasonably expected. And so again there's our verification and validation.

And of course you want to be sure to verify and validate the results. And then IHS says members shall not guarantee outstanding results from use of hearing instruments. And so if you do your documentation and validation and your verification, then you're going to make promises that then you're

not going to make promises that can't be upheld by the amplification.

And then case study number five. So you notice that the marketing department has mistakenly printed your name as Jane Doe Ph.D. audiologists. But you are an aud, an ma or an his or the likes. What do you do?

It's not your mistake, it's the marketing department's mistake. So what would you do in this situation? Would you a leave it alone? Because I mean it will be expensive to change it. Would you be contact the marketing department and ask them to change it for the net changes be made to advertising immediately.

So again we'll give it a few moments and this actually has happened to me and to other professionals that I know. And so my answer also is C. I always insisted that they made those changes immediately.

But I like that we're getting some different answers here so we can see how people in our own profession do think differently. And all three organizations agree that it is unethical to misrepresent educational degrees and credentials. Two more, I promise. So case study number six. A clinician is married to a sales representative for we are Ears and she only sells we are ears hearing instruments to boost her spouse's income as a favor she asks her colleague to do the same.

Now do note that while there are some practices. Sorry, let me just step back for a moment here. That there are some practices that are exclusive to one manufacturer. When there is a particular motive though, this is when it becomes a question of ethics. So would you, A, grant the favor and sell only We Are Ears products?

Would you B, make We are Ears your primary line of product, but use other manufacturers for niche products? Would you C, offer We are Ears as a product offering only when appropriate for the patient's

needs, or D, would you avoid selling we are Ears products in an effort to avoid a potential breach of ethics on your part? Again, I'll give you a couple minutes and everybody, most people say C, and I would choose C or D. This is where I have an ethical dilemma because this also could be considered a conflict of interest. So maybe I would offer this product or I would offer the product only if the we are Ears was truly the best solution for the patient, but I would make sure that there is proper documentation, validation and verification.

And again, our organizations say, AAA says individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need of the potential benefit from such services. And then ASHA says, individual shall use every resource to ensure that quality of service is provided. And IHS pretty much says the same thing. And last case study. So a patient confides in you that her friend had gotten hearing aids from Mr.

Jones of XYZ Hearing Aids and was displeased with them, really unhappy. And she had heard that Mr. Jones had been reported to the state licensed board and wants to know what, what have you heard about that practice? And you have heard rumors about Mr. Jones's practice but have not had any dealings with him personally.

So what would you do? Would you A, relay information to your patient that you know to be factual? Would you, B, refer your friend and her friend to the state board website? Or C, would you tell your patient that you are not at liberty to discuss a fellow professional? And so we'll give a few more seconds here.

Okay? And so, and this is kind of mixed all around, and I, and I chuckle at this because I also have a really hard time with this one. This one is hard for me. So I think I would choose C and tell the patient that I am not at liberty to discuss a fellow professional. I mean, I would do this, but I also might choose B and refer the patient or the friend to the state board website if they want to look up the other provider.

So again, that one was pretty hard for me. And so are national organizations. AAA does not specifically mention this, but ASHA and IHS are in agreement here. And ASHA states that individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally. And IHS states that the IHS member shall not pursue any course of action that may be harmful or detrimental to the society, its members or the public that we serve.

And so now that you have a better idea of what is or isn't an ethical dilemma, let's talk about what your responsibility is if you do suspect a breach of ethics from a fellow professional.

And so all three of our professional organizations are very clear about how to handle non compliance ethical situations. And also we state that individuals shall inform their respective boards when there is a reason to believe that there is non compliance of ethical situations. There are forms to fill out. And it is important to note that at least for ASTRA and aaa, it is not anonymous when you report. And so here is an actual form that is required to submit a complaint about a member of aaa.

Notice that there isn't much to to it, and that's because it's a jump off point for the complaint process. At this point, the ethics committee wants just enough information to decide whether a possible violation has even occurred. But do remember that it is not anonymous. So if you feel strongly enough that an ethics code has been breached, you should be willing to stand behind it. And this is going to be one of those times that this decision is going to be hard.

But as professionals, we have a responsibility to report these things as mandated by our professional organizations. And then the ASHA complaint form and process is similar to aaa, again, not anonymous. And then IHS also has their way of reporting a breach of conflict of interest as well. And just note that conflicts between personal and professional values should not be considered ethical dilemmas for a number of reasons, because values, remember they involve feelings and are personal. And the rational

process used for resolving ethical dilemmas cannot really be applied to those values conflicts.

And then further, when an individual elects to become a member of a profession, he or she is agreeing to comply with the standards of the profession, including its code of ethics.

And so here's an example of the various steps that occur when one of our professional organizations receives a complaint. And of course I'm not going to go over all of these, but I just want to talk about steps 7 through 9 which mentions sanction if a code of non compliance is discovered. And so what are sanctions? And another way to put that is that a sanction is a type of penalty or punishment. And so what does sanctions in a professional setting entail?

And so let's take a look at Joan. So this is Joan. Joan is a hearing Care professional That works for XYZ Hearing center in Texas. And it was written in XYZ's code of ethics that employees shall not accept gratuities from anyone with whom a professional relationship has been formed through XYZ hearing. And this includes patients and referring physicians.

So it was discovered that Joan is accepting $25 appreciation gifts from a particular PCP practice for each referral that she sends to him, although she does refer equally to multiple different practices. And this is a direct breach of XYZ's code of ethics and also could be in violation of the anti kickback law.

And so just because there has been a breach of ethics, it doesn't mean that a formal complaint must be filed with either the state or professional organization. It could very well be handled internally through the practice. And so for Joan, a verbal warning might be simply pointing out that she is in direct violation of the company's code of ethics and she will likely be asked to stop accepting those gratuities. And you know, maybe Joan just didn't know any better. And if Joan doesn't comply over a period of time, she might be given a written warning stating the possible sanctions if she still refuses to comply.

Surely Joan has seen that error of her ways by this time, at this point. And if a written warning after written warning, if Joan still doesn't comply, the employer is within its right to suspend Joan without paying. Hopefully, the harshest sanction will bring her to her senses, assuming she wants to keep her job. And if all else fails, the employer might choose to terminate Joan. And at this point, the employee has plenty of documentation that Joan was given every opportunity to follow the code of ethics, yet has refused to do so.

But after her termination, in an effort to discourage Joan from continuing to disregard code of ethics, her employee submitted a complaint to the state and to her professional organization. So let's take a look at some possible sanctions based on her credentials and state licensure. So some possible sanctions from the state, Texas State Board could be just a warning, or even it could be revocation of licensure, a fine, or a combination of all with a professional organization. Sanctions can include anything from an educative letter to mandatory continuing education, even revocation of membership. So when there has been a breach of ethics by a professional, you can see that sanctions can range far and wide.

And remember, if a HIPAA violation or other legal violations are also committed, there could be other penalties like fines or even jail time. And there can be sanctions through insurance companies too, based on what was the ethical issue and so next, let's take a look at some real world examples of documented violations and sanctions. And these were found on Ash's website.

And so what you'll find here is that there is a description for each of the violations and then there's a list of the codes that were violated and then it tells you the sanction. And so here, well, there was a felony conviction, there was theft of public money, there was accepted disability payments but didn't report them, failed to respond to notices from Asha. And so you can also see what codes were violated. And the sanction here was withholding membership and certification for 24 months. Again, this is just Asha

and this is public that you can also look up.

But I am sure there were also some state sanctions as well.

And this next one, so the member had a felony fraud, falsified sales contracts, diverted payments to a personal account denied to Asha that he'd ever been convicted and failed to self report the conviction to asha. Again, lots of codes here that have been violated. And his sanction is withholding of membership and certification for five years.

And then this one here, misdemeanor of heroin possession and provided false information regarding these charges to the Ohio board. They failed to self report the misdemeanor or the professional discipline that they received from the Ohio board to Asha and also failed to respond to correspondence from ASHA regarding this matter. So again, the codes that were violated and then the sanction was even though these past was withholding of membership and certification for five years. And so even though these past three examples with sanctions from Asha, again, there very well could have been additional state sanctions and legal actions as well.

But if you're in doubt about what to do or in deciding whether or not a violation has occurred, there are some steps that you can take. And so let's pretend that your direct supervisor asks you to sit in on her CEU course or hers CEU course because they must have the hours, but also has a patient that they need to see. So in your mind, what they are asking you to do is unethical. But before you involve upper management though, there are some steps that you can take to highlight your concerns without risking your job or your own ethics. So repeat back and clarify.

Maybe you want to tell your supervisor what you think the request is to ensure that you have complete clarity. And this may resolve the issue, either because maybe you misunderstood, understood, or because the newfound perspective has made the person rethink their request. You want to ask

questions, Maybe. If simply stating the request aloud does not work, probing your supervisor with questions regarding the reason and motivation behind the request can also help deter them. Not only does this demonstrate that, well, you make measured, informed decisions, but it can also create a more transparent dialogue.

Focus on your manager's best interests. If you can't convince your supervisor yet, it may be time to point out that maybe this will look bad if it gets out. Pointing out the disadvantages that this unethical action will have on the manager's career, and maybe this will help your hands stay clean and portray your loyalty. Suggest an alternative. After telling your manager that you are in fact uncomfortable with the situation, after gaining more information, providing an alternate solution is the next best step to do if possible.

Well, this isn't always possible. It's worth a shot, and you can end up even looking like a hero. Escalate. So if the situation isn't resolved by clarifying, you'll need to determine the next person to inform. Depending on your organization, this may be your boss's leadership, general counsel, a compliance officer, a hotline, or even an HR representative.

You also could blow the whistle. So if you exhaust all internal options and the issue isn't resolved, external entities like the government or the media or the next step. But of course, consider the risks before you escalate the issue to this level. Bringing unethical behavior to light, even internally, isn't always popular. Even if you may be legally protected and vindicated, understand what this action could mean in your professional and personal life.

And then lastly, leave if necessary. If all else fails, it may be time to find another job. Try one final firm refusal with the ultimatum that you will leave and do so if the action isn't resolved. While this may put an economic burden on you in the long run, you don't want to stay in a position where you're asked to violate your morals or where advancement requires unethical behavior.

And let's say that you do decide to speak up and stand your ethical ground. Here are some things to consider before moving forward. So you do want to question your assumptions. You know is fear of confrontation or retaliation can spur rationalization. This could include statements like, well, this isn't really a big deal, or maybe this is just the way it's done.

It's not my responsibility. You do want to gain perspective. Try to understand what is motivating the unethical request or action. This perspective can help form a response, particularly if there is an ethical way to achieve the same goal and have conversation. With the exception of extreme ethics violations, confronting the individual directly from first with questions is often the best way to manage a situation.

Provide an opportunity for the person to explain the actions or to correct the behavior first. And if a direct conversation doesn't resolve the issue, then you may need to inform the manager or HR department or company ethics hotline. But you don't want to forge ahead without a plan. Spend time rehearsing how you're going to address the situation to test your thought process and have a planned approach. And you don't want to just attack and make accusations.

Keep the focus on understanding the situation, leading with questions like can you help me understand? Or can you help me see? This can establish if the individual is open to a productive discussion and it also may help them see your perspective.

And so just a reminder, as we saw in the beginning of this webinar, as a hearing care professional, you are responsible for upholding professional ethics and are therefore professionally liable for any breaches in ethics.

And then lastly, here are the websites to aaa, ASHA and IHS and also to Asha, additional examples of ethical complaints.

And before we go off, I just want to see if there are any questions here that I need to answer and I do not see any. So everybody, thank you so much for joining me on ethics for the Hearing healthcare professional. It is something that we do need to think about on a daily basis and so I hope this was helpful to you all. Thank you.