

Is AI the Future of Hearing Care Or Are We Asking the Wrong Question?

By Dr Rony Ganguly, Founder & CEO, Pindrop Hearing

Artificial intelligence is undoubtedly one of the biggest talking points in audiology today.

Every major manufacturer is investing heavily in AI-driven hearing technology, promising better speech understanding, smarter noise reduction and more personalised listening experiences. For patients, the message can sound compelling: if AI is involved, it must be better.

But as clinicians, perhaps we should be asking a different question.

Recently, *The Hearing Review* published an interesting comparison between two fundamentally different approaches to helping people hear better in noise. One uses artificial intelligence to identify speech and suppress competing sounds. The other focuses on preserving the natural acoustic cues that our brains rely upon to interpret speech, reducing distortion and listening effort rather than attempting to reconstruct the listening environment.

What struck me wasn't which approach performed better.

It was that both philosophies have merit.

For many years, our profession has focused on one primary outcome: can the patient hear the words?

Increasingly, however, patients are asking a more nuanced question.

"Can I comfortably enjoy dinner with my family without feeling exhausted afterwards?"

Speech intelligibility is only part of the picture.

Listening effort, cognitive fatigue, sound quality and long-term satisfaction are equally important clinical outcomes, yet they are often more difficult to measure than a speech-in-noise score.

This is where I believe independent audiology has an important role to play.

When a clinician isn't tied to a single manufacturer, they are free to select technology based not only on published performance data but on the individual sitting in front of them.

Some patients thrive with AI-driven processing that actively separates speech from background noise. Others prefer a more natural listening experience, where the brain is allowed to interpret the environment with minimal signal manipulation.

Neither approach is universally right.

The right solution is the one that best matches the patient's hearing loss, lifestyle, cognitive demands and listening preferences.

As AI continues to evolve, it's tempting to see technology as the solution in itself.

I don't.

The real differentiator remains clinical assessment.

A hearing aid, whether AI-powered or otherwise, is only as effective as the assessment, fitting, counselling and ongoing care that surrounds it.

Technology will continue to improve. It always does.

Our responsibility as clinicians is to ensure that innovation serves patients, rather than patients being expected to adapt to innovation.

Perhaps the future of audiology isn't a debate between AI and natural processing at all.

Perhaps it's recognising that the best outcomes come from combining outstanding technology with truly independent, evidence-based clinical decision-making.

And that's a future worth hearing.

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