

Why Should Audiologists Dispense Hearing Aids?

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During the 1971 National Convention of the American Speech and Hearing Association held in Chicago, the Legislative Council passed Resolution No. 13, submitted by the Committee on Rehabilitative Audiology (Asha, 1972 a). Passage of this resolution endorsed the principle that audiologists who are members of ASHA should be permitted to dispense hearing aids. Implementation of hearing aid dispensing was not authorized by this action. Resolution No. 13 was passed with the provision that Guidelines be submitted to and approved by the Executive Board and Legislative Council. An official explanation of the Legislative Council's action on this issue during the 1971 convention is also given in this Special Report.

Guidelines are now being developed by a Task Force on the Dispensing of Hearing Aids by Audiologists, established by the Executive Council in September 1971, and should be completed by the Summer of 1972. These Guidelines are expected to contain regulations which will govern the dispensing activities of members of the American Speech and Hearing Association. Should the Executive Board conclude that the draft of these Guidelines has sufficient merit to warrant study by the membership, it is expected that a series of regional meetings will be conducted for audiologists and other interested members of ASHA. If such meetings are held, and further official action seems indicated, the Guidelines will be submitted to the Legislative Council by the Executive Board for the Council's consideration as per their instructions during the 1971 National Convention.

The action of the Legislative Council at the 1971 convention appears to have been misinterpreted by some members of ASHA, as well as persons associated with the hearing aid industry and the field of otolaryngology. Some have assumed that passage of Resolution No. 13 automatically permitted the dispensing of hearing aids by members of ASHA. Others have assumed that future action by the Legislative Council would be perfunctory and that audiologists could now lay plans to dispense hearing aids with confidence. Such interpretations are incorrect. The long-standing policy of ASHA prohibiting audiologists from becoming directly involved in the sale of hearing aids is still very much in effect. The "prohibiting" clause of the Code of Ethics is Section C-1 (c) and is as follows: ". . . He must not permit his professional titles or accomplishments to be used in the sale or promotion of any product related to his professional field."

If the Guidelines, being composed by the TASK FORCE, are constructed carefully, they will contain provisions which will ensure the continued objectivity of the professional audiologist by preventing a proprietary conflict of interest in the management of patients. The ultimate acceptance or rejection of the proposed Guidelines will determine whether or not we will witness a modification of the traditional role of the audiologist. The modification of the role would result from a change in the present Code of Ethics. Such change requires approval by the Legislative Council.

RATIONALE

Many members of ASHA have requested, in one way or another, a statement of rationale at the base of the present question: "Why should the American Speech and Hearing Association change its Code of Ethics to allow the dispensing of hearing aids by its members who are audiologists if they wish to do so?"

A reply to this question consists of several factors which can be classified into two categories: (1) expression from within ASHA, and, (2) forces from outside ASHA. The major factors in each of these two categories are cited in the balance of this Report.

1. *Growing Expression from within ASHA by Audiologists to Provide More Effective Comprehensive Audiological Rehabilitative Services for the Hearing Impaired.*

a. The decade of the '60's and early '70's witnessed a growing concern by a number of audiologists that they are not meeting their full responsibilities to the hearing impaired. Some audiologists believe that the traditional hearing aid delivery system and the restriction for audiologists to dispense hearing aids hinders their effectiveness in providing comprehensive rehabilitative services for persons who consult them for help with their communicative problem. Evidence for this concern can be found in several reports and publications over the past decade. Of particular interest are the findings of "A Conference on Hearing Aid Evaluation Procedures" (*ASHA Reports, 1967*). Although pages 57-66 give direct testimony to the rationale for the professional dispensing of hearing aids by audiologists, throughout this 68 page report are numerous statements implying a need for modification of the traditional commercial hearing aid dispensing system. Sixty-nine persons participated in this national conference, the vast majority of whom were audiologists and members of ASHA. The prime intent of this conference was to study and evaluate the design, selection and use of hearing aids, and to offer constructive recommendations toward improving hearing aids and their use as a basic tool used in the rehabilitative process of hearing impaired.

The most recent written expression of concern by members of ASHA is entitled "Comprehensive Audiologic Services for the Public" (Asha, 1971 a). This is a document prepared by the ASHA Committee on Rehabilitative Audiology and was attached to Resolution No. 13 cited earlier in this Report. This committee is composed of a different group of persons from within ASHA than those responsible for Report No. 2.

b. There has been an increasing number of attempts to establish a referral and hearing aid procurement system more effective than the traditional approach where the audiologist simply refers his client to a hearing aid dealer. These efforts attest to the belief that the traditional referral and procurement system has significant shortcomings which warrant modification in an effort to improve the quality of audiological services for the hearing impaired.

- c. In the past few years there has been an increasing number of audiologists who have relinquished membership in ASHA because they have chosen to become directly involved in the dispensing of hearing aids. This decision by some members of ASHA is an indication that some audiologists feel they are in a better position to offer more effective comprehensive rehabilitative services for the hearing impaired if they have direct control over the fitting and dispensing of a hearing aid. It likewise indicates an increase in the strength of the conviction in which their belief is held. It should be noted, also, that audiologists employed by the Veterans Administration dispense some 10,000 hearing aids annually with the conviction that this is a more effective and efficient approach than that practiced by the typical hearing center serving the general population.
- d. A system in Canada for the dispensing of hearing aids under the direct supervision of an audiologist was reported in the past two years (Weber & Head, 1971). This system has been judged to meet the spirit of intent of the present ASHA Code of Ethics by the Ethical Practices Board because the dispensing of aids is carried out in such a way that the professional objectivity of the audiologists is preserved. This development has attracted considerable attention in the United States and further encourages American audiologists to seek ways of becoming directly involved in the dispensing of hearing aids.
- e. Many audiologists feel they would be in a better position to research the effectiveness of the selection and use of wearable amplification if they had the freedom to fit and dispense hearing aids and then remain in direct contact with patients throughout the entire rehabilitation process. *ASHA Reports* No. 2, (pp. 43-47) highlights the significance of this matter by listing 22 research needs. Economical, efficient and effective exploration of the majority of these research questions could be accomplished through a system which allows the clinical investigator to maintain direct contact with a prospective hearing aid user following the selection process.

2. *Increasing evidence by forces outside ASHA that hearing aid dealers and manufacturers intend to assume responsibility for comprehensive audiological rehabilitative services for the hearing impaired.*

In recent years there has been an obvious move on the part of an increasing number of hearing aid dealers and the National Hearing Aid Society to shift the image, and indeed the function of the dealer from his traditional commercial role, for which his education and experience seemed adequate, to that of a provider of comprehensive professional services. Perusal of back and current issues of *The National Hearing Aid Journal*, *The Hearing Dealer*, *Audicibel* and local and regional trade publications will attest to this trend. These publications contain repeated claims that the hearing aid dealer is competent and legally authorized

(in those states where dealers are licensed), to provide such services as testing hearing, selecting, fitting and dispensing hearing aids, and "after fitting services." The latter service is sometimes translated into "rehabilitation." Some hearing aid dealers are concerning themselves with, and some actually providing, hearing conservation consulting services to industrial firms with noise problems. This trend toward professionalization of their image and toward providing audiological services is occurring in spite of the continued absence of any significant educational prerequisites to becoming a hearing aid dealer. In other words, educational preparation of the hearing aid dealer is not commensurate with the expressed claim and visible desire to provide services which extend beyond the selection and fitting of a hearing aid.

Within the past year, the Hearing Aid Industry Conference (HAIC) published and circulated among state and federal legislatures a Position Paper which outlines their recommended system for the procurement of hearing aids purchased with government funds (*Asha, 1971 b*). The system advocated by HAIC virtually eliminates the audiologist as a participant in the rehabilitative management of the hearing-impaired patient. Both the hearing aid procurement system of the manufacturers and the image of professionalism of the dealers are being vigorously promoted because of a desire to be designated in federal and state laws and regulations as the legitimate and qualified providers of hearing services to beneficiaries of government health programs. Officials of federal and state health programs may be pressured to accept the demands of dealers and manufacturers that hearing aids and associated rehabilitative services be provided by licensed dealers. With the obvious trend toward broader coverage of health needs with government funds, this move by the hearing aid industry represents a decided threat to the future role of the audiologist. Many audiologists have concluded that unless they become recognized as a major part of the hearing aid delivery system they will be excluded from significant involvement in future national health programs.

Attesting to the probability of such a development is the new Medicaid hearing aid procurement system in the State of Indiana (*Asha, 1972 c*). There is a striking similarity between the HAIC procurement plan and the one now in effect in Indiana. It is conceivable that other state legislatures could be convinced to follow the Indiana model. The implications of the Indiana plan for the future of Audiology are ominous but clear.

THE NEED

Careful and objective study of the information and references cited in this report should be a prerequisite for each member of ASHA before he reaches a decision on whether audiologists should become engaged in the dispensing of hearing aids. Final judgment should be withheld until the impending Guidelines are presented and carefully reviewed. The intent of the Guidelines is to ensure the preservation of the objectivity of the professional audiologist, while at the same time to provide those members of ASHA who desire and qualify with the freedom to provide comprehensive audiological rehabilitative services for the hearing impaired.

REFERENCES

"A Conference on Hearing Aid Evaluation Procedures." *ASHA Reports*, Number 2, 1967.

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