

Hearing Aid Dispensing

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- I. **THE "TEAM" MYTH—Figure I**
Picture that exists in the eyes of the beholder only when the beholder is ensconced in academia.
THE ADVANTAGES OF THIS MODEL ARE:
 1. The patient receives the benefit of professional evaluation of a potential health disorder i.e. some active medically manageable pathology that may exist in approximately 10-20% of the population with hearing impairments.
 2. The patient receives the benefit of a professional evaluation of the communication disorder and receives recommendations for rehabilitation of the communication impairment. This may include the determination of need for and type of amplification. Other phases of rehabilitation are also provided.
 3. The sale of the prosthesis is not contaminated by a conflict of interest when its need is established or verified by the professional and it is dispensed by a dealer.
(Draw image of hearing aid dealer: untrained, unethical, unqualified but financially successful)
- II. **REALITY—PRE-FDA (This is really the disadvantages of I)—Figure II**
In fact in the pre-FDA era the clinician is well aware that physician (ENT) referrals to the audiologist for a hearing aid have constituted only a small segment of patients for whom the physician has recommended amplification. It is far more common for the physician to provide a physical examination and basic hearing tests by secretarial staff and refer directly to the hearing aid dealer. As a matter of fact, the physician will often refer patients to the hearing aid dealer for basic and diagnostic audiologic testing.
It is also a well-known fact that the majority of hearing aids sold to the adult population has traditionally been without professional consultation. Thus, patients would rarely be examin-

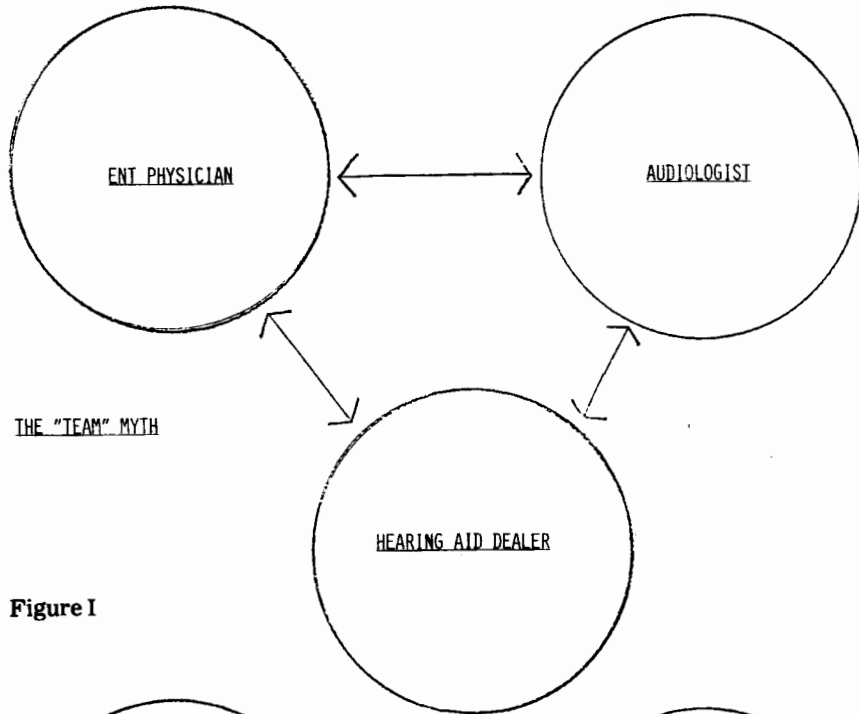


Figure I

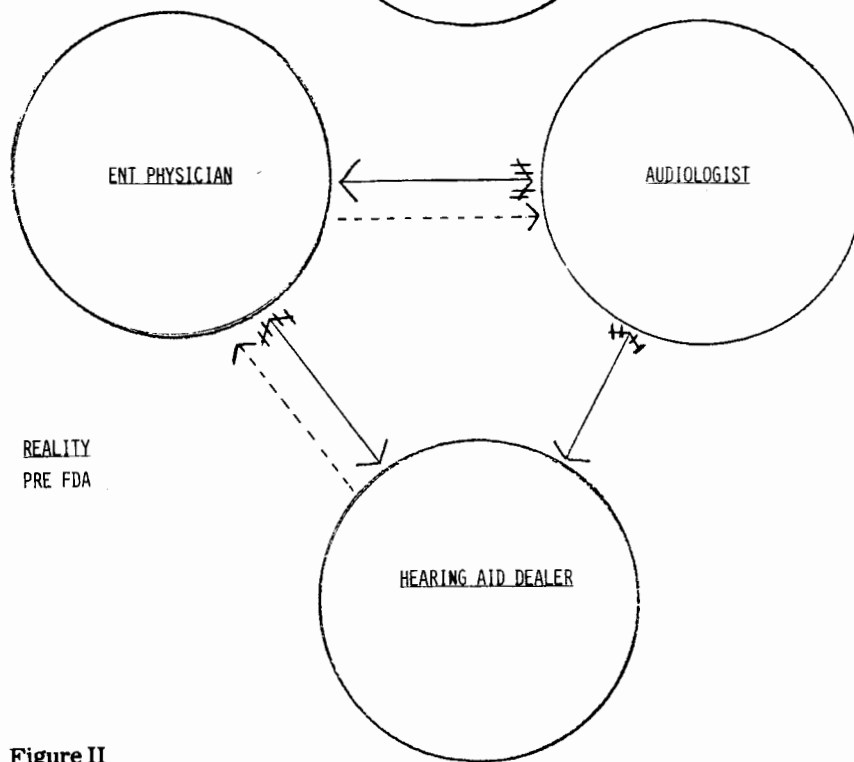


Figure II

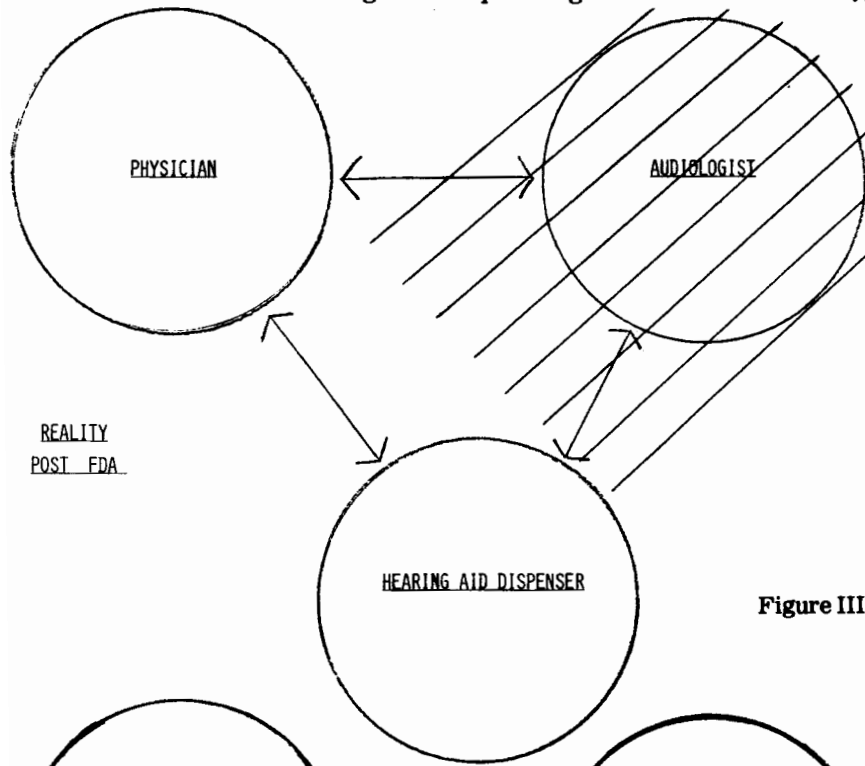


Figure III

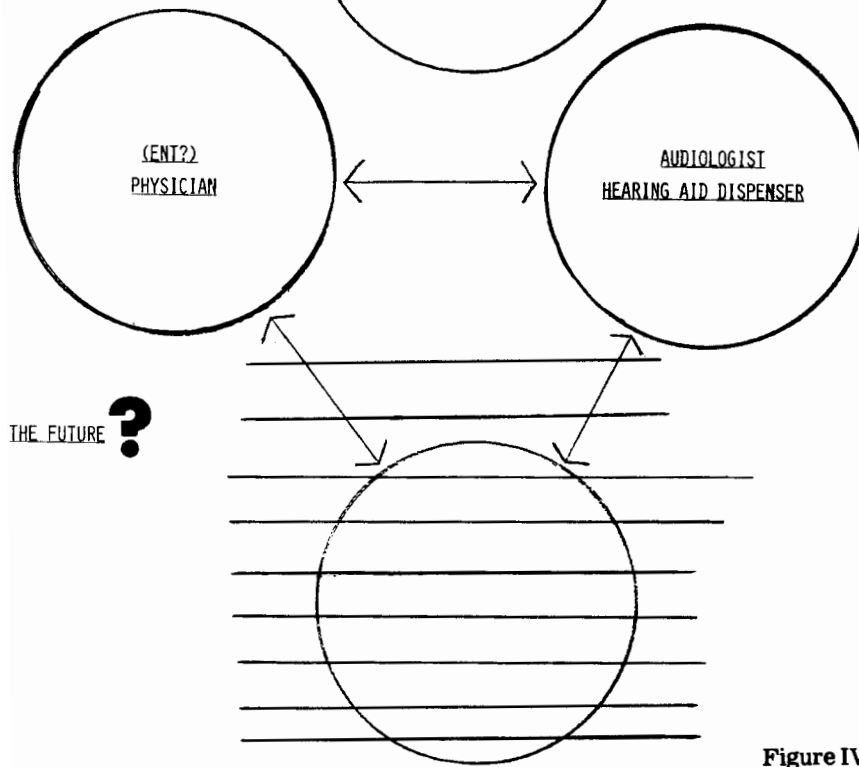


Figure IV

ed by either the audiologist or the physician specializing in diseases of the ear.

What does this mean? Contrary to the "team" myth only the audiologist refers all patients to the other members of the team. At the same time the audiologist is the recipient of referrals by the physician of the "difficult" patients and the recipient of almost no referrals from the hearing aid dealer. Total aural rehabilitation is uncommon because the patient is commonly lost to follow up.

III. REALITY—POST FDA—Figure III

The net effect of the humanistic battles waged in support of the hearing impaired citizens of this country has been devastating.

1. The physician is not even required to be one who specializes in diseases of the ear. Even this negligible level of professional intervention can be waived.
2. The audiologist is totally removed from the picture. (Unless of course, he or she elects to work for a hearing aid dealer)

ADVANTAGES

Obviously the system presently in force holds no advantage for the patient or the professional. It does have great advantage for the hearing aid dealer. There is, however, one advantage for the audiologist—that is a complete absence of a conflict of interest. One sure way to avoid such a conflict is to be completely out of the picture.

Once again our protestations have entrenched the position of the untrained, unqualified, unscrupulous, but, oh, so shrewd hearing aid dealer. Do you begin to wonder—maybe it's not us who are the smart ones?

IV. THE FUTURE—Figure IV

Our profession has but one choice if it wishes to participate in the professional management of the patient with a hearing impairment who is or should be a possible candidate for a hearing aid. Clearly, unless we also dispense the hearing aid, we might as well retire from the fray.

ADVANTAGES

1. The patients will receive appropriate professional evaluation for their communication disorder.
2. With the audiologist in the picture the likelihood of proper medical evaluation is enhanced.
3. Complete aural rehabilitation will become a more common component because the patient will not be lost to follow up.
4. The dispenser of the product will be educationally qualified and professionally trained and oriented.

DISADVANTAGES (As viewed by some but not all)

1. The only feasible way for this to occur on a broad scale is for the financial aspects of dispensing of the product to be at the discretion of the professional. This obviously creates the

potential for a conflict of interest. However, this is no more so than when prosthetics are dispensed by the dentist or eyeglasses by the optometrist. A potential for a conflict of interest always exists. How one handles the potential is what counts. Let us not continue to equate a potential with a known evil. In this country we are supposed to be presumed innocent until proven guilty.

Code of ethics in other professions with greater maturity than our own as well as with greater public acceptance, are far less specific about the financial aspects of members practices. At least as effective guidelines can be developed which concern themselves with the quality of service and general statements of professional behavior as those ineffective and self-destructive ones under which we have been operating. It is time we attended to how the world is, rather than some abstract moralistic but self defeating concept of how it should be. Less concern by our professional association with financial matters of dispensing products will return the professional into the position of patient care than will be beneficial to the profession as well as to the patient.