Milestones and Boundaries

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No wild enthusiast ever yet could rest till half mankind were like himself possess’d — Cowper

This first issue of the *American Journal of Audiology: A Journal of Clinical Practice* is another milestone in our long struggle to establish audiology as an independent profession. One can only commend the wisdom of the Association for recognizing the unique needs of audiologists. But this is only a minor skirmish in comparison with the many battles that still lie ahead—for example, defining our professional boundaries, our scope of practice, and the activities consistent with our unique role in the healthcare system.

The problem with most attempts to define a field’s scope of practice is that people usually want to define the profession in their own image. They believe that what they do is what everyone else ought to be doing; thus, they define the field according to what they think is important rather than according to any unifying principle. However, a truly autonomous field or discipline is defined by a broadly-conceived mission. Audiologists do many different things according to work setting, interest, preference, or desire for financial well-being. We have at our disposal many different tools—audiometers, immittance bridges, evoked potential averagers, otoacoustic emissions devices, even topographic brain-mapping systems. We are unified not by all the different things we do, or by the various tools that we use, but by our singular mission: a focus on auditory disorder. We are the experts in the communication problems resulting from peripheral and central disorders of the auditory system.

Previous attempts to come to grips with the scope-of-practice issue have concentrated on the kinds of activities that audiologists ordinarily perform: pure-tone audiometry; immittance audiometry; speech audiometry; auditory evoked potentials; hearing aid and cochlear implant evaluation, fitting, and dispensing; aural rehabilitation; and industrial monitoring. These activities are certainly properly included in any scope-of-practice statement. They are aspects of our mission: the evaluation and treatment of auditory communication disorders.

A major problem, however, is that some of us are involved in activities peripheral to our unique focus on communication disorders—for example, evaluating the vestibular system, through electroneystagmography (ENG), or performing intraoperative monitoring of evoked potentials. It is entirely appropriate and acceptable to carry out such activities, as long as we never forget that when we do, we are working in someone else’s field. When, for example, we carry out and interpret the ENG, we are functioning as a laboratory resource for an otolaryngologist or neurologist. And no matter how we try to sugar coat it, in this role, we are functioning as technicians in someone else’s field. And we will be allowed to continue such activity only so long as it is convenient for that someone else. When she/he decides to do these things for her/himself, we may very well find ourselves personae non grata, elaborate rationalizations about the close proximity of the auditory and vestibular branches of the eighth cranial nerve notwithstanding. It is hazardous to build a profession on such a shaky platform.

That is why it is so important to have a firm grasp of what our legitimate scope of practice really is and to avoid trying to define the field according to particular activities.

The unique mission of our profession is the evaluation and nonmedical treatment of the child or adult with auditory disorder. When we divert our evaluative talents to other arenas, we are functioning as laboratory resources in someone else’s profession. That may be useful, rewarding, even life-saving. It may be important, lucrative, and ego satisfying. But it is not the heart of our profession.

In summary, we should not define our profession by (a) what we do, (b) what we would like to do, (c) what people in other professions would like us to do, or (d) the anatomical arrangement of the cranial nerves.

We should define our field according to the unifying principles of audition and auditory dysfunction. Let us not forget who we are—the experts in dealing with the evaluation and treatment of communication disorders.