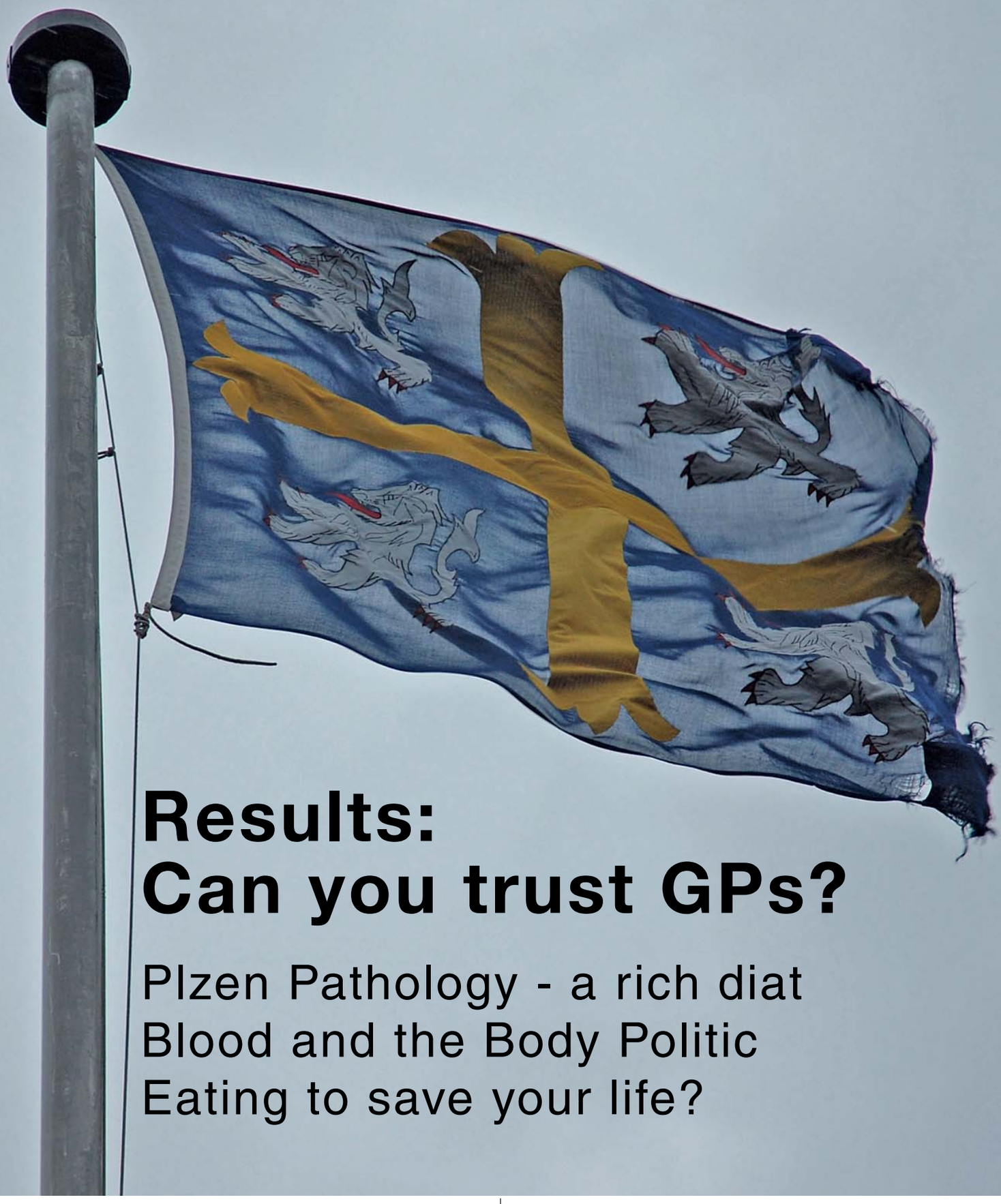
The Association of Clinical Pathologists

Summer 2008

acp News



Results: Can you trust GPs?

Plzen Pathology - a rich diat

Blood and the Body Politic

Eating to save your life?

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Calendar of Forthcoming Meetings

Date 2008 & Organisation	Title	Venue	Contact Details
12 - 13 June Association of Clinical Pathologists	International Scientific Meeting 2008	Corinthia Towers, Prague	Alison Martin Tel: 01273 775700 info@pathologists.org.uk www.pathologists.org.uk
July 29 - August 1 Imperial College	Practical Pulmonary Pathology	Imperial College, South Kensington, London	Professor Bryan Corrin b.corrin@imperial.ac.uk fax: 020 7351 8293
3 - 5 September Association of Clinical Pathologists	Management Course	Hardwick Hall Hotel, Sedgefield, County Durham	Jacqui Rush Tel: 01273 775700 jacqui@pathologists.org.uk
3 October ACP/BSG	Gloucestershire One Day Gastrointestinal Pathology Course	The Gold Cup Room, Cheltenham Racecourse	Ms Pauline Baker pauline.baker@glos.nhs.uk

The ACP accepts no liability for errors or omissions in this calendar of meetings. Readers are reminded that advertised meetings may be cancelled. Those intending to attend are obliged to check the details on booking with the organiser in every instance. There will be a £25 administration fee per issue for entries in this table.

Dr Burton is Assistant Editor of acp News and Lecturer in Histopathology at the University of Sheffield

Prof Kerr is Assistant Editor of acp News and Consultant Microbiologist at Harrogate District Hospital

Dr Twomey is Assistant Editor of acp News and Consultant Chemical Pathologist at Ipswich Hospital

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Zakhour thinks its high time we had a serious look at the way we communicate results.

7 LEADING ARTICLES

Hunter can you trust GPs • *Nottingham* whose result is it anyway? • *Bury* a different image.

12 ACP BUSINESS

Reports from the committees 2007 • ACP Journalism Awards • Council Meetings January and March • Spring in Durham • Liaison and Branch Officers Meeting.

22 ARTICLES AND REGULAR FEATURES

Burton Eating to save your life • *Watts* and *Galloway* The Future of Haematology • *Cooper* Of Mice and Motors • *Su Enn Low* Clandestine Life • *Wyatt and Hubscher* Liver Pathology in the UK • Life According to an Attention Seeking Kitten • *Bartram* Blood and the Body Politic • *Watts* Taking Pathology to the Public • Twomey's Teasers.

40 ACP TRAVEL AND RESEARCH

Thomas, Finall and Joshi do Plzen proud. Or is it the other way round? • *Lucas-Herald* looks at image analysis in Edinburgh.

49 THE COLUMNISTS

Kerr on equality and diversity • *Harris* on one-upmanship • *Burton* on business class travel • *Twomey* on bankers • *Mutant* on aquatic kids • *Reynolds* on paranoia • *Dixon* on the Big Questions.

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Cover Story

Azure a Cross Or between four Lions rampant Argent.

"There are two kings in England, namely the Lord King of England, wearing a crown in sign of his regality and the Lord Bishop of Durham wearing a mitre in place of a crown."
from the steward of Anthony Bek, Bishop of Durham (1284 - 1311).

The Prince Bishops of Durham ruled the best part of the North of England for centuries, keeping a pastoral eye on the locals and a military eye on the predatory Scots and Vikings. The arms of the Bishop of Durham were flying from the Cathedral tower during a blustery Regional Meeting of the ACP in March. It was worth climbing the 325 steps for the view of a truly fine city.

Invitation to Contributors

In addition to the constant flow of material from ACP Council, ACP committees and ACP branches, *acp News* needs new material from you, the members of the ACP.

Pathology news items (1200-1500 words): Any items related to the ACP or the College, pathologists in general, or medical and management matters that may have an impact on pathologists.

Articles (1500-2000 words): These can be papers, reviews, essays, commentaries, critiques or polemics. Submitted articles are always very welcome, as well as suggestions for articles and/or details of people whom the editor may approach.

Reports (1000 words): These may be personal views and reports on interesting meetings, travel or anything else of interest to the readership. Travel reports are specifically for holders of ACP travel fellowships; however, other reports from abroad are welcomed.

Columns (600 words): Regular and irregular columnists exercise their thoughts. Please feel free to rant.

Pathological creative writing: All literary forms, including short stories, serials, surrealism and even poetry.

Appreciations (1000-1500 words): We prefer appreciations on retirement, rather than obituaries. Please discuss these with the editor before submission.

Photo-journalism: Favoured subjects include pathologists doing something interesting, or College and ACP officers doing anything at all. Interesting or artistic photographs are welcomed.

Cartoons: Suggestions are welcomed.

Curettings: Jokes and humorous titbits are always needed.

Debate: Letters to the editor are welcomed, but may be shortened for publication, or even converted into articles. Please try to refrain from writing unless you are prepared to be published. All criticisms of organisations or named individuals will entitle the parties to a right of reply. Please bear in mind the UK libel laws!

Trainees: Trainees are especially encouraged to submit material in any and all of the above categories. These will normally be placed in the trainees' section. Appointments committees in particular value publications in *acp News*.

Editorial Policy: The editor would particularly encourage overseas contributors, material from trainees, material from non-histopathologists, commentary on current affairs in pathology, occasional columnists, innovations in pathology, humorous writing on pathology-related topics, and anything downright cantankerous.

Format: The *acp News* style guide was published in the autumn 2005 issue, pages 11-12, and copies can be obtained from the editor. The publication is a magazine, not an academic journal, and long lists of references are generally considered unnecessary. Where given, references should be in the Vancouver style and should be kept to a maximum of around six per article, unless absolutely necessary. Alternatively, authors may prefer to give a recommended reading list, or a list of relevant internet links. The editor prefers these as they take up less space.

All suggestions are welcome; however, the editor's decision is final.

acp News is published quarterly. Regular publication dates are:

Issue	Publication month	Copy date
SPRING	February	5th December
SUMMER	May	5th March
AUTUMN	August	5th June
WINTER	November	5th September

Copy is best submitted by email, or on disc if the file size is large, in any version of Microsoft Word, although it should be possible to accommodate other formats. Submissions on paper by snail mail will also be accepted. Illustrations can be sent as transparencies or prints, but high-quality digital images (TIFF or JPEG) are preferred.

Please send email submissions direct to the editor at simon.knowles.acpnews@gmail.com

Editorial

In this issue

Results, results, results. In this day and age, everyone expects immediate results. And in the New NHS everyone delivers; just ask your directorate manager. But from most pathology departments, a result is all you get. The unrefined or semi-refined end-product by which we are judged. Out there, in what is laughingly referred to as the real world, no one is especially interested in QC or QA; in the times spent in teaching and training; in the data collected for audit. All they are interested in, and all they know about, is the result. Some results are reassuring. Some are not. Some are crystal clear. Some are ambiguous. Some are incomprehensible to pathologist, general practitioner and hospital consultant alike. And many, unfortunately, seem to take an inordinate length of time to get to the one person who really wants the answers – the patient.

There are two linking issues here: the whole business of result communication – who says what, to whom and for whose benefit; and the perception of pathology and pathologist by the general public and by our clinical colleagues. Both of these topics are touched on in this issue and will feature prominently as we move towards National Pathology Week. There is far more to pathology than Silent Witness, CSI or an unrefined full blood count. But how would the general public or, indeed, our lords and masters know? All they get is a test result and the odd TV drama. And a line item on the SHA financial spreadsheet. In public relation terms we can do better than that and – unless pathology is to be ignored and sidelined by the decision makers – we had better get a move on.

Elsewhere in this issue, Gunter von Hagens and Jamie Oliver get roasted, Czech pathology provides pils for all ills and our columnists line up to discuss everything from bankers to paranoia. Farewell plaudits for the outgoing editor? Just check out the back page. Nothing speaks more eloquently.

Under new management

The *acp News* is one of those publications that doesn't really fit the conventional mould. It's not simply a newsletter for the Association of Clinical Pathologists any more, although it does report on Society meetings and committees. It's not a trade magazine for pathologists or laboratory scientists, but it covers tradecraft and current affairs. It isn't aimed at clinicians or at a more general readership, although some of its articles would sit comfortably in a weekly medical paper, a Sunday broadsheet or, on occasion, Private Eye. And it's certainly not a scientific journal, even though some of the material touches on things academic as well as political. In short, the *acp News* is a bit strange and that's the secret of its success. There will be no change.

And by the way

For those readers who have a greenish distaste for glossy paper and flashy production, a word of reassurance: the *acp News* is printed on paper milled from sustainable forests, hence the FSC logo – the Forest Stewardship Council keeps an eye on this sort of thing. An excellent organisation you can learn about at www.fsc.org. And the inks are almost all of vegetable origin.

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Guest Editorial

To whom should pathologists communicate test results? – Hani Zakhour

The world of Pathology will be polarised over the difficult questions raised by Hunter, Bury and Nottingham in the three articles in *acp News*. There is nothing new about this topic. So why does the issue about communicating results to patients refuse to go away and keep cropping up with such regularity? And is there anything new to say?

Dr Hani Zakhour is a Consultant Pathologist at Wirral University Hospital NHS Trust Email: hani.zakhour@whnt.nhs.uk

Medical practice is changing. Ask any General Practitioner or Physician! Patients come prepared with a list of questions raised by internet searches, and with attached references. Don't mock the internet as a source, it is often the only source of information some patients can access. Yes, there is trash but it certainly gives patients a starting point about what to ask the doctor, the practice nurse or specialist nurse when they attend clinics. In this day and age, it is risky if you do not communicate to the patient all that you know about their condition. I use the word communicate liberally. There are ways and means of telling the patient a whole set of information provided you remember that we are here to alleviate their anxiety and not to cause harm. This is not a binary process – tell all or tell nothing. Great judgment must be exercised.

It would be naïve to presume that the result of a biopsy belongs to me or to the surgeon who excised the piece of tissue. After all, isn't interpreting a biopsy the equivalent to giving a clinical opinion, a consultation? God only knows how many times I have said this to my trainees over the years. Who is supposed to benefit from getting this pathological opinion? I hope it is going to be the patient every time and never for the ego of the pathologist or the glory of the one who took the biopsy. In a production line your responsibility is to the person next to you; if you don't pack the boxes quickly enough, he can't put the tape around them and the next fellow can't stick the label on. It would be a sad day if we were to apply this maxim to pathology practice. This would take us back to the days when pathologists were described as the boys and girls from the back room in the lab.

"It would be naïve to presume that the result of a biopsy belongs to me or to the surgeon"

We would all agree that the clinician who is about to start a course of treatment for the patient, be it simple or complex, must have at their disposal a variety of test results. The histopathological report alone may not suffice, without the added benefit of the radiological picture and the clinical presentation. However, our clinical colleagues often rely on us for how to take the management of a patient further. Although the patient does not realise it, the treatment they get is often determined by our report.

When so many GPs and other clinicians communicate information "and copy letters" to patients written in plain and simple language, why should the result of a biopsy from a mole, a colonic polyp, a fibroadenoma or a hyperplastic prostate be the exception? The answer is because pathology results are much more varied and many are pretty serious. Can I trust the patient not to get the wrong impression or will I cause more harm than good? The topic is complex, which is why the least we can do is to address some of these issues with both our clinician colleagues and, most importantly, with patient organisations and patient advocates. Remember one size does not fit all. Some results can be communicated directly to patients; others need to be explained with the help of the practice nurse and the doctor. The one unacceptable option is not to communicate at all, on the understanding that "no news is good news" and "we will let you know if there is something to worry about". Just look around you and ask how many people you know get the result of their biopsy as soon as the surgeon, physician or GP becomes aware of it? Precious few, I am sure. Is it right to wait several weeks and sometime months before I get to know my biopsy result, just because the clinics are so crowded and GPs may not have the time or expertise to explain in person? To the clinician, a negative or benign result may seem unimportant – after all it is not going to kill the patient; but patients and families worry.

It is desirable in modern clinical care that patients have easy access to clear information about their own health. We should be exploring ways in which we can better communicate results to our patients and, for that matter, to our clinical colleagues, not least General Practitioners, particularly now that medical education appears to produce graduates who lack the basic scientific vocabulary needed to understand pathology reports. Perhaps they should attend MDTs as part of their CPD. Wherever you stand on this issue, it would seem to be an area that requires formal study, involving the right stakeholders, to get answers which will help to inform, communicate, empower and, crucially, NOT cause harm.

The acp News would welcome responses on this rather touchy topic. Not just from members of the ACP but from your spouses, partners and friends, medical and lay. From patients, if you leave copies of the magazine in your haematology clinic. From your local MP or PM. Why are we so precious on this particular issue?

If you would like to view the full version of the *ACP news* please login to your account. If you are not a member you can join by contacting the Association's central office or email info@pathologists.org.uk