Pathologists as Clinicians!

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Modern day management of patients is a multidisciplinary team (MDT) job and pathologist is an important member of the team. However, there are gross misconceptions about the role of pathology and pathologists in patient management. Perception about role of pathologist varies indifferent societies. While scientifically developed countries in great, misconceptions are not that underdeveloped countries there exist serious misconceptions. Some even think pathologists are not real physicians! Some consider that pathologists are confined to do the autopsies; whatever they do is too little and too late. Even regulatory authorities like Pakistan Medical & Dental Council (PMDC) has bracketed discipline of Pathology into basic sciences in contrast to radiology which is regarded a clinical discipline! The fact is that pathology is equal if not more clinical subject than radiology. Pathologists render specific diagnoses of the diseases than radiologists whose diagnoses often require pathological confirmation. An eminent pathologist described this difference aptly as "While radiology is study of shadows, pathology is study of substance"! We have no objection on radiology being included in clinical subject, but pathology must also be classified as clinical subject which indeed it is.

Them is understandings about pathology are strengthened by malpractices for example some laboratory technologists posing themselves as doctors and some PhD doctors without accredited training in pathology portraying themselves as consultant pathologists. At times these latter, are assigned the responsibilities of full-fledged consultants in some Government hospitals in disciplines various of pathology hematology, transfusion medicine (Blood Banking) and microbiology. They are even given big tasks on national level for which they do not have requisite knowledge, training, experience and vision. In USA a simple PhD with no accredited residency training would not be allowed to function as consultant. No doubt PhD is an important research degree, but the person can best be utilized in his or her area of research and not to pretend to something for which he has no accredited training.

Some consider pathologists as magicians. They think that pathologists need no history and physical findings to interpret the biopsies. Their test request forms simply say, "tissue for biopsy", at times not even mentioning the site of biopsy. Such outrageous behavior is difficult to change and this requires proper molding and growth at medical school level. A surgical pathologist has to know the intricacies and artifacts in all diseases which is not an easy task. He needs all the help in terms of history, physical findings and imaging results. Those who think pathology is merely a basic subject are absolutely naïve! But let alone others, pathologists themselves are often to blame! some pathologists have reduced themselves to microscopy or to an administrative chair. They have lost all the connections with the patients and their colleagues.

Pathologist are often regarded as doctors' doctor. How can one be doctors' doctor by losing contacts and connections with other disciplines of medicine and without participation in Multi-Disciplinary Team in patient management?

USA residency programs in Pathology have the same stringent criteria for admission, training, examinations and continuing medical education as for any other clinical fields like medicine, surgery, gynecology and radiology. Without basic ECFMG and step tests one cannot enter into pathology residency program. No simple PhD holder without

accredited residency program can become a "pathologist"!

Pathology is the backbone of medicine and without adequate knowledge of pathology one cannot become competent in any discipline of medicine and surgery and allied branches. For this reason, surgeons in training in USA are mandatorily rotated in pathology department for two months where they virtually become pathology residents doing grossing and signing out cases. This way they learn the dimensions of pathology as well as importance of providing interactions necessary and the information to pathologist to get better pathology results which in turn will facilitate patient management.

Generating useful and informative histopathology and cytopathology diagnoses require reasonable knowledge of all other disciplines. Pathologists are expected to guide surgeons and other specialists in management of their patients through adequate and high-quality reports. History, physical findings and radiology impression all are important in generating pathology report. A pathologist must be a good communicator and must talk to his\her colleagues to get the relevant information. Medicine is multidisciplinary as human beings and their organ systems are. Pathology reports must be clear and understandable to avoid errors. Not only reports' completeness is important but comprehension as well.1

Pathologists significantly contribute a lot toward uplift of all other disciplines through weekly clinicopathology conferences (CPCs) and other meetings. Such meetings should not be confined to the university hospitals, but they should also be held at all levels of medical care including District Government Hospitals. Pathologists are essential members of various committees including those of monthly morbidity & mortality, quality assurance, infection control, research and curriculum.

With modern integrated system of teaching it is expected that the future pathologists will have a better interaction with other colleagues. We need to bring necessary changes in our curricula to improve communication among all the disciplines and the ability to act as member of Multi-Disciplinary Team (MDT)2,3

We pathologists must be at par with all other clinical colleagues and must not shy away from active communication. Our focus is our patients and we must contribute our maximum to achieve the best possible patient management.

References:

- Powsner SM, Costa J, Homer RJ. Clinicians are from Mars and pathologists are from Venus. Arch Pathol Lab Med. 2000 Jul;124(7):1040-6.
- Ruhstaller T, Roe H, Thürlimann B, Nicholl JJ. The multidisciplinary meeting: an indispensable aid to communication between different specialities. Eur J Cancer. 2006;42:2459–2462. [PubMed]
- Kane B, Luz S. Multidisciplinary medical team meetings: an analysis of collaborative working with special attention to timing and teleconferencing. Comp Support Coop Work. 2006;15:501–535.[Google Scholar]