Comments and Reflections on "Pathologists and Patients: Can We Talk?"

Louis P. Dehner, M.D.

Lauren V. Ackerman Laboratory of Surgical Pathology, Washington University School of Medicine, St. Louis, Missouri

In an earlier article, Gutmann (1) examined the perception of pathologists as portrayed in newspaper articles, and came to the conclusion that medical examiners and Dr. Jack Kevorkian at that time had solidified our image in the realm of death. Who has not gone to a non-medical social gathering and had to confront the questions, "What do you do for a living?" For a living, well I am a pathologist. The conversation may wither or terminate abruptly to pursue some other topic. As some measure that our image remains in the shadows is the headline to an article in the *New York Times*, "Art or Ghoulishness? Autopsy is TV spectacle in Britain" (2). The story related the late night televising of an autopsy performed by Dr. Gunther von Hagens before a paying audience who gathered together in a "former brewery." For some balance, an accompanying editorial in the same issue pointed out that this type of notoriety is unlikely to improve the already plummeting autopsy votes for an "essential" procedure (3).

Gutmann has thankfully turned his attention in this issue (4) to the pathologist in his or her role as a surgical pathologist who is concerned with the "pathology of the living," as Ackerman referred to surgical pathology in the preface of his first edition in 1953 (5). Should the surgical pathologist have some role in direct patient interaction is the query posed by Gutmann in the present article. That is a substantial hurdle, especially when we consider the gap that sometimes exists with the same clinician who is caring for the patients and may see only the possibility for a gratuitous intrusion. The study cited by Gutmann in his earlier article points out the number of misunderstandings that arise between the clinician and pathologist over the interpretation or misinterpretation of a surgical pathology report (6).

An essential point in the process of any foreseen discussion that may transpire between the pathologist and the patient is an initial exchange between the pathologist and the attending physician(s). There may be issues and complications in the case of which the pathologist is not aware and inadvertently steps into with unfortunate consequences. It has always been my practice to call the clinician before agreeing to speak with or see the patient. If it is a matter of treatment, the patient needs to know that the pathologist is not the "expert" on that topic. Those questions should be deflected and referred to the clinician. The pathologist should know what the patient has been told or not told about the pathologic diagnosis and the prognosis and what discussions have taken place with the immediate family. It is important for the pathologist to remember that the primary relationship exits between the clinician and the patient first and foremost. An ideal setting is the one depicted by Gutmann in a multi-disciplinary clinic when the patient and family have access to all or most of the consultants including the pathologist.

Another chord was struck as I reflected upon Gutmann's points about the role of the pathologist in patient care. One corner of my life as a pathologist is lived in the realm of pediatric pathology with its juxtaposition of early life and death. There have been any number of studies on the perinatal-neonatal autopsy and its utility in answering questions for the caregivers but as well for concerned parents with the loss of new life (7–9). It has always seemed to me that we have been underutilized as the perinatal-neonatal pathologist in these situations. On the other hand, the anguished telephone call from parents whose young child has been recently diagnosed with a parents' worst nightmare of a malignant neoplasm is a situation that has been a more frequent personal experience over the years. In some cases, it has been the clinician(s) who has suggested that the parents call me or send an e-mail. Other times the call is made by the parent(s) on their own initiative, and it is not always possible to speak with the surgeon or oncologist

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Address reprint requests to: Louis P. Dehner, M.D., Lauren V. Ackerman Laboratory of Surgical Pathology, Washington University School of Medicine, 660 S. Euclid Ave., Box 8118, St. Louis, MO 63110.

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beforehand when in these "cold call" situations. To avoid any misunderstandings, the clinician is contacted. The question almost invariably arises about the "best place" to go for treatment. This questions is often a difficult one to answer, but the attempt is made to encourage the family to remain where they are if they are already seeing a pediatric oncologist who is affiliated with the children's oncology group and has access to the most recent treatment protocols (10).

Hopefully, some of our clinical colleagues will discover Gutmann's thoughtful article, but I am doubtful since it appears in a pathology journal.

REFERENCES

1. Gutmann EJ. "No pictures from summer vacation": Portrayals of pathologists in the printed medicine. Mod Pathol 1998;11:686–91.
2. Cowell A. Art or ghoulishness? Autopsy is TV spectacle in Britain. New York Times 2002 Nov 22; sect. A:1.
3. Dissecting an autopsy [editorial]. New York Times 2002 Nov 22; sect. A:1.
4. Gutmann EJ. Pathologists and patients: can we talk? Mod Pathol 2003;16.
5. Ackerman LV. Surgical pathology. St. Louis: The CV Mosby Company; 1953. p. 3.
6. Powsner SM, Costa J, Homer RJ. Clinicians are from Mars and pathologists are from Venus. Arch Pathol Lab Med 2000; 124:1040–6.
7. Husain AN, O'Conor GT. The perinatal autopsy: a neglected source of discovery. IARC Sci Publ 1991;112:151–62.
8. Saller DN Jr, Lesser KB, Harrel U, Rogers BB, Oyer CE. The clinical utility of the perinatal autopsy. JAMA 1995;8:663–5.
9. Cartlidge PH, Dawson AT, Stewart JH, Vujanic GM. Value and quality of perinatal and infant postmortem examinations: cohort analysis of 400 consecutive deaths. BMJ 1995; 310:155–8.
10. Ross JA, Severson RK, Pollock BH, Robison LL. Childhood cancer in the United States. A geographical analysis of cases from the Pediatric Cooperative Clinical Trials groups. Cancer 1996;77:201–7.