

Presidential Address: Induction of the President College of Pathologists of Sri Lanka 2018

The Role of the Pathologist Beyond the Microscope

“Under the pathologist's microscope, life and death, fight in an illuminated circle in a sort of cellular bullfight. The pathologist's job is to find the bull among the matador cells” (Yann Booker Prize-winner)

Histopathologists practice laboratory-based medicine. We encounter patients on two occasions.

The first and the more common encounter is performing fine needle aspirations on a patient. However, introduction of guided FNAC has resulted in lesser numbers of aspirations being performed by pathologists taking away this rare opportunity of patient contact.

The second opportunity is at the mortuary. However, at this point the patient cannot communicate with us. In fact, postmortem examinations have all but vanished, except when determination of the cause of death is required by law.

Hence, our duties are mostly confined to the histopathology laboratory where we perform surgical cut ups, examine specimens under the microscope and issue reports on our findings. One might even conclude that a pathologist's job is a boring one compared to the action filled career of a clinician! Which begs the question.

Is this the entire role of a pathologist?

The job description of a pathologist which I have just described briefly, has been the traditional role of a histopathologist for decades. I feel it is high time for us to break away from this tradition. Of course, it is convenient and comfortable to hide behind the microscope but, I strongly believe, our duties and responsibilities towards patients

and community extend way beyond this traditional role.

Deviating from pathology, let me recall the catchphrase the great visionary and inventor, Steve Jobs used when introducing apple computers to the world, “Think Different.”

“When you grow up, you tend to get told, the world is the way it is and your job is just to live your life inside the world, try not to bash into the walls too much. That is a very limited life. Life can be much broader once you discover one simple fact and that is - everything around you that you call life, was made up by people that were no smarter than you. And you can change it, you can influence it, you can build your own things that other people can use.”

People who thought differently changed this world. We can change the current practice of histopathology if we recognize and redefine our role beyond the microscope and start a forward march in diverse directions.

I believe that changes within this new definition can be addressed under four main headings which represent the histopathologist's contribution to the healthcare system.

1. Individual performance of the pathologist
2. Overall quality of work
3. Interaction with other team members
4. Duty towards the patient

Individual Performance of the pathologist:

Science is a rapidly developing and continuously changing subject. This is common to histopathology as well. Improving our individual performances through updating

of knowledge is mandatory to provide a high-quality service.

There are many ways a pathologist could update their knowledge.

1. Continuous medical education

In Sri Lanka, continuous medical education entirely depends on one's own interests and commitment. Assessing performance through continuous assessment, accreditation programmes or peer reviews is not a compulsion in our Health Service unlike in other countries. Once a pathologist is board certified and appointed as a consultant, he/she can go on practicing pathology with the knowledge initially gained until retirement or even beyond.

Therefore, keeping up with new global updates and new concepts in the field of pathology and changes of clinical and surgical protocols becomes the responsibility of the pathologist.

Attending overseas training programmes is very expensive. Regrettably, the Ministry of Health provides funding for overseas training programmes mostly for administrators. We pathologists rarely get sponsorship from other sources as our clinical colleagues. It is unfortunate that the contribution of the Ministry of Health is so minimal to improve continuous medical education of all disciplines.

In the absence of a proper continuous professional development programme, the College of Pathologists has undertaken the responsibility of addressing this issue. Workshops have been organized by the college annually on different topics although finding suitable resource persons is a challenge.

As a solution to this problem, we plan to establish the United Kingdom and Australasian chapters of the College this year so that internationally recognized Sri Lankan pathologists working in these countries can visit us and share their knowledge.

Next let me focus on some other opportunities that most of us are unaware of.

Institutions such as the United States - Sri Lanka Fulbright Commission and the World Health Organization offer fellowships for professional development. Pathologists attached to both health ministry and universities are eligible to apply for these fellowships.

Organizers of international conferences provide travel grants when a good quality scientific paper is submitted. These opportunities should be made use of in the absence of government sponsorships.

2. Access to journal articles and other educational materials

Updating knowledge through journals and other resources is of utmost importance in our field of medicine.

We plan to obtain organizational membership of online journals with the hope of encouraging both trainees and consultants to be on par with the rest of the world in our practice.

3. Development of subspecialties

Sub specialization is already in practice in many specialties. In Sri Lanka, many hospitals are covered by a single pathologist who has to report on a wide range of specimens. In such a context sub-specialization may not be practical.

However, presently with more trainees joining postgraduate training in Histopathology, we should consider establishing subspecialties to provide a more efficient service, especially in view of extensive sub specialization of the clinical fields.

The national plan for the development of histopathology services in Sri Lanka has been submitted to the Ministry of Health. We propose to develop provincial hospitals as major reference laboratories along with several specialized centers such as the National Chest Hospital and the Apeksha

Cancer Institute, Maharagama. These laboratories, depending on the specimen numbers can be served by more than one pathologist. Sub specialization for these laboratories can be introduced as an initial step.

In addition, the college aims to commence courses for practicing pathologists, in different subspecialties of pathology this year. Our initial programme includes courses in dermatopathology and renal pathology.

4. Contribution towards science

Every day we see different pathological processes under the microscope. Do we make an effort to contribute our findings to science?

Cutaneous leishmaniasis is a commonly encountered skin disease. In the presence of amastigotes in a skin biopsy it is not difficult to diagnose this disease. However, in Sri Lanka majority of the patients do not have demonstrable organisms. Currently one post MD trainee is carrying out a research, describing the histological features to diagnose cutaneous leishmaniasis in the biopsies without discernible microorganisms. This information once published, will help in the diagnosis of cutaneous leishmaniasis in biopsies without visible organisms.

Pathologists practicing in hospitals in the North- Central province like Anuradhapura and Polonnaruwa routinely get biopsies of the eye with a disease entity called nodular episcleritis. The aetiology of this common eye disease was a mystery for many years. It is highly commendable that Dr. Pushpa Idirisinghe, a colleague was able to discover the aetiology of this lesion. The causative agent was the larval form of the soft tick belonging to the subspecies *Argasidae*, which Dr Idirisinghe demonstrated within the lesions of nodular episcleritis. The mystery was thus solved. It is regrettable that such important findings do not often proceed to publication level.

Dissemination of your experiences among our professional community will have the potential of making major contributions to the practice of pathology. Unpublished knowledge is loss of knowledge.

Improving quality of work

Quality is another aspect which needs to be constantly upgraded. Currently, it depends entirely on the vision, interest, and skill of individual pathologists. Few of us work with a perception to improve the quality of services provided by us. Breaking away from tradition and innovation is a personal trait that we should inculcate within us in all perspectives of our job. Efficiency and quality should be maintained at a high level, from the point a specimen reaches the lab until the report reaches the clinician.

On our agenda for this year are some programmes with a view to improvement of quality.

1. The National Accreditation Programme

A national accreditation programme will be implemented this year with the assistance of the Ministry of Health. The accreditation committee appointed by the College of Pathologists, will take measures to achieve set targets of accreditation. We are thankful for the help of the Accreditation Board of Sri Lanka for providing training and guidance.

2. Quality control programmes

The quality of a laboratory test is decided by internal and external quality assurance programmes which we lack currently for both histopathology and cytopathology. A committee has been appointed by the College of Pathologists to develop quality indicators at different levels of analysis which will be monitored by establishing internal and external quality control programmes.

A facility for immunohistochemistry will be established in all provinces this year. The College is planning to develop our own external quality control programme for

immunohistochemistry, which is a need of the hour.

Interaction with other team members

As pathologists, teamwork is essential in our discipline; a team comprises different categories of services including specialists, medical officers, and medical laboratory technicians.

Communication among team members is very much lacking in our practice. It is not often that clinicians discuss cases with other colleagues.

How can we bridge this gap?

1. Multi-disciplinary meetings:

These meetings do exist in our health care system but only when and where there is a personal interest and adequate team spirit. In a developed health care system, it is essentially a major component of clinical practice. All major decisions regarding management of patients are made with the participation of relevant specialists who contribute to the patient's management.

2. Communication between the pathologist and the clinician:

Our histopathology report is not just a piece of paper with a diagnosis. We include in our report, the diagnosis, aetiology of the disease process, any associated complications, different prognostic indicators and if possible, a note regarding the progress of the disease. Sometimes the report is complemented by an immunohistochemical assessment confirming our diagnosis. It is a sad fact that most often this histopathology report is seen by the most junior doctor of the team and the consultant only hears the summary from him or her. We have identified addressing this shortcoming, as a responsibility of ours and this year we will be organizing some workshops to trainees of other disciplines in this regard.

3. Laboratory technicians as team workers

This is a category of workers whose work is rarely appreciated by hospital administrators and clinicians. This year we will be organizing workshops to upgrade their knowledge on techniques like immunohistochemistry and immunofluorescence, at the same time appreciating their services, with the college organizing a felicitation for dedicated and outstanding medical laboratory technicians.

Redefining our duty towards the patient

The ultimate stakeholders of our services are our patients. Issuing reliable and high-quality reports without delay is our prime goal.

However, as pathologists, we have further responsibilities towards educating our community. This aspect I must admit, we have sadly overlooked.

1. Educating and conducting awareness programmes to the general public:

According to the cancer incidence data 2010, published by the National Cancer Control Programme, the commonest female cancer in Sri Lanka is breast cancer followed by cervical cancer. In males, oral and lung cancers are the commonest.

Breast cancer is a diagnosis made by a pathologist on a daily basis. Most of these patients are young. Unfortunately, the majority of patients presenting to our clinics are diagnosed with disease beyond stage IIA. In this regard, the college is planning to organize several programmes to educate the community in collaboration with the Sri Lanka Cancer Control Programme, other relevant colleges, universities and the Saukyadana Campaign.

The pathologist's role in the patient care pathway was addressed by the Royal College of Pathologists of the United Kingdom in a paper published by Prof Sanjiv Manek, a renowned pathologist from Oxford, UK. Here he has highlighted the role of a pathologist in patient interaction: it should be a natural extension to multidisciplinary team decision

making and become the forum in which patients are helped.
to understand important aspects of their conditions and the pathological basis for their treatment plans.

We histopathologists in Sri Lanka should also revise our role in the clinical setting so that we would contribute through active participation in patient management that will suit the medical and technical developments of the 21st century.

Ladies and Gentlemen,
This year we aspire to strengthen the progress we made during the recent years with revised goals to be achieved.
Fulfilling these targets is indeed much more than what we see under the microscope.

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