



## **Redefining Status of Pathology and Microbiology**

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The traditional albeit unwritten labelling of "Clinical" subjects has been based upon handling and care of patient. Thus, before evolution of the multitude of specialities there was a sharp demarcation between clinical and non clinical subjects. Those were the simple days when the "physician and Surgeon" deriving from his clinical sense and experience, armed with nothing more than a stethoscope, thermometer, torch and BP instruments and supported by simple lab tests went happily and respectably around treating patients. The pathologists & radiologists of the day, rare though they were derived satisfaction by having contributed positively although indirectly in patients, welfare and didn't complain about their background role. Justifiably so since the first and definitive contact of the patient was with the "clinical" and only the specimens of blood, urine, stool or sputum came to him. So far so good.

More recently, the advancements in radiodiagnosis although based upon electrons and computer engineering dazzled the medical world. Now almost everything inside the body could be "seen" measured and weighed" without making even the smallest nick. This capability of radiodiagnostics has resulted in tacit acceptance of their speciality into "clinical" fold even though through marvels of engineering more than any thing else.

## **IS IT FAIR ?**

Sharply by contrast the pathologists & microbiologists have been making things more and more difficult for them selves. It appears that they " enjoy" the situation in which they would get more blame than credit inspite of having to work against time and odds. Although the engineering advancements and computerised automation have helped to a great extent a in some investigations conducted by the laboratory, more of the crucial decisions still lean heavily upon "human" factor. combined with the continued competitive zeal to minimise sample size and reporting time and addition of still trickier situations, has led the pathologists & microbiologists into an even tighter corner. As if the challenges of rapid diagnosis by the frozen section by the side of OT with its high accepted misdiagnosis rates were not enough, FNAC was added to his problem whereby the claims to give diagnosis on a single droplet from the lesion. The microbiologists took upon himself the job of telling in shortest possible time as to what antibiotics are to be prescribed in cases with critical infections. The prognosis and life of organ transplant patients hangs precariously on the earliest and correct detection of rejection process. Early and correct labelling of leukemia and many other malignancies has become crucial for possible "cure" of many. The genetically transmitted disease would become rare and ultimately eradicated by prenatal diagnosis. The list is endless and still growing

It is well known that in almost every field, the pathologists & microbiologists relies upon His/her expertise and experience more than tools of engineering in contrast to the radio diagnostician. In spite of this the latter derives, more glory in the eyes of patients and clinical. The pathologists & microbiologists, silent sufferer since ages has tolerated the " second class citizenship" status. The newly acquired "clinical" status of radio diagnostics has now started forcing many to introcept and re-evaluate their own status. Pathologists of today

wants "recognition" commensurate with the plain brain work behind his /her job. Relegation and denigration is being questioned.

In western countries, non medical people cannot enter pathology main stream since it Involves patient contact. They have to take qualifying tests like for those in clinical subjects. No stigma of "non clinical/ para-clinical" is attached to pathology there which enjoys a respectable Role in any set up.

## **THE NEED FOR RE-LABELLING**

Right from the beginning, the lab services in any set up be it govt., or private, seem to be located At the fag end of a very leaky supply line. Lion's share of the equipment and running grants are usurped By clinical departments including radio diagnostics. Role played by the pathologists & microbiologist in this is of a passive spectators since he /she is not given much policy making role in the first place. Thus, They have to content with, even if grudgingly , whatever left-overs are given to them and cut their coats According to cloth available. This has led to a serious, vicious circle. The advancements in fibre optics And other tools now available to the clinician and proliferation of super specialities prompts corresponding Expectations from the lab. But due to tight purse strings as regards the lab, it just can't rise to meet the Challenge. Reagents, chemical and antisera etc. have become so costly that extra grants are a must to do Justice to the job. Hence, it is the quality of lab services that suffers resulting in further lowering of standards This in many situations given an opportunity to clinicians to establish their own lab set ups with narrow investigative aims. Needless to say, such set ups do not involve any pathologists or microbiologists. They are run by technical staff specially trained for a particular job and supervised by the clinician.

It is common knowledge that there is no dearth of drug companies to sponsor the training of the Clinicians at an advanced center anywhere in the world. This adds extra feathers

to the expense of Pathologist and microbiologist. He/ she projects to have knowledge of the impressive array of laboratory Work ranging from immunohistochemistry and radioisotopic technique to electrons microscopy and tissue culture. Based upon this and backed by their own lab sets ups they succeed in cornering lavishly funded research projects from various agencies. Here again the pathologists & microbiologists is not involved and overlooked, simply because he/ she is already bogged down over load of routine work which does not bring an glory or credit. Awards & recognition emanating out of the work through the above mentioned specialised techniques naturally go to the clinician exalting his status so that of a "researcher". This further down grades and demoralises the pathologist & microbiologist and reduces his/her importance. An offspin of this the heavily lop-sided relationship between the privately practicing pathologists vis--vis clinicians, lesser said about which, the better.

### **WHAT TO DO ABOUT IT ?**

Due to chronic nature of the malady, no quick remedies should be expected. First of all the pathologists and microbiologists must decide whether they would like to come out of this situation. Would They like to continue to be downgraded and flagellated or hold their heads higher. It is important since quite a bit of the problem is of their own making. At a time when full fledged clinical super specialities evolved out of medicine and surgery, the pathologists and microbiologists were too busy over separational squibbies. The "all encompassing" attitudes did more harm than good where by no vertical growths of corresponding branches in pathology & microbiology could occur. To satisfy the needs of the patients and clinicians thereby, it is mandatory that individual, corresponding specialisation must evolve out of pathology and microbiology tailored to the needs of clinical super specialities. For this, the responsibility of those at the helm of medical education is fore- most. Indian college of pathologists has already moved in the direction. Special courses after MD are needed for this purpose and after

having passed the same, the super specialised pathologists should stick to that particular branch instead of the "also done" attitude.

Secondly, the pathologists and microbiologists must view themselves with renewed esteem and self respect. They must sink their differences and stop hankering for petty personal gains at the cost of the professional dignity. Only then they can demand greater role in decision making machinery at any institutional level. Constant, consistent and consolidated efforts have to continue by all pathologists & microbiologists till their profession is accorded its rightful, due status of a "clinical" subject.

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