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In the best interests of the baby? The ethics of newborn hearing screening

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Workshop Goal



1. To raise awareness of ethical aspects of newborn hearing screening
2. Two tools
 - Analyse
 - Provide practical guidance



Who is here?



Audiologists

**Hearing
Screeners**

Others

**Hearing
screening
management**

Parents



Ethics Refresher 101



Respect

Benefit

**Avoid
harms**

Fairness





What does a Hearing Screening Pathway involve?



Hearing Screening Pathway



Hearing screening pathway



Ethical

Clinical

Respect

Benefit

Harm

Equitable

1

3

6



Best interests of the baby



- Early detection gives babies with hearing loss the best possible start in life
- The best way to establish this is for the baby to complete the hearing screening pathway
- Therefore it follows that the baby should only exit the pathway if he/she passes their hearing screening or is enrolled in early intervention



Hearing Screening Pathway



Pathway Exits



Parent decline no
screening

Parent decline
incomplete
screening

Parent decline
audiology referral

Lost contact with
family

Family moved out of
state

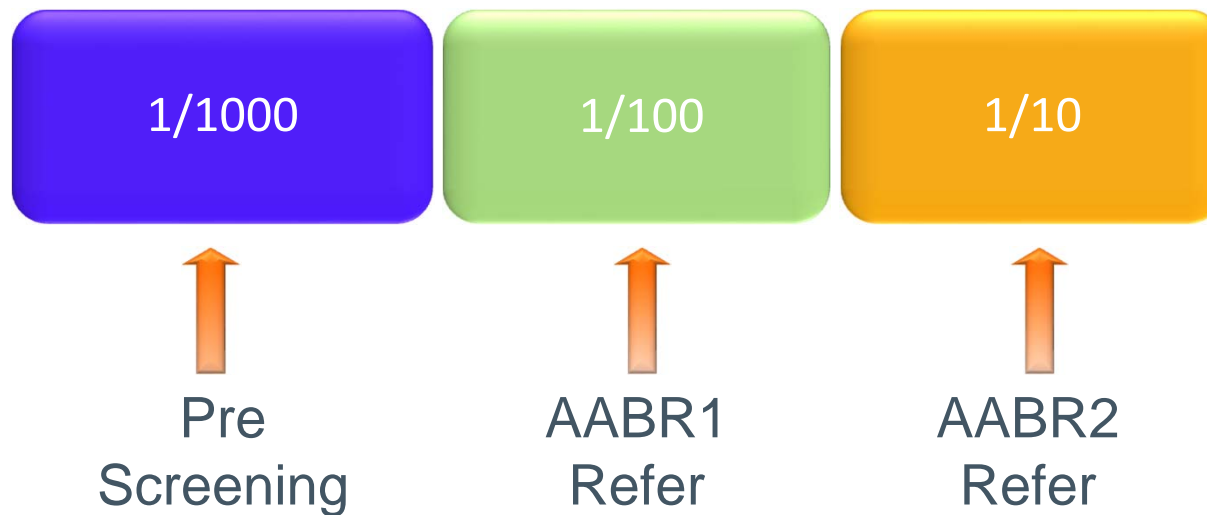
Palliation

Deceased

Never be eligible



Target Condition



What to do when you lose contact with a baby within the screening pathway?



- Should you *always* follow up parents who exit the pathway?
- What would influence you to follow up a family?
 - How would you do that?
 - What would you say?
 - Who would you contact?
- Do parents have to stay within the treatment pathway?
- Who is able to decide what is in the child's best interests (in relation to their hearing screening –the parents? Or other hearing health practitioner? as an RCH employee



Zone of Parental Discretion



Best interests of child

Decision will produce
maximum benefits

“good enough” interests

Zone of parental discretion

Accept parent's decisions

No parental discretion

Override parent's decisions where
decision is contrary to child's
interest (ie harmful)

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Red Zone – what do you do?



- Voluntary versus mandatory
- Scope of VIHSP staff roles
- RCH Policy and Procedure



Red Zone- what should you do?



- Consultation

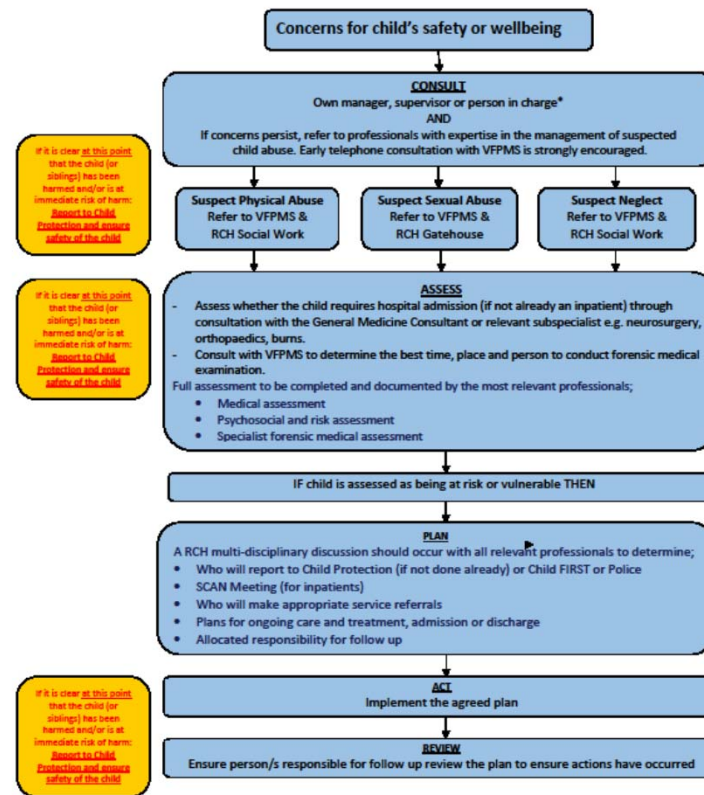
- It is important to consult with other colleagues and fully utilise internal resources if you have concerns for a child - you may not have enough information to assess that the children are experiencing harm

- Referral

- The referral to the paediatrician and the social work department will enable further relevant information to be obtained to assess the safety and wellbeing of children

Red Zone Vulnerable Children

8. Flowchart of Steps for Responding to Suspected Child Abuse

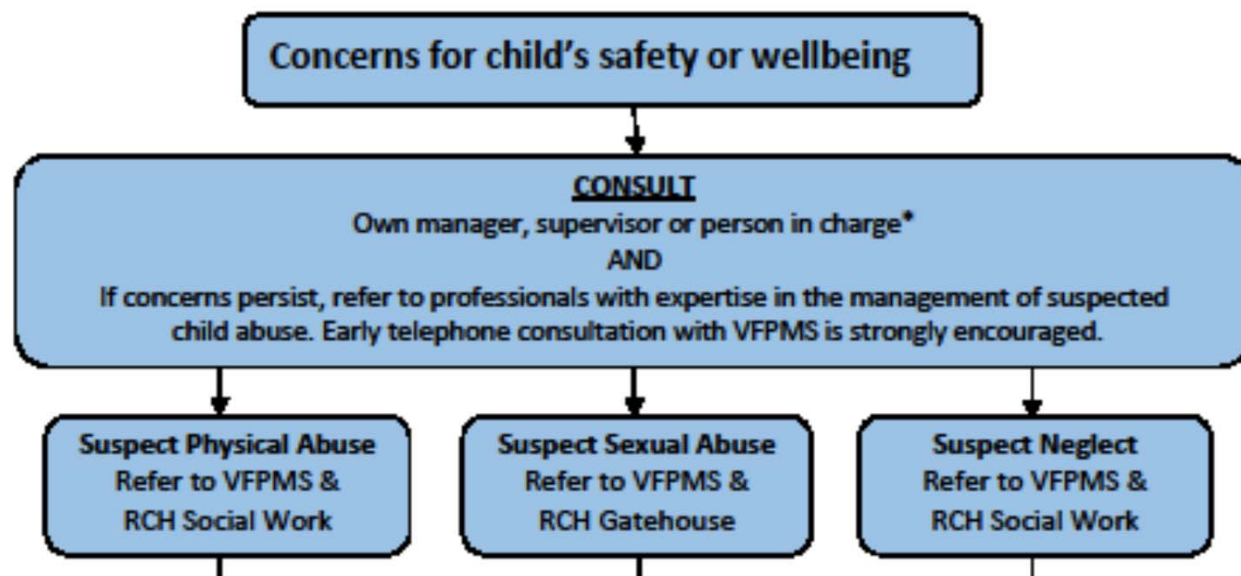


*VFPMS is available 24/7 state-wide for telephone forensic medical consultation and advice.

1

http://www.rch.org.au/policy/policies/Vulnerable_Children_-_RCH_Procedure_for_Suspected_Child_Abuse/RCH_Website





Types of pressures used to influence patients in health care

**Generally
Ethically acceptable**

Ethically problematic

**1. Persuasion
'appeal to reason'
Based on information**

2. Inducements

**3. "Interpersonal Leverage"
Relying on trust within
therapeutic relationship**

4. Threats

**5. Physical
force**



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You overhear a screener saying
to a parent who wants to decline
“nobody else has ever declined –
you would be the first”



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You are a resident of Luxembourg
entitled to a parenting allowance

Your hearing screener informs you
the parenting allowance will be
reduced if you don't have your
baby's hearing screened

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A parent is not responding to your phone calls. Should you use another phone number to call from so that they won't recognize the number?



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Case Study Analysis – How to



Parents Decision

- Benefits (baby, parents, families)
- Risks/harms (baby, parents, families)
- Where does this decision fit in the Parental Zone of Discretion?

Case Study Analysis – How to



- What course of action will you undertake?
- Do you want to influence the parent?
- What are the risks and benefits of your proposed action?
- Does it respect parental decision making?
- How will you communicate this action to the parent?



Case Study One

Parents chose to withdraw their baby from hearing screening without being screened

* They will not be going to audiology either



Case Study Two



The baby has completed one AABR screen with a Refer response

Parents chose to exit from the hearing screening process

* no bypass to audiology



Case Study Three



The baby has had an unclear responses on both AABR1 and AABR2

Parents indicate that they are not interested in attending audiology



Development of Ethical Guidelines:



- Identify the practical options
- What is possible given resources are finite?
- Consider the harms/benefits
- How can staff respect parents as decision makers whilst keeping in mind the best interests of the baby?



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Images: Shutterstock or VIHSP