

From technology to humanity: a conversation on person-centred hearing care

With a career that has spanned continents and disciplines – clinical audiology, cochlear implant technology and global leadership – Mei Dingxiang Feng is now leading a movement to bring person-centred care (PCC) to the forefront of hearing healthcare. In this conversation with Kirsten Ellis, she shares the defining moments of her journey, the lessons she’s learned across cultures and why hearing care must evolve to centre around the person, not just the ear.



Mei Dingxiang Feng,
Chairman of PCC Alliance; Honorary Director of PCCHRC, China and Germany.

Mei, you’ve had an incredible career spanning clinical audiology, cochlear implant technology, industry leadership and now person-centred care. Looking back, what were the defining moments of your career in hearing healthcare?

I started my first job in a rehabilitation centre, working directly with patients. That experience laid the foundation for everything that followed. It taught me to think clinically but, more importantly, to always keep the patient’s perspective in mind. That mindset has stayed with me through every stage – whether I was working on cochlear implants, leading teams or developing new approaches to care.

You’ve worked across China, Australia and now Germany. How have those cultural experiences influenced your approach?

Cultural differences do exist and they can be barriers at first – but they also expand our understanding of ourselves and others. At the heart of it, humanity is the same. People want to be seen, heard and understood.

When we approach people with openness, we create a ‘larger third space’ – a space where different perspectives meet and mutual empowerment happens. Every person with hearing loss has a unique background; they deserve hearing care that honours that complexity, something technology alone cannot offer.

What made you shift your focus from technology to person-centred care?

After 16 years in hearing technology, I began to ask myself: are we truly empowering patients, or just fixing devices? I remember a nine-year-old boy who refused to wear his cochlear implant.

We tried everything including technical adjustments and encouragement. But in the end, he chose silence over hearing because his parents fight. We had addressed the device but ignored his fear and psycho-social needs, his emotional world. Considering hearing technology and products are becoming so accessible for those who are hearing impaired, I wonder how many unsatisfied patients are treated like that under the biophysical model? That moment was a turning point. It made me realise that person-centred care isn’t optional – it’s essential.

What do you see as the biggest gap between technological advancements and actual patient outcomes?

Despite new innovations every few years, patient satisfaction and technology adoption haven’t improved at the same pace. That gap reveals a critical issue: technology is advancing, but its real-world benefit for patients isn’t keeping up. Without a person-centred approach, we’re missing the human side of hearing care.



Mei showcasing the mountains near Munich, 2024.



PCC Alliance.

In a world increasingly dominated by technology and efficiency, how do we ensure that healthcare remains deeply human?

PCC is about the ‘truism of humanity’. It’s about understanding what it means to be a person – not just a body with symptoms.

True care comes from consciousness, from the heart, not just the brain. Our brains often run on bias and fear, while our deeper consciousness carries compassion, joy and wisdom. When we learn to live more consciously – seeing ourselves and others clearly – we naturally become better caregivers. Technology can support that, but it can never replace it.

What are the biggest challenges in making PCC a reality in audiology?

The main challenge is a mindset shift – from self-centredness to person-centredness. The brain is wired to protect and judge automatically. But we also have a heart, an intuitive, empathetic part of us. Carl Rogers described this in his humanistic model: empathy, unconditional positive regard and congruence.

Once audiologists experience PCC in practice, they see how natural and effective it is. It’s not just a clinical method – it’s a way of being. With that shift, PCC becomes foundational.

You’ve worked with professionals across China to implement PCC principles. Have there been any surprising reactions or moments that affirmed your belief in its universal effectiveness?

PCC aligns deeply with Chinese culture. There’s a proverb: ‘Those who are good at healing must first heal the patient’s heart.’

When we introduced PCC in China, we built a bridge between traditional values and modern methodologies. Within six months, many key opinion leaders joined the initiative. That confirmed for me that PCC is not bound by culture – it’s a universal need.

Do you see PCC expanding into other areas of healthcare? How can audiology lead that transformation?

Yes. As healthcare moves from a biomedical to a biopsychosocial model, PCC is being adopted in managing chronic conditions – diabetes, dementia and cancer recovery. Hearing loss is the third most common chronic physical condition, so audiology is uniquely placed to lead this shift. Drs Clark and English have already provided a practical roadmap in their book *Counselling-Infused Audiologic Care*. If we lead by example, other areas of healthcare will follow.

How has exploring PCC changed you personally?

It’s been a deeply transformative journey. The question, ‘Who am I?’, has been asked across medicine, psychology, philosophy and spirituality. The answers all point to the same truth: person-centredness is at the heart of our humanity.

PCC has not just changed my professional life – it’s changed who I am. It’s now my life’s mission.

Tell us about the PCC Hearing Research Centre you’ve launched in China. Can you share the vision behind it and what you hope it will achieve?

We’ve established the centre in Xuzhou Medical University to advance PCC through clinical care, training, research and advocacy. The goal is to bridge the gap between advanced technology and patient outcomes. We want to integrate PCC and technology to create truly effective hearing care.

Given China’s vast and diverse population, what unique challenges do you anticipate in promoting PCC in China’s healthcare system?

The greatest challenge is again the mindset shift. With a vast and diverse population,

“Technology is advancing, but its real-world benefit for patients isn’t keeping up”

systemic change takes time. But we’re making real progress.

The Chinese Government recently issued a national policy promoting medical humanity and PCC. Many institutions have started to act. We’ve brought together a team of policymakers, academics and hearing care professionals having formed a PCC Alliance, which we aim to grow into a long-term, sustainable force.

What impact do you hope your PCC centre will have in the next five years?

We hope to transform hearing care services in China from a traditional model to a person-centred one. We also plan to collaborate with international experts and organisations to promote PCC globally. Hearing care is only the beginning.

What keeps you excited and passionate about this work after 30 years?

People. I used to think I was passionate about helping those with hearing loss. Now I realise, it’s an honour to do this work. Helping others, being person-centred – that’s why we’re here.

If you could give one piece of advice to hearing care professionals, what would it be?

Much more important than the hearing loss a person has, is the person who has the hearing loss.

And to your younger self?

Stay mindful. There is a space of wisdom and compassion within you – a path that leads to balanced success and happiness.

INTERVIEWED BY



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