AUDIOLOGY ETHICS

A Practical Guide for Analysis, Strategy, and Change



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Foreword



It is both an honor and a pleasure to write the foreword for *Audiology Ethics*. I am fortunate to consider Dr. Michael Page, the author of this book, not only a valued friend but also a mentor—particularly in the area of ethics. Through his thoughtful scholarship, practical wisdom, and unwavering authenticity, Dr. Page has transformed how professional ethics is understood and taught within audiology. His professionalism and genuine commitment create a unique environment for understanding and appreciating the role of ethics in clinical practice.

Despite how the term *ethics* is perceived by professionals and the public, it extends far beyond compliance with regulations or finding a single "right" answer. Ethics is dynamic, requiring the integration of complex information, critical thinking, sound judgment, and thoughtful problem-solving. Dr. Page has a remarkable ability to bring ethics to life by demonstrating that ethical decision-making is not simply about following rules, but rather about building trust, cultivating professional relationships, and exercising sound judgment in the service of patients.

As a frequent presenter on ethics across healthcare professions, including audiology, Dr. Page has drawn upon years of practical experience and meaningful interactions with clinicians to create a book that challenges conventional thinking. Rather than presenting ethics as merely a regulatory requirement, he encourages readers to embrace it as the foundation of professional identity and clinical excellence. As someone who has taught ethics to Doctor of Audiology (AuD) students and practicing professionals, I can personally attest that Dr. Page has influenced how I think about and teach ethics. He consistently challenges professionals to examine ethical questions more broadly and more deeply, recognizing their impact on every aspect of our profession.

Readers of *Audiology Ethics* are fortunate to have a resource that is both intellectually challenging and highly accessible. The text engages readers in an enjoyable journey while providing practical tools for navigating the ethical challenges encountered in professional practice.

Audiology Ethics is both a significant and timely contribution to the profession. Although clinical practice, technology, and societal expectations continue to evolve, ethics remains the enduring foundation of audiology. The core principles of beneficence (doing good), nonmaleficence (avoiding harm), autonomy (respecting patients' right to make informed decisions), justice (promoting fairness and equitable access to care), and fidelity (maintaining trust and professional integrity) continue to guide professional decision-making. Patient-centered care and shared decision-making remain central to promoting patient health, safety, and well-being. While professional organizations periodically update ethical guidelines to address

emerging technologies and evolving models of care, the profession's commitment to competence, honesty, integrity, and compassionate patient care remains unchanged.

The rapid evolution of the profession of audiology only reinforces the importance of these ethical foundations. Advances in technology, expanding clinical roles, new models of healthcare delivery, and changing patient expectations create increasingly complex ethical questions. Teleaudiology, artificial intelligence, electronic health records, and connected hearing technologies offer tremendous opportunities to improve care while simultaneously raising important questions regarding privacy, data security, equity, and professional accountability. Although AI and other technologies may enhance diagnostic accuracy and clinical efficiency, they cannot replace the professional judgment, compassion, and responsibility of the audiologist.

At the same time, society continues to evolve in ways that require healthcare professionals to provide culturally responsive care, recognize and minimize bias, and promote equitable access to hearing and balance services. As perspectives and expectations change, the profession's commitment to respect, fairness, patient dignity, and accountability remains constant. Dr. Page thoughtfully addresses these current and emerging challenges, demonstrating that ethical reasoning is more essential today than ever before. This book equips professionals with the tools to embrace innovation while remaining firmly grounded in the ethical principles that sustain public trust.

One of the greatest strengths of this text is its interactive and engaging approach to learning. Throughout the book, Dr. Page incorporates creative activities, thought-provoking case studies, discussion prompts, and reflective exercises that strengthen critical thinking and ethical reasoning. These features make the book equally valuable in the classroom, in professional development settings, and for independent study. I can easily envision audiology programs, clinical departments, and professional organizations using this text as the foundation for ethics discussion groups or book clubs that foster collaborative learning and continuing education.

Ultimately, *Audiology Ethics* provides readers with far more than an overview of ethical principles. It offers a practical framework for navigating ethical decisions from the first patient encounter through complex clinical decision-making as a member of an interdisciplinary healthcare team. The reflective exercises encourage both students and experienced professionals to consider how culture, healthcare systems, incentives, technology, and personal values influence ethical choices in everyday practice.

Whether you are a student beginning your professional journey, a clinician seeking guidance in an increasingly complex healthcare environment, an educator preparing the next generation of audiologists, or a leader shaping the future of the profession, you will find *Audiology Ethics* an invaluable resource. Dr. Page has written a book that is timely, insightful, practical, and deeply relevant. It will challenge your thinking, strengthen your ethical reasoning, and ultimately enhance your ability to serve patients with competence, integrity, and compassion.

I am delighted to recommend this outstanding work and confident that it will become an essential resource for the audiology profession.

—Gail M. Whitelaw, PhD
Audiologist and Clinical Professor
Department of Speech and Hearing Science
The Ohio State University

Preface



It was 2004 in Salt Lake City, Utah. I was privileged to participate in the Primary Children's Hospital Bioethics Committee. In the opportunities that followed, I realized I had found a professional home. The intricacies of relationships, the compelling circumstances, the law, the rules, the codes, and the emotions that accompany them all intersect in complex and often deeply human ways and relationships. I was a rookie.

During that time, I chaired the Board of the Utah State Division of Occupational and Professional Licensing (DOPL), a position I held for many years. The necessity of objectivity and impartiality compelled me to a self-analysis of my motives and intentions, as well as their relationship with incentives. After all, every audiologist who met with the DOPL Board under adverse circumstances deserved that from me.

Fast forward to 2005, through a conversation with Gloria Garner, AuD, at a meeting of the American Academy of Audiology (AAA), in which I was invited to join AAA's Ethical Practices Committee. There is no doubt that every interaction with those who met with the committee deserved that I check bias, ego, assumptions, and prejudices at the door. That helped form a model of critical thought for my engagement with those who stood before us in professional vulnerability.

These responsibilities emphasized the importance of listening, which is likely why I am not a good preacher. Therefore, with this writing, I invite you into the stories of ethics, not to point fingers nor to hear a sermon, but to challenge your thinking and plant seeds of thought and intention.

Ethics discussions are personal, academic, engaging, and revelatory. They are customized and provocative. Ethics may not be charming or charismatic, but when approached well, it is profoundly compelling. Some people have asked me if ethics is spiritual, since they often expressed "feeling something" during our discussions. Depending on your context of spirituality, this discussion can align with aspects of spiritual awareness and spiritual growth while also deeply aligning with laws and science. One should remain open to things inward while navigating the bowels of understanding and growth.

As students take the opportunity to write on the pages of this book it will greatly increase professional engagement, retention, and growth. Become (with me) a student of ethics, forever. It will be a scenic ride together.

Note to Instructors

The format of this textbook accommodates both instructors and students. Besides its scholarship, the nature of exploration through writing discussion points highlights

the learning opportunity in this text. Research consistently shows that engaging with material by writing notes enhances learning beyond passive reading or listening alone. Writing allows the student to actively process information, make implicit knowledge explicit, choose which ideas are important, organize them, and integrate new content with prior knowledge, all of which strengthen memory encoding and retrieval (Graham & Hebert, 2011; Graham et al., 2018).

Handwriting, then, is associated with improved comprehension and recall compared with reading alone (Graham & Hebert, 2011). Note-taking before the lecture (see Engagement Questions before each chapter) and while reading (see Prompt Questions within each chapter) has measurable benefits for performance. Students who take notes and review them tend to perform better on quizzes and exams (see Reflection Questions following each chapter), likely because the act of writing solidifies understanding and provides a durable cognitive product that can be revisited later (Arnold et al., 2021).

Down to its spiral binding (which allows the book to lie flat for ease of writing), this text is intentionally designed to actively engage the reader. Its physical format invites annotation, reflection, and integration of ideas in real time. In doing so, it moves beyond passive reading and fosters deeper engagement, stronger retention, and more meaningful application within audiology practice. The goal is to reach and engage the reader rather than just endless preaching.

Each chapter concludes with Reflection Questions to provide a platform for final discussion on each chapter topic. Annotation and journaling strategies further promote interaction by keeping learners actively interacting with the text rather than passively consuming information (Floyd et al., 2015). One should dog-ear, write in the margins, underline, outline, color-code, journal, or use any other form of engagement. In professional education contexts, these techniques not only improve retention but also support critical thinking, ethical reasoning, and group discussions, which are essential to competent clinical decision-making (McCrudden & Schraw, 2007).

Unique Instructor/Student Features of the Text

- Writing space, with easy binding
- *Engagement Questions* help the reader prepare for the chapter content.
- *Prompt Questions* engage readers throughout the chapter.
- *Reflection Questions* culminate the chapter content by giving learners a chance to apply their learning and context in their answers.
- *Field Examples* provide real-life stories to support the scholarship.
- *Quote Boxes* provide context and expertise from experts.
- Extensive *Glossary of Terms* related to legal, ethical, and moral aspects of practice

Use of Artificial Intelligence

Artificial intelligence (AI) was used in this work to assist with citation formatting, generating initial glossary entries, indexing, refining text, suggesting section titles, supporting idea development, and offering constructive feedback. All final content, analysis, and interpretations were completed and verified by the author.

1



The Unique Story of Ethics

> **The study and practice of ethics is the complicated and convoluted navigation of vital relationships for the protection and goodwill of all.**

Chapter Map

Engagement Questions
Introduction to the Unique Story of Ethics
Imagining the Origins of Ethics
Ancient and Classical Ethical Traditions
Aristotle, Virtue Ethics, and Moral Agency
Contemporary Ethical Principles and Applied Audiology Ethics
- The Ethics Principle of Respect for Autonomy
- The Ethics Principle of Beneficence
- The Ethics Principle of Non-Maleficence
- The Ethics Principle of Justice

Ethics, Law, and Codes
History of Professional Organizations' Codes of Ethics
- The American Academy of Audiology (AAA) Code of Ethics
- The American Speech-Language-Hearing Association (ASHA) Code of Ethics
- The Academy of Doctors of Audiology (ADA) Code of Ethics

Moral Relativism and Ethics Evolution
Chapter Summary
Reflection Questions



Engagement Questions

1. How have your personal experiences shaped your understanding of what it means to act ethically in a professional setting?

2. How can the combined effects of culture, economics, institutional hierarchy, and professional identity influence ethical judgment? Identify three ways.

3. How would you distinguish between legal, ethical, and moral principles in real-world clinical decision-making?

4. What kinds of ethical risks are inherent in audiology practice?

5. How might financial incentives or productivity expectations introduce ethical risk into clinical judgment?

6. What risks emerge when audiologists rely primarily on written codes rather than on reflective principles of ethics in a higher order?

7. How should audiologists recognize early warning signs of ethical drift before harm becomes visible?

8. In what ways might rapid technological changes, such as artificial intelligence, telepractice, or over-the-counter devices, create new categories of ethical risk?

9. What would it mean to approach ethics not only as decision-making, but also as risk management for human dignity?

10. How might failure to examine historical ethical failures increase the likelihood of repeating them?

Introduction to the Unique Story of Ethics

Ethics, as we know and apply them today, represent the culmination of an extensive and compelling historical progression. What began as fundamental rules of conduct, rooted in survival and community order, gradually developed into complex, sophisticated systems shaped by laws, conflicts, cultural perspectives, philosophical ideas, and oppositions. The path of ethics has thus been marked by practical application, evolution, war, conflict, reflection, and religion. The progression of ethics is noteworthy in healthcare because it reveals not only the enduring search for objective thought and evidence-based practice in healthcare, but also the autonomy to do so. Included therein is the search for meaning and justice, as it shows how moral principles and behaviors have adapted to the pressures of shifting social, technological, political, and incentive-based landscapes in audiology. The story of audiology ethics mirrors the story of civilization and healthcare evolution itself. The story reveals an unfolding dialogue among societal ambitions, financial motivations, challenges, opposing influences, and the constant pursuit of objective professional judgement, aiming to achieve the best patient outcomes in the context of integrity, peace, equity, and justice.

“The protection of patient welfare and the complex realities of societal, economic, industrial, and institutional influences are deeply entwined with the history of ethics in healthcare.”

The history of ethics in healthcare is deeply intermingled with both the protection of patient welfare and the complex realities of societal, economic, industrial, and institutional influences. At its core, the provider–patient relationship is sacred and is grounded in trust, confidentiality, and a commitment to the patient’s well-being. This relationship requires constant care and vigilance, and its protection must never be compromised.

Even though such ideas existed long before Hippocrates (460 BCE–370 BCE), he is often regarded as the father of Western medicine and emphasized the necessity of respecting the patient’s dignity, which helped lay the groundwork for ethical medical practices that recognize the sanctity of the patient–provider relationship. The concept of a sacred relationship between the healer and patient may be rooted in ancient civilizations (Moskop, 2004) and underscores the pledge of ancient Greek physicians to respect patient privacy, as well as the critical and enduring nature of ethical standards in modern medical practice (Hajar, 2017). Hajar further explored the historical context of the Hippocratic Oath, detailed its significance in shaping the ethical framework of the medical profession, illustrated its enduring influence in contemporary healthcare millennia later, and emphasized the foundational role these concepts play in the sacred nature of the patient–provider relationship.

Even modern movements within the nursing profession embrace and uphold the “Sacred Covenant Model,” with institutions such as Eastern Mennonite University (EMU, n.d.) having explicitly adopted the term. The nursing program at EMU views the nurse–patient relationship as sacred, emphasizing the intimacy and

spirituality inherent in that connection. This perspective aligns with a broader understanding of healthcare as a vocation that integrates faith, empathy, and professional standards (EMU, n.d.). Many instances are reported in which clinicians acknowledge the sanctity of the patient relationship or in which "sacred" is used to describe healthcare experiences or relationships (Adelstein, 2018; Ameling et al., 2025; Laurel, 2018). Laurel examines the concept of medicine as a sacred vocation, discussing its origins and manifestations throughout history. She emphasizes the moral and ethical dimensions of the physician's role, framing the patient–provider relationship as a sacred trust.

Of note is the idea that, as clinicians (nurses or audiologists) engage meaningfully in this relationship, it becomes reciprocal: While patients gain healing, audiologists do, too. It becomes reciprocal not because the audiologist receives the same kind of healing the patient does, but because the relationship transforms both parties in distinct ways: Patients may experience clinical or emotional healing, while clinicians gain renewed purpose, humility, and moral clarity.

This Sacred Covenant model requires reciprocal commitments from each party who engages in the covenant. Indeed, a covenant cannot exist without the engagement of both parties. Yet the reciprocity involved is not transactional or symmetrical. It does not depend on exchanging equivalent goods, services, experiences, or money. Rather, it reflects the willingness of both the patient and the audiologist to enter into a relationship of mutual responsibility, vulnerability, and moral presence. The patient offers trust, history, hope, and openness to care, while the clinician offers expertise, attentiveness, and ethical commitment. Each contributes something distinct, and each is, in turn, impacted and shaped by the encounter.

Some healthcare providers view the concept of "sacred patient trust" as an acknowledgment of the profound ethical, moral, and professional responsibilities inherent in patient care (Katz et al, 2024; Orr, 2015; United States Conference of Catholic Bishops, 2025). The recognition of the patient–provider relationship as sacred transcends religious contexts, resonating with secular healthcare frameworks that prioritize ethical practice, empathy, and holistic care. This understanding emphasizes what should be the universal importance of treating the patient–provider relationship with the utmost integrity and respect.

Within this context, understanding the history of ethics provides crucial insight into the ongoing dynamics of tension, conflict, and external influence that shape healthcare and audiology. Ethical codes are continually negotiated within the broader context of societal pressures, cultural expectations, socioeconomic pressures, and political forces. By examining the evolution of healthcare ethics, from the ancient Hippocratic tradition to modern regulations, codes, and statutes, we increase perspective on why moral dilemmas arise, how conflicts of interest have historically been ignored or managed, and how external patient advocate and industry forces (including the incentivization of clinical services) can shape the delivery and outcomes of patient care.

This historical lens allows practitioners and policymakers to explore not only the fundamentals of patient-centered care but also the practical challenges of maintaining those ideals in complex, competitive, and real-world settings. Recognizing

historical successes and failures in ethical decision-making enables healthcare professionals to better anticipate sources of risk and tension, to navigate conflicts with greater awareness, and to safeguard the integrity of the patient–provider relationship against undue influence. In short, a thorough understanding of ethical history is not just casual academic engagement. It is a vital tool for guiding independent and objective moral judgment in contemporary practice.

Historically, ethical principles and codes have been challenged or compromised by those seeking to shape relationships in healthcare for personal, institutional, or commercial gain (Beauchamp & Childress, 2019). In fact, some believe that ethics is a continuum, ranging from "extreme" ethics to "middle-of-the-road" or "minimal" ethics. Early medical guilds and religious institutions, as well as modern healthcare systems (where insurance policies, pharmaceutical companies, and hospital administrations exercise significant economic power and influence), have all influenced the balance between moral responsibility and financial interests.

Prompt Question

Describe the risks of reducing ethics to a spectrum of *extreme*, *middle-of-the-road*, and *minimal* categories. How might that line of thinking overlook the depth, diversity, and context-specific nature of ethical reasoning?

Imagining the Origins of Ethics

Imagine the beginning of ethics. What was that first conversation like? When was it held and between who? When did civilization begin communicating about right and wrong? Although the history of ethics may be somewhat vague, the discussion around it is not. Some call ethics the "science of morals" (Kant, 1981). Although it may seem antithetical to frame the nebulousness of grayscale ethics as a "science," it reflects the millennia-long effort that has led to deep exploration and reflection by the most introspective and brilliant minds in philosophy and science. Ethics, as a science or structured discipline, may represent an attempt to quantify, systematize, or codify morality.

One may wish to more clearly distinguish between what is legal, ethical, and moral. Humorously, some have suggested that the legal is what we discuss with our attorneys, the ethical is what we discuss with our professional organizations, and the moral is what we discuss with our mothers. Legality is usually the least nebulous, flexible, and ambiguous, and leaves the least room for interpretation compared to ethics and morality. Morality is likely the most nebulous, flexible, ambiguous, and

subject to interpretation, leaving ethics in between. Given that ethics often deals in shades of gray, scholars are more inclined to try to codify it. Professions and industries have created their own codes of ethics for their members to follow, and since ethics can open a broad, reflective path, codes tend to constrain it, reducing it to a checklist of *do*s and *don't*s. Audiologists may mistakenly assume that following this checklist is synonymous with being ethical, overlooking the deeper moral discernment and relational responsibility that ethical practice truly demands.

While it is unlikely that ethics began with a single conversation, it is more likely that ethics began with survival-driven engagement and interaction. Any speculation about its origins may be no more than a guess. One may imagine early hunter-gatherer groups depending on one another for food, protection, tribal association, and child-rearing. At some point, someone may have wondered (perhaps even without words at first), "Should I share this catch?" or "Is it wrong to take what isn't mine?" Of course, these considerations are merely musings, but they are thought-provoking nonetheless.

The first ethical dialogue we may have had in our personal lives may have involved a parent telling a child, "Don't hurt your brother. We are family," thereby reinforcing concepts of right versus wrong and establishing tribal rules and codes. Friends may have bargained with one another, such as, "If I give you part of my harvest, will you help me tomorrow?" or tribal leaders may have led with subtle ethics engagements, including "If we fight among ourselves, the hunt will fail." These are basic examples of ethical reasoning rooted in empathy, fairness, and survival.

Other influencers in ethics, such as Aristotle (384 BCE–322 BCE), held that ethics is rooted in human flourishing (eudaimonia), suggesting that the first ethical discourse concerned what makes life good (Egbekpalu, 2021). Some later claimed that ethics was a cultural adaptation, adding that societies that could enforce fairness and cooperation survived better (Boyd & Richerson, 2009). Evolutionary psychologists point to reciprocity and empathy as evolutionary ethics building blocks, long before the advent of written civilization (de Waal, 2005). De Waal contends that reciprocity and empathy, observed in nonhuman primates such as bonobos and chimpanzees, form the evolutionary foundation of morality within their species. These behaviors suggest that the roots of ethical conduct may have existed long before human civilization and written codes of ethics.

In short: The beginning of ethics was not a single "aha" moment but an unfolding dialogue, perhaps first in gestures, then perhaps in spoken words and stories, then in written form. The first ethical conversation may have been a parent, a chief, or even two peers asking each other: "How should we live together?"

Ancient and Classical Ethical Traditions

The history of ethics reflects humanity's enduring effort to define justice, responsibility, and the good life across cultures and centuries. In the ancient Near East, Egyptian conceptions of Ma'at emphasized truth, balance, and cosmic order (moral