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Heading Back to the Grindstone

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Audiology is a relatively new profession, seeing its growth after WWII. And like any new profession there are both downsides and upsides- the limits of what we do, and can do are not written in stone, but alas, recognition and statutory recognition and protection of our roles and responsibilities are underdeveloped.

I recall when I was in high school, all of my friends went into engineering, and I, being a purist went into theoretical mathematics. When we graduated, my engineering friends all had jobs waiting for them, but I was encouraged to stay in school until I had something “marketable” to offer - that led me eventually to audiology.

My engineering friends are, for the most part, still doing what they were hired to do almost 40 years ago, albeit with different technologies but the problems that they attempted to solve when they first entered their professions are similar to those of today.

The questions and issues that audiologists needed to deal with 30 or 40 years ago were mostly technical, but the limits were ill-defined. Some find this “ill-defined” feature of audiology to be frustrating, but others have revelled in it. In engineering, there is a solution; in audiology, there is an attempt at rehabilitation- not quite a solution, but a movement towards an improvement.

Today, audiologists deal with a holistic fusing of amplification, connectivity, rehabilitation, assistive technologies, and advocating for a change of regulations and policies. We are getting closer to engineering the way towards better communication, and “solving” hearing loss, but we are not there yet.

Even the selection of technologies to approach a problem are in flux. I am often asked a question from those that are entering our field. If we have $10,000 to spare after buying all of the “necessary” equipment, do we purchase equipment to measure otoacoustic emissions or spend the money on a form of evoked response. With the recent research on synaptopathy or “hidden hearing loss,” I wonder if we should be turning our attention to this issue. Five years ago I would have said otoacoustic emissions; today I would say evoked response audiometry (at least to measure the SP/AP ratio). It’s not just about Meniere’s disease; it’s about synaptopathy. How’s that for a 1980s problem to solve!

After any holiday season, it’s always an interesting exercise to stop and think about what we do in our professional lives – do we solve problems, or help people, or are these two things, the same?

But whatever it is that we do, it’s been an interesting ride over these almost 40 years of being an audiologist.