
Commentary on “Ethics and Private Practice Speech-Language Pathology” by Heather MacKenzie

Commentaires au sujet de “Questions déontologiques relatives à la pratique privée en orthophonie” par Heather MacKenzie

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A Private Practice Audiologist’s Perspective

I would change the title of Heather MacKenzie’s article from “Ethics and Private Practice Speech-Language Pathology” to the “Myths of Private Practice and Ethical Issues Facing the Profession at Large.” The vast majority of audiologists and speech-language pathologists are employed in institutions. Only a minority of practitioners have direct experience in private practice settings. Thus the ethical issues discussed by MacKenzie are often responses to those who have accepted certain myths about private practice settings. In my view, most of the issues discussed under the umbrella of private practice settings are issues facing all professionals in the fields of Speech-Language Pathology and Audiology, as MacKenzie also suggests in one or two of her vignettes. What are the myths of private practice we need to confront?

MYTH: Private practitioners need more or different ethical guidelines than those employed by institutions because private practice settings must also address the ethics of business practice.

The assumption that institutions do not operate as businesses in today’s tough economic times is outdated. The application of business ethics is relevant to work settings in the public and private sector.

MYTH: Private practitioners may ignore ethical guidelines in order to market their services and increase their client load, as suggested by the marketing and competition vignette.

All professionals are subject to the same guidelines of informed consent. Those who are initiating a new service in institutional settings are subject to the same concerns as those in private settings.

MYTH: The issue of misrepresentation is an issue relating to private practice only.

Honesty is the only policy in professional advertising and personal representation of skills. Those who misrepresent background and/or experience in advertising in the private sector should be censured. However it is my experience that our professions err more often on the side of humility than egotism. In my view, MacKenzie’s scripted advertisement was the minimum statement of facts about a practice (background, number of years of experience, and specialty areas) which the public is entitled to know. The public sector faces the same issue of misrepresentation of credentials on resumes and/or in job interviews.

MYTH: The credentials of private practitioners should be scrutinized by clients more closely than those in institutional settings.

As MacKenzie so aptly pointed out, it is rather amusing that checklists would be developed for selection of professionals in the private sector but not in the public sector. Sole charge practitioners in public settings or those supervised by a professional from a different specialty area face the same self supervision issues as private practitioners. The issue is not one of private practice; the issue is ensuring the quality of service provided by any professional.

MYTH: Conflict of interest issues are unique to part time private practitioners.

There must be clear guidelines any time a professional mixes public and private sector work. Similarly there must be guidelines anytime a professional has two part time jobs in the public sector. Those guidelines must be determined in advance with all concerned agencies to avoid any potential conflict of interest issues.

MYTH: Issues regarding abuse of fee structure are specific to private practitioners.

The issue of fees for group rehabilitation or therapy are applicable to the public and private sectors.

MYTH: Private practitioners may negotiate an “unethical” fee split with their employees.

Market forces will always prevail in a negotiated contract with other professionals. If the fee split is unequitable, the employer will not find individuals interested in subcontracting. No ethical code can be more effective than the simple lack of response from the marketplace.

In summary, MacKenzie raises a number of ethical issues for the fields of Speech-Language Pathology and Audiology. I would agree that the concerns of our profession towards the ethical standards of the private sector need to be more openly acknowledged and discussed. However, as a professional who operated first in the public sector, I have not experienced a change in my ethical standards. The fact that I am paid directly rather than indirectly through an institution has introduced new scenarios. But the basic ethical principles confronting a thoughtful reflective professional in the public or private sector remain the same: honesty, respect for others, accurate representation of skills and service, and ongoing commitment to professional growth. C.E.