

PATIENT VULNERABILITY: CLINICAL DECISIONS AND CHALLENGES

0.1 ASHA ETHICS CEU and 1 Act 48 PDH

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KATHARINE HILL HAS NO RELEVANT RELATIONSHIPS TO DISCLOSE.

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Learning Objectives:

- Analyze case examples of patient vulnerability in hospital-based settings and identify factors contributing to physical, emotional, and communication vulnerability.
- Evaluate the ethical challenges faced by SLPs, families, and healthcare teams when communication access is limited or delayed.
- Apply an ethical decision-making framework to propose practical strategies for reducing vulnerability and improving communication access for medically complex patients.



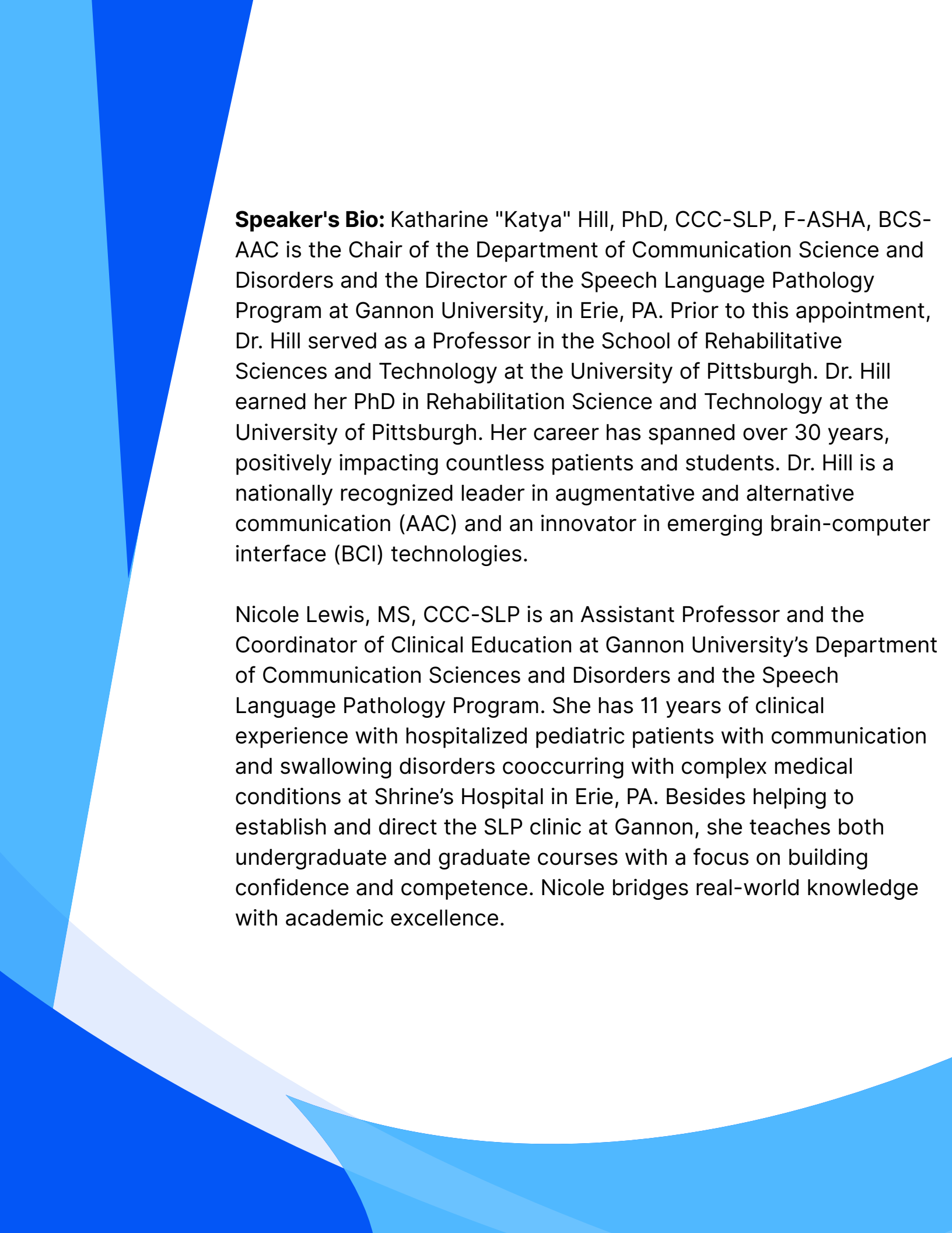
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Patients with severe communication or swallowing disorders face heightened vulnerability in hospital settings, where illness, medical acuity, and dependence on others intersect.

Vulnerability in healthcare reflects exposure to physical, emotional, cognitive, or social harm, and for patients unable to communicate effectively, it increases the risk of unmet needs, misinterpretation, and exclusion from decision-making. These challenges make communication access essential for safety, autonomy, and dignity. Phenomenological vulnerability highlights the physical and emotional impact of illness, while hermeneutic vulnerability involves difficulty understanding information or expressing preferences. When patients cannot communicate reliably, both forms intensify, affecting care planning and ethical decision-making. Families also experience vulnerability as they navigate complex systems and attempt to advocate without dependable communication strategies. Speech-language pathologists encounter their own vulnerabilities through productivity pressures, staffing limitations, insurance restrictions, and limited time for AAC intervention. These constraints can create moral distress when clinicians cannot provide the level of communication support patients require. System-level factors—such as institutional policies, resource allocation, and competing priorities—further influence the availability and consistency of communication access. Recognizing vulnerability across patient, caregiver, clinician, and system levels allows SLPs to respond with greater ethical awareness. SLPs play a critical role in identifying communication needs, advocating for AAC resources, supporting families, and promoting communication access as a fundamental component of patient-centered care. Addressing these interconnected vulnerabilities strengthens clinical decision-making and improves outcomes for individuals with medically complex conditions.

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Speaker's Bio: Katharine "Katya" Hill, PhD, CCC-SLP, F-ASHA, BCS-AAC is the Chair of the Department of Communication Science and Disorders and the Director of the Speech Language Pathology Program at Gannon University, in Erie, PA. Prior to this appointment, Dr. Hill served as a Professor in the School of Rehabilitative Sciences and Technology at the University of Pittsburgh. Dr. Hill earned her PhD in Rehabilitation Science and Technology at the University of Pittsburgh. Her career has spanned over 30 years, positively impacting countless patients and students. Dr. Hill is a nationally recognized leader in augmentative and alternative communication (AAC) and an innovator in emerging brain-computer interface (BCI) technologies.

Nicole Lewis, MS, CCC-SLP is an Assistant Professor and the Coordinator of Clinical Education at Gannon University's Department of Communication Sciences and Disorders and the Speech Language Pathology Program. She has 11 years of clinical experience with hospitalized pediatric patients with communication and swallowing disorders cooccurring with complex medical conditions at Shrine's Hospital in Erie, PA. Besides helping to establish and direct the SLP clinic at Gannon, she teaches both undergraduate and graduate courses with a focus on building confidence and competence. Nicole bridges real-world knowledge with academic excellence.