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Ethical Dilemmas and Decision-Making, in partnership with the American Academy of Audiology

Presenters: Erica Friedland, AuD, Sarah Wakefield, AuD, Alyssa Needleman, PhD

It is my pleasure to introduce our guest speakers today. We have doctors Friedland, Needleman and Wakefield. This course is in partnership with the American Academy of Audiology. We are so proud to be a partner with the Academy and can their continuing education courses. If you'd like to learn more about our guest speakers today, you can read their bio on the course registration page.

But at this time I hand the mic over to you, Dr. Elisa Needleman. Thank you. So we are talking ethics today. I've got a few slides to go through before we get started.

We're going to first have a quick note from our AAA President, Dr. Tish Gaffney.

I'm Tish Gaffney, President of the American Academy of Audiology. The Academy is the home for audiologists. We are dedicated to achieving recognition of audiologists as the experts in hearing and balance care and the field of audiology as an independent clinical specialty that is integral to the health care team. We offer our members the latest resources for practice management and clinical evidence based practice so that they can grow professionally and improve patient care. We advocate for our members in Washington and throughout the country to ensure that the voices of audiologists are heard and we help connect audiologists to one another through valuable networking opportunities.

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Here are the disclosures. You can read them on your own and limitations and risks of the presentation. And these are the learning objectives for our talk. Today. I am going to dive right in with talking about what ethics is.

So to many, ethics means right versus wrong. It's a branch of philosophy that concerns moral considerations. But how each person makes these considerations varies from one person's to another. It's subjective. It is guided by our experiences which are unique to ourselves.

And each person is guided by their own personal value systems. It can be influenced by many different external factors. Our religion, socioeconomic conditions, our family and friends, geographic location, where we live, our cultures. So it's influenced by many things and it kind of helps shape where how we think about things. We as healthcare professionals acquire a very specific set of skills within our field of expertise.

We need to properly learn how to fit and program hearing aids. We need to determine how to effectively do different diagnostic tests. But we also need to learn the art of caring for patients. We also need to think about legal considerations and ethics considerations.

If you believe that we all have this inner voice which a lot of us call our conscience. We generally think this voice to be ethically sound. But ethics and conscience are actually a little bit different.

Ethics are guided by society. They are a series of systematic beliefs. While our conscience refers to our own personal beliefs and to our actions.

When we have ethical questions, they're generally involving our responsibilities to the welfare of others. And we can have conflicts among our loyalties to different individuals and different groups. It can have conflicts between our responsibility with our role. So, for example, my role as a provider or the role of a patient can conflict. And generally, when we're talking about ethics, we use terms like ought and should.

What ought I do to counsel my patient? What should I do to best meet the needs of my patient? So when we're faced with an ethical dilemma, we can consider it from many different perspectives. Ethical philosophy, the basis of ethics. We need to think about medical ethics.

And we also generally look to our own professional codes of ethics. So I'm going to start by talking about ethical philosophy. And when we approach ethics, I'm going to talk about three different areas. Metaethics, normative ethics, and applied ethics. So these are the general areas of, of philosophy.

And then within them we have different approaches. So virtue based, consequential, and I'm going to talk about utilitarian approaches and rights based or deontologically based ethics. So the areas define the philosophy. The approaches define how we arrive at decisions about ethical dilemmas.

So the first major area is metaethics. Metaethics is the ethics of ethics. It's basically a very intensive examination of ethics. So in metaethics, we're not really deciding right from wrong. Rather we're deciding what does right and wrong really mean?

It it's a little more abstract in nature. Instead of arriving at a conclusion to an ethical dilemma, we investigate deeper thoughts. What does good versus bad really mean? Is there only one answer to an ethical dilemma? So because of this, because it's more abstract in nature, it doesn't really resolve any practical dilemmas.

Our second area of ethical philosophy is normative ethics. Normative ethics involves those standards by which right and wrong are determined by our society. For example, the golden rule, do unto others as you would have them do unto you, is normative. We make decisions based upon what we think and know to be appropriate. So if we don't want others to steal from you, you should not steal from others.

Right? Within normative ethics, we have three strategies. Virtue based, consequential, and duty based. And so I'm going To walk through each of those. In the first approach, virtue based, we're looking at individuals choice of values or virtues, and our decisions and actions to ethical dilemmas are going to be based on those value systems.

So it encourages what the most admirable virtues are within a person. This strategy really is based on the teaching of Plato. And he saw four main traits in a very balanced and good individual. And those were later called the cardinal virtues, justice, wisdom, courage and temperance. Other virtues we could think of might be honesty or perseverance.

So thinking about what's the virtuous thing to do in any particular situation. Our second approach is the consequential approach. And in the consequential approach, issues are judged to either be intrinsically good or bad. And the decision is based on what's going to be the best decision to bring good outcomes over bad. So what is the greater good?

There's lots of different types of consequential approaches. I'm going to talk about the most widely known, which is utilitarian. And utilitarian based ethics suggests that the decision to any ethical dilemma should be based on what is best for the majority. So we are called to be unbiased and not consider our own interest over what's best for again the greater good. Legal systems are typically utilitarian.

So when we think of attorneys, judges and juries, primarily their job is to consider what the safety and fairness to the greater society. So when we take a utilitarian approach, we look at the benefits from each side of the dilemma and then choose the one that's going to serve the most people. In contrast to the utilitarian approach, we have the deontological approach or rights based duty based approach. And in deontological approaches, the individual is the center of attention. So individuals rights are more important than the greater good.

So it is wrong from a deontological view to violate any individual's rights for the sake of a possible better situation for other people.

And then finally, our last area of ethics is applied ethics. Applied ethics calls for an investigation of a morally based issue. And there are two aspects that need to be true to be an applied ethical dilemma. One, the issue has to be controversial, meaning there is more than one viewpoint to the issue and it has to clearly be classified as a moral issue. So typical examples of applied ethical dilemmas are abortion, euthanasia, stem cell research, drive by shooting would not involve applied ethics because I think generally we could all agree that it would be immoral.

But gun control, which is a much broader issue, would involve applied ethics.

So as we make decisions, actually as health professionals, we make decisions all day, every day. What is the best course of treatment for this patient? Will my recommendations have any unintended outcomes that might be harmful? As we start thinking about all the different ethical dilemmas that we can deal with during our day, we can take a three step model to help guide our decisions. And I like this model.

First question is, is it legal? Our laws are based on what is believed to be fair and just as I just talked about before. So in any moral decision, if something's not legal, then generally it's not ethical. So if you ask yourself regarding this ethical dilemma, is it legal? And the answer is no, you're done.

You don't really need to go any further, it's probably not ethical. The second step would be, is it balanced? Balanced is important to be a well rounded individual. So if you ever heard the expression, all work and no play makes Jack a dull boy, that's true. If something seems extreme to you, it most likely is not very balanced.

So that athlete who practices eight hours a day in the off season and doesn't get the desired results, that's not really balanced. It might lead them to take steroids to go to the next step. And then we get into another ethical dilemma. And then the final question is, how does it make you feel? And this is part of our subconscious talking to each other.

If you've ever had that situation where you've made a decision and something in the pit of your stomach just doesn't feel right, usually it interrupts my sleep. I'll be tossing and turning all night, and then I might go and talk to somebody else and say, you know what, that doesn't feel right. Something's not sitting well with that decision we made. And usually that's your subconscious talking to you. So listen to it.

How does it make you feel is very important.

So following our three step model, we can then look to the three major areas, meta ethics, normative ethics, and applied ethics, to help us think through ethical dilemmas. But as healthcare professionals, we need to think beyond just the areas of ethical philosophy, but making practical and logical decisions in the medical setting. And so we also want to look to different areas of medical ethics to help drive our decision making. In medical ethics, we consider the four pillars of autonomy, beneficence, non maleficence, and justice. We can kind of think of them as four different perspectives and view every situation that comes up from each one of these perspectives to help us think through what's really going on.

So you can Kind of use them like a checklist. Oh, how should I think about it? From autonomy. What about beneficence and non maleficence? And often these perspectives are going to come in conflict with each other and then we have to kind of weigh which way we should go in making an ethical decision.

So let's work through each of the different pillars. The first is autonomy, which respects a patient's wishes. It is the patient's right to come to their own decisions about what is best for them. We as health professionals can give advice, we can give our opinions, but ultimately it's the patient's decision what they want to do and make those decisions, even if we don't think that's the best option. However, even though they have the right to make their own decisions, patients cannot demand that a doctor make a decision that the doctor does not deem to be suitable.

So if I don't believe that patient needs binaural amplification, I am not bound to order two hearing aids for them because they want that. So we can still make decisions that we believe are unwise. Autonomy also requires that a patient is competent and has the capacity to make a decision. So a two year old does not have capacity to refuse a cochlear implant operation. Someone who is heavily intoxicated or very unwell also does not have the capacity to make informed decisions.

In both of these cases, the lack of capacity is likely temporary. It will come back after the patient is no longer intoxicated or unwell. So if possible, if you can delay making a decision until the patient is able to regain capacity, you can do that for the two year old child. I don't think you'd want to delay it until they're at an age where they could competently make a decision. So again, we need to think through all of those situations.

The second pillar is beneficence, which is doing what's best for the patient. It can lead to the moral dilemma of who decides what is best for a patient. And beneficence reflects what, what an independent healthcare professional would deem to be in the patient's best interest. The patient's perspective is going to be covered by autonomy. Autonomy and beneficence often conflict, and that's when we need to weigh decisions on each side.

A patient can refuse a particular treatment, but beneficence might drive us to, let's say, if it's a drug overdose, beneficence might drive us to, to try and do what's in the best interest of our patients. And

that's where the dilemma comes into play. The next pillar is non maleficence, which means to avoid harming patients. And beneficence and non maleficence very often come into conflict. For example, a patient approaching the end of life, we might give them morphine to reduce their pain and suffering.

Morphine represents beneficence to ease their pain. However, the morphine could have the effect of accelerating their death, which would be harming them also. So we have that conflict that we have to work through.

And then finally, our last pillar is justice. And justice is about fairness across the wider population. For example, patients in similar situations need to be treated similarly. If resources are limited, they should be distributed fairly across society. And so then we have to really think through how we offer services.

Should we perform three life saving operations or spend that same amount of money to give 5,000 people medication? Is it right to spend millions for a search and rescue team to find one missing mountain climber when we wouldn't spend that amount of money on an individual patient with cancer? These are the dilemmas we're often faced with.

Finally, as we consider that balanced approach to ethics and our four pillars of medical ethics, we must also consider our own professional codes of ethics. Codes of ethics are agreed upon minimum standards of practice for the conduct of a profession. We are obviously free to exceed those standards, but they are there to guide the way that we practice. And our codes of ethics apply really only to the members of the organization in which you're a part of.

The codes of ethics define what ethical practice would be for the members for an audiology for its members. And again, they're minimum standards, but they're not the law. The law is reflected in our state licensure. So if a patient felt harmed in some way, they could turn us into the licensure board, which is designed to protect consumers.

The state licensure board could remove our license to practice if we violated an associate, a professional code of ethics. They could take away our.

We could be removed from the organization, we could lose our AAA affiliation, but it wouldn't necessarily impact our licensure. So they're two separate areas. However, the laws that are written in our licensure laws are generally reflected by the ethics. So they kind of go hand in hand. So I'm just, I've got the AAA codes of ethics here if you want to link to them.

We have the link up top and I'm not going to read them out to you, but they, they talk about the basic standards of professional conf competence and acting in the Best interest of our patients to be accurate and transparent in information and to uphold the profession's dignity. And now I think I am turning it over to Erika. All right, thank you, Dr. Needleman. I'm going to talk about approaching ethical questions.

You know, where do you get started? Well, it's not really a test to see if you know the right answer, right. And you should never rush to give your opinion or answer too early. They're not. They're really there to test your ability to see things from multiple perspectives.

Look at your thought process, your communication skills in presenting an answer. And in order to show off those skills, you want to first discuss all the different issues and perspectives of a situation, evaluate them, and then include them in your final opinion. Don't sit too much on the fence, though. Give your opinion where possible, but be aware that there's a lot of questions that just don't have answers. And also then be prepared to defend your opinions.

You want to do it appropriately. You don't want to come across as bigoted or inflexible. Be open and be respectful of different viewpoints. So to that end, we created this sort of workflow to help you, in this same vein, to kind of work through an ethical dilemma that you might come in. Come in contact with.

And I believe that Audiology Online has this available as a handout to you. And there's also a worksheet included that you can use to kind of follow along. We're going to show you some videos of some ethical dilemmas, and you can use this systematic approach with the seven different steps. It has specific questions in there to guide you in how you think about the ethical dilemma, and then in the end, help you to come to a conclusion. And again, sometimes there's no one answer and definitely not always a right answer.

Okay, so I am going to turn now this over to Dr. Wakefield, who is going to be presenting on our first ethical scenario. Thank you. All right, so in our first ethical scenario, here we are looking at Dr. Stevens, an audiologist, who is seeing a patient, Mrs.

Thompson. She is struggling with hearing loss. And during their session, Dr. Stevens discusses the benefits of hearing aids and explains all the different options that are available. And Mrs.

Thompson, during the appointment, appears to understand what is going on, but later returns with her adult daughter, who expresses confusion about the details of the conversation. The daughter insists that Dr. Stevens never explained the differences between the hearing AIDS, claiming that Mrs. Thompson was unclear about the recommendations. What Dr.

Stevens does not know is that during the initial consultation, Mrs. Thompson had secretly recorded the Entire conversation using her smartphone. The recording was done without her consent or knowledge. And later, Mrs. Thompson plays the recording for her daughter, who is then using it to challenge Dr.

Stevens explanation and decision making. This situation raises ethical concerns about consent and miscommunication between the patient and the audiologist.

Dr. Stevens feels violated and betrayed upon learning that the conversation was recorded without her knowledge. She is concerned that the recording could be misinterpreted or taken out of context or even used against her in future legal or professional matters. Furthermore, she feels that the trust between her and the patient has been violated. On the other hand, Mrs.

Thompson argues that she had good reason for recording the sessions. She has difficulty remembering information that's discussed during her doctor appointments, and the recording helped her to clarify the details for her daughter, who was unable to attend the session. Mrs. Thompson feels that the recording was necessary to ensure her own understanding and allow her daughter's engagement in the decision making process, which is going to overall enhance her hearing. Health care.

I'm not on there. Let's see. There we go. All right, so here are some key ethical questions that we need to consider. The first is patient autonomy versus provider trust.

Should Mrs. Thompson have been allowed to record the session without Dr. Stevens knowledge, given that she has a need for clarity and that her daughter wanted to be involved in her care as well? And then confidentiality and consent. Is it ethical for a patient to record a healthcare provider without their consent, even if it's not malicious?

What are the boundaries between patient autonomy and confidentiality, trust and communication? How can the audiologist and patient navigate this situation to rebuild trust and ensure clear communication in the future while respecting both the patient's need needs and the provider's right to privacy and trust? And lastly, legal and professional implications. What should audiologists do to protect themselves from unauthorized recordings? Or should they adopt policies regarding recordings in their practice?

How should they approach the legal and ethical implications of such recordings? All right, so now we're going to play a video.

Welcome to today's debate before the Audiology Ethics Board. For this debate, you will work in teams to explain and defend a position under examination. In these debates, the two opposing teams do not necessarily have to disagree. It is not about who is right or wrong, but rather how you evaluate the issue with the greatest depth and breadth and offer intelligent insight into the specific question at hand. Today, we will examine the ethical principles at stake.

A coin was tossed to determine that team one is going first. There will be three rounds. The ethical dilemma has already been read to the teams. Each team now has five minutes to confer with their team members and up to five minutes to respond. Following, the teams will then have two minutes to confer and three minutes to respond to the other team's analysis.

Then there will be a final two minutes to confer and three minutes to respond in order to provide any final closing arguments.

Okay, let's begin with discussion and initial thoughts. Dr. Blemer, please present your arguments.

As an audiologist, my primary concern is the ethical principle of trust. The provider patient relationship is built on mutual trust and secretly recording an appointment without consent undermines that. Trust providers, like Dr. Stevens in this case, accepted, expected to share information openly and candidly. However, if there's a fear that every word could be recorded and potentially used against them, this compromises the openness necessary for effective care.

Secret recording can lead to providers feeling vulnerable, ultimately harming the quality of care provided. If clinicians become hesitant to speak freely. From a deontological perspective, recording without consent violates the inherent duty to receive respect, privacy and confidentiality. There is a moral obligation to uphold the rights of others, including respecting their autonomy and consent, before

taking any action that could affect them. Audiologists, like all health care providers, have a duty to ensure their communications with patients are confidential and not subject to unauthorized recording.

This concern goes beyond whether harm is caused. It is an ethical duty to respect the privacy and protect the integrity of the provider patient relationship.

Thank you, Dr. Blmmer. Dr. Plata, please present your arguments. While I understand Dr.

Blemer's concerns, we must respect the ethical principle of patient autonomy. Mrs. Thompson recorded her appointment to better understand the complex and technical information discussed, especially regarding managing her hearing loss and using hearing hearing aids. Audiology appointments often contain details that are difficult to retain and patients have the right to ensure they fully comprehend the advice given. Recording the appointment empowers Mrs.

Thompson to make informed decisions about her care. Additionally, if the patient wishes to share this information with their family or caregivers, they should be allowed to do so. In Mrs. Thompson's case, the recording allowed her to consult with her daughter who could attend could not attend the appointment, thereby facilitating the better decision making. This aligns with the principle of beneficence, doing what is best for the patient by ensuring they have the support that they need.

From a utilitarian perspective, the recording can be justified if it results in the greatest good for the patient and enhances their well being as it enables clarity, prevents misunderstandings, and fosters family involvement.

Thank you, Dr. Plus Plata. Each team now has two minutes to confer and respond to the other team's argument. Dr. Hepner, we will hear from you next.

From a legal standpoint, it's crucial to understand that many states have laws regulated the recording of conversations, and it's essential that both parties, the provider and the patient, are aware of and consent to any recordings. In this case, the lack of consent from Dr. Stevens could potentially violate privacy rights. Although Mrs. Thompson's intentions were not malicious, the fact that the recording was made secretly creates a legal gray area.

It's important to consider the potential legal ramifications and how the recording could be used or misused in the future. From a deontological perspective, the recording without consent breaches the provider's right to confidentiality and the moral duty to respect the boundaries of healthcare relationships. Providers have an ethical obligation to ensure that their interactions with patients are protected, and this breach, while not malicious, undermines the trust that is fundamental to patient provider interactions. However, from a utilitarian standpoint, we might consider the long term benefits of allowing patients like Mrs. Thompson to record appointments.

If doing so helps the patient better retain information, manage their hearing aids and reduce confusion, it could improve health outcomes and potentially decrease follow up visits. The key challenge is balancing the potential benefits of better informed patients against the risk of damaging the trust and quality of provider patient relationships.

Thank you, Dr. Hepner. Dr. Morales, please respond. I believe that the best solution lies in finding a balance between patient autonomy and provider trust, while also considering the greater good.

From a utilitarian perspective, recordings can provide significant benefits to patients by improving their understanding and compliance with treatment. If managed responsibly, these recordings could enhance patient care overall. However, from a deontological standpoint, we cannot overlook the moral duty to respect the provider's right to privacy and confidentiality. Therefore, I propose a clear mutual consent policy for recording audiology appointments, ensuring that both the patient's autonomy and the

provider's confidentiality rights are protected. Such a policy would involve patients requesting permission to record the session at the beginning of the appointment.

This ensures both parties are aware and can discuss the need for the recording. With mutual consent, we can uphold the ethical principle of justice, ensuring fairness for both patients and their providers. Additionally, the patient's use of the recording could be discussed to ensure it is kept private and shared only with those who have a legitimate need to know about that information. Information addressing the concern of non maleficence and ensuring the principle of beneficence by supporting the patient's understanding and decision making. Providers should also have the right to refuse if they are uncomfortable.

Ensuring that no party is Feeling unfairly taken advantage of.

Thank you, Dr. Morales. Each team now has two minutes to confer and provide your final comments.

I agree with Dr. Morales on the importance of clear communication and consent in resolving this issue. From a practical standpoint, if a patient feels that recording would help them remember and understand their treatment, we should make it easy for them to request permission at the start of the appointment. This ensures transparency and gives the provider the opportunity to adjust their communication accordingly. However, we also must take necessary steps to protect confidentiality and trust.

I recommend implementing a policy where recordings are allowed for the patient's personal use only, with explicit instructions on sharing or distributing the material without proper consent from both parties. This could be managed through a brief consent form at the beginning of each session, ensuring that the patient acknowledges the terms in the recording. This approach allows the patient to retain the information they need while also respecting the provider's right to confidentiality and trust, ensuring that the ethical principles of autonomy, non maleficence, and justice are upheld for both parties.

Thank you, Dr. Hepner. Dr. Morales, your final comments. As we consider the issue, we must also consider the growing role of technology in healthcare and its potential to improve accessibility.

Digital recordings can be a vital tool for patients with hearing impairments or cognitive challenges who may struggle to retain spoken information during their appointments. In the context of audiology, where complex and technical information is often discussed, leveraging technology responsibly can bridge gaps in communication and empower our patients. However, the use of technology must align with ethical standards and respect for privacy. For instance, secure digital platforms could be integrated into clinical practice to allow for recordings that are automatically shared with patients through encrypted systems. This would eliminate the need for patients to resort to secretly recording the appointments while protecting their confidentiality of both parties.

From an ethical perspective, this approach upholds the principle of beneficence by supporting patient understanding and autonomy, while ensuring non maleficence by safeguarding the provider's right to privacy. It also fosters a sense of trust and transparency in the patient provider relationship. Ultimately, embracing technology in a structured and consensual manner allows us to meet the diverse needs of patients without compromising ethical or professional standards.

All right, thank you. All right, so now we'll take a look at the key medical ethical considerations with this particular scenario. So the first key principle is autonomy. Mrs. Thompson has the right to make decisions about her own care and ensure that she understands that information.

Conversely, Dr. Stevens autonomy is affected because she was not informed about the recording, ultimately impacting trust. Another key principle is beneficence while Dr. Stevens strives to provide the best care by explaining hearing aid options clearly and ensuring patient care comprehension, Mrs. Thompson did not leave that appointment with a clear understanding of the hearing aid

recommendations that were made.

We must also consider non maleficence, as Dr. Stevens may feel harmed by the secret recording, fearing that it's going to be misused or misinterpreted. Alternatively, Mrs. Thompson's intention was not to cause harm, but to clarify details for herself and her daughter who could not attend the appointment. Lastly, we'll explore justice.

Dr. Stevens feels that the recording is unfair as she wasn't given a chance to consent. And on the other hand, Mrs. Thompson feels that it's not fair to record for. Mrs.

Thompson feels it's fair to record for clarity and ensure that both she and her daughter fully understand the information to support their decision making.

Oh, I went one too far. Yes. Okay, perfect. So the next slide that I'm going to look at is how we could view this through the lens of the AAA Code of ethics and help guide us through this scenario. So the first principle that we're going to look at is Principle 1, Rule 1B.

Mrs. Thompson's recording highlights her difficulty retaining information due to health and cognitive challenges. And Dr. Stevens ensure her communication accommodates these challenges, demonstrating respect for Mrs. Thompson's dignity and worth.

Principle 3, Rule 3AMrs. Thompson's secret recording without consent does raise Privacy concerns as Dr. Stevens Professional information was shared to a third party without her consent or knowledge. Principle 4, Rule 4A. Dr.

Stevens must maintain professional behavior even after she feels betrayed by Mrs. Thompson actions, understanding that her intentions were not malicious. The focus must remain on Mrs. Thompson's best

interest moving forward, ensuring that she is delivering effective care. Despite the breach of trust in Rule 4C, Dr.

Stevens must navigate the tensions between feeling violated by the secret recording and maintaining objectivity in serving Mrs. Thompson moving forward. Principle 5, Rule 5A. Dr. Stevens Initial explanation of hearing aid options to Mrs.

Thompson should be clear and thorough, ensuring that she fully understands and retains the information. It might help for her to provide written documentation or educational tools that might aid in this process, helping Mrs. Thompson retain the information.

As discussed, Dr. Stevens may also want to establish a clear recording policy before the appointment, specifying how recordings can be made and how they can be used. I'm now going to turn this over to Dr. Erica Friedland who is going to present our second ethical scenario.

Whoops. Hello, everybody. So I'm going to give you a little bit of background sort of where this ethical scenario, why it Became an ethical scenario and sort of how things were staged from a historical perspective. In 1961, there was a committee of seven professionals called the God committee. And it consisted of a surgeon, A minister, A banker, A labor leader, A housewife, A government worker, and a lawyer.

They met in Seattle, Washington, to decide who would receive life saving dialysis. A university of washington professor had developed the first artificial organ, A dialysis machine that could sustain patients with failing kidneys. While it offered hope to thousands of americans who were dying of end stage kidney disease, this particular program could only treat 10 patients. So the committee evaluated candidates based on factors like proximity to the hospital, State residency, Financial means, societal contribution, Church involvement, and the resilience of a spouse if the patient died. Of the first 17

applicants, 10 were chosen and all 10 survived.

The other seven did not. And to this day, the God committee remains known only by their professions. And I give you this information because part of what this ethical dilemma involves Is something that was going to be decided by a hospital committee. This was back in April 2024, April 4, 2020, during the height of the pandemic. And hospitals had postponed elective surgeries to prioritize res for COVID patients.

But there was a 30 month old child with bilateral profound hearing loss scheduled for cochlear implant surgery. We know how crucial this surgery is because it was nearing the end of the critical period for language development where we know auditory input, and effective auditory input is really vital for language acquisition. The parents were very anxious about delaying. They were fearing long term impacts on the child's speech and language development. On the other hand, the surgical team and hospital administrators were debating whether cochlear implants qualify as an essential procedure.

And so there was a discussion among a committee to try and balance the urgency of the child's developmental needs against the broader public health imperative to conserve resources and minimize exposure risk. So there were committee members involved in making these choices, Waiting the long term consequences of delaying the surgery and the potential risk to the child, but also the risk to the healthcare staff and many of the ethical medical principles of beneficence, non maleficence and justice. The meeting, you know, highlighted the very complex situation that an elective procedure, a supposed elective procedure, right. Would happen within the time frame of a pandemic. And while we know there's no pandemic right now, that doesn't mean that there's not some situation like this that might present itself in the future.

And so here's some questions for consideration when we look at this case, and it's likely that we'll have some other global health emergency in the future and we might have to look at resources and health

concerns. So does the timing of this surgery meet the threshold for essential and time sensitive rather than just elective? How do we weigh the child's developmental needs against the potential risks of exposure of not just the child but the family and the healthcare staff? Could alternative interventions like intensive auditory therapy or sign language be pursued to mitigate delays in development until surgery? Might a safer option?

And what protocols or safeguards could reduce exposure and risks to Covid at this time? So let's take a look at our debaters in this one.

Let's begin the discussion with initial thoughts. Dr. Vidal, please present your arguments. I strongly advocate for proceeding with the surgery as it is grounded in core ethical principles and supported by both deontological and utilitarian perspectives. First, beneficence obligates us to act in the best interest of the patient.

The critical period for language acquisition is finite and each month without auditory input diminishes this child's ability to develop spoken language. This deficit will have far reaching consequences affecting their education, relationship and overall quality of life. From a deontological standpoint, our duty as healthcare providers is to prioritize this child's well being and ensure they have the opportunity to acquire language during this critical developmental window. Delaying the surgery will fail to uphold this ethical responsibility. The principle of justice further supports the urgency for this procedure.

Justice demands equitable access to care, recognizing that not all elective procedures are created equal. Cochlear implant surgery for a child in this developmental stage is not merely elective, it is time sensitive. By reclassifying this as an essential intervention, we uphold the child's right to necessary medical care. Equating the surgery with purely elective or cosmetic procedures neglects the profound and lasting impact on the child's ability to communicate and participate fully in society. Finally, under the principle of non maleficence, delaying the surgery introduces greater harm than proceeding with it.

The risks associated with COVID 19 can be effectively mitigated through rigorous safety protocols including pre operative testing, PPE for healthcare staff and isolated facilities. From a utilitarian perspective, the long term benefits of the surgery, improved communication skills, educational opportunities and social integration far outweigh the manageable short term risks. Proceeding with the surgery not only ensures critical care for this child, but also maximizes their future potential and overall quality of life. Thank you Dr. Vidal.

Dr. Redding, please present your arguments.

While I acknowledge the significance of this child's case, the National Health Pandemic compels us to prioritize the broader ethical responsibilities. Under the principle of non maleficence, we are obligated to avoid harm not only to the patient, but also the healthcare workers, hospital staff and other patients there. Proceeding with a non emergency surgery during this time increases the risk of COVID 19 exposure, potentially exacerbating the public health crisis. These resources required for this procedure, including the operating room time, PPE and medical personnel, could be redirected to managing the critical COVID 19 cases and saving lives. The principle of justice also demands careful consideration.

In a pandemic context, equitable resource allocation means prioritizing interventions that address immediate and life threatening conditions. While cochlear implant surgery is important, it does not qualify as urgent when compared to the needs of critically ill COVID 19 patients. Diverting finite resources to this surgery risks compromising the care available for those in life threatening situations, which undermines fairness and our collective responsibility to the broader community. Additionally, the principle of solidarity, a cornerstone of public health ethics, calls on us to act collectively to protect society's most vulnerable members. Delaying this surgery temporarily aligns with this principle, ensuring that we allocate resources and attention where they are most urgently needed.

From both a utilitarian and deontological perspectives, the decision to postpone the surgery reflects our commitment to minimizing harm, supporting public health, and prioritizing the greater good for the greatest number.

Thank you, Dr. Redding. Each team now has two minutes to confer and respond to the other team's arguments.

Dr. Vidal, how do you respond?

Dr. Redding raises important concerns about resource allocation, but it is essential to recognize that cochlear implant surgery requires a specialized team and equipment separate from Those used in COVID 19 care. This procedure does not significantly impact the critical resources needed for a pandemic response. Delaying the surgery, however, has profound and permanent consequences for the child. As a critical period for language development is finite under the principle of beneficence, our obligation is to prevent irreversible harm which outweighs temporary resource considerations.

The principle of autonomy also supports proceeding with the surgery. The parents have made an informed decision to move forward, fully understanding the risks involved. Respecting their choice aligns with our ethical duty to uphold patient rights and honor their role in determining what is best for their child. This autonomy is especially significant when the stakes involve the child's long term ability to communicate and engage with the world. Finally, alternatives such as sign language or auditory therapy, while helpful, are not equivalent to the outcomes achieved with cochlear implantation from a utilitarian perspective, the long term societal benefits of this surgery are substantial.

A child who acquires spoken language skills will likely require fewer resources for special education and communication support, benefiting both the individual and the broader community. With strict COVID 19 precautions, the manageable risks to healthcare workers and others are justified by the

profound and lasting benefits for the child and their family.

Thank you, Dr. Vidal. Dr. Redding, please respond. Dr.

Vidal, while I understand the urgency of this child's case, it is crucial to consider our broader obligations as healthcare providers. The principle of non maleficence extends beyond the individual to include protecting healthcare workers, other patients and the community. Even with rigorous precautions, hospitals cannot guarantee Covid free environment and proceeding with non emergency surgeries during a pandemic introduces unnecessary risk. Temporary delays in cochlear implantation, though challenging, align with our ethical responsibility to minimize them. From the perspective of justice, we must evaluate the societal implications of our decisions.

Approving this surgery now could set a precedent for reclassifying other elective procedures as essentially straining hospital resources that are already stretched thin. In a pandemic, equitable resource allocation means prioritizing life threatening and urgent cases. While this surgery is significant, it is not immediately life saving and can be delayed without permanent harm if alternative measures are implemented. Furthermore, the principle of autonomy cannot override public health considerations in this context. While the parent's perspective is important, we must act in the interest of the greater good.

Alternative interventions such as auditory therapy or sign language instruction can help bridge that gap until the surgery can proceed safely. This approach respects the child's immediate needs while safeguarding the public's health and ensuring that limited resources are directed where they are needed Most. Thank you, Dr. Redding. Each team now has two minutes to confer and provide your final arguments before closing.

I'd like to respond to Dr. Redding's previous comment. Alternative measures cannot replace the unique benefits of cochlear implantation during this critical development window. Sign language and therapy are supportive but do not provide auditory access necessary for spoken language acquisition. Delaying surgery risks closing this window forever.

In closing, the ethical principles of beneficence and deontology compel us to act now to protect this child's ability to acquire spoken language during their critical developmental window. Delaying surgery risks irreversible harm to their communication abilities, ultimately impacting education, relationships and quality of life. This is not simply an elective procedure. It addresses a unique and time sensitive developmental need that cannot wait without significant consequences. From a utilitarian perspective, the long term benefits of proceeding with the surgery far outweigh the manageable risks A child who acquires spoken language skills will gain independence and require fewer societal resources, creating lasting benefits for their family and the community.

With rigorous COVID 19 precautions, including testing PPE and infection control measures, we can ensure the surgery is conducted safely while protecting public health. Our healthcare system must adapt to crises without neglecting critical needs.

This surgery exemplifies a case where action now prevents permanent harm later. By proceeding, we fulfill our ethical obligations to the child and their family, ensuring a brighter future without compromising the safety of our healthcare teams or the community.

Thank you, Dr. Ludo. Dr. Redding, your final arguments? While I deeply empathize with the child situation, we cannot overlook the broader ethical responsibilities imposed by the pandemic.

Under the principle of non maleficence, we must prioritize minimizing unnecessary risk to healthcare workers, patients and the community. Justice further demands that we allocate limited resources fairly

ensuring they are available for those in immediate life threatening conditions. Approving the surgery now would undermine these critical principles. From a utilitarian perspective, postponing this procedure maximizes the overall good by safeguarding hospital resources and protecting the public health. Temporary delays, while not ideal, are a necessary compromise to ensure fairness and focus on the most urgent cases.

Alternative interventions such as auditory therapy or sign language can help support the child's development in the interim without exposing others to unnecessary risk. Deontologically, our duty extends beyond individual cases to uphold policies that protect the collective well being. Delaying the surgery aligns with our moral obligation to act responsibly during a crisis. While difficult, this decision reflects a commitment to balancing the child's needs with the broader ethical imperatives of fairness, safety and public.

So you heard a pretty complex and compelling issue that really looked at all of the four key medical ethical considerations while also being an applied ethics dilemma. So it was an issue that's controversial. There was two different viewpoints, and it could also be classified as a moral issue.

We also. I don't know why this is not working. Okay, there we go. So we also have the application in the AAA Code of Ethics and we have five different principles and multiple rules here. I'm certainly not going to read all of the principles to you, but in terms of principle one, the delivery of professional services should not be limited based on irrelevant or unjustifiable factors.

So the decision to delay or proceed with the cochlear implant surgery must balance the child's critical development needs with the broader health care system's resource allocation. Denying the surgery without substantial justification of risk would violate this rule. And in terms of 1B. The child's bilateral profound hearing loss necessitates urgent intervention in order to preserve language development. Postponing the surgery could disproportionately impact their long term quality of life.

In terms of Principle two, Rule number two, the hospital needs to evaluate whether conducting the surgery amid a pandemic poses undue risk to the child, the family and the healthcare staff. Infection control protocols must be optimized to minimize risks if the procedure moves forward. Principle 4, Rule 4a. Delaying the surgery risks neglecting the child's developmental needs. The hospital must determine whether postponement would lead to irreparable harm and it would violate this principle.

Principle 5. The child's parents need to receive detailed explanations about the critical period for language development, the risks of delaying the surgery, and the infection risks if it proceeded among this public health crisis. Principle 8, Rule 8A. The Bioethics Committee and the surgical team needs to ensure that their decision reflects adherence to professional standards even under extraordinary circumstances such as the pandemic.

So we really hope that we were able to provide you with the basics of ethical philosophy and medical ethical principles. We do want to thank our debate teams, which was made up of our students. I'm sure you could figure that out. We had our videographer, who was Mr. Colin Cronin, and he helped us put everything together.

And now I believe we have time to answer some questions, if you have them. And I have to see where my. There's my Q and A. Okay. So right now we don't have any particular questions.

If, if you do have any, go ahead and put them in the Q and A section in the webinar. I believe that Kimberly and or Christy was able to upload the handouts that we had made that flowchart. And then going along with that flowchart, we also have kind of a worksheet as a way for you to sort of step by step work your way through an ethical dilemma that you might be faced with.

So I don't see any questions coming up in the Q and A. So I want to thank everybody for attending and we really enjoyed being able to put this together and having the opportunity to present it for you. Thank you so much, Drs. Friedland, Dr. Wakefield and Dr.

Needleman. I wanted to remind our members in the classroom, should you wish to earn the CE credit, please wait for the exam to populate and complete. That multiple choice exam doesn't populate right away sometimes, so just be a little bit patient for that. We'd like to thank again the Academy for putting on this partnership. And thank you so much, everyone.

Hope you have a great day.