

# From the President's Desk

## The visible pathologist

November 2022—Like me, many of you can remember when you first thought about specializing in pathology, a decision that for a lot of us was made difficult by the notion of “disappearing” from the scene—working behind the scenes and in relative obscurity. As a specialty we are not as self-explanatory as surgery or pediatrics; indeed it can be exhausting for all concerned to explain, even to our fellow physicians, what we do. And so we often find ourselves somewhere between disregarded and misunderstood.

Despite this, there is no other specialty with comparable impact. We are aware each time we sign a pathology report that a cascade of usually predictable consequences will ensue, and that upon this work the types of treatment, expectations for response, and tenor of conversations will depend. We know each time we validate a new test, review quality metrics, or accept a specimen for testing that subsequent laboratory results will be accepted as credible and acted upon. In short, while pathologists are not always visible, there can be no doubt that pathologists are palpable.

The question I hear from pathologists is: Does visibility matter? I believe it does. I believe that, independent of the fine work we do in seclusion, visibility affects patient care, can impact the health of entire populations, and is critical to the success of our specialty. This is why raising awareness about pathologists is one of the core pillars of the CAP. During the COVID-19 pandemic, we found ourselves unexpectedly in the spotlight. Many people got their first inkling of the importance of pathologists to them personally and perhaps were able to infer the value we deliver to patients generally. But as we pull out of the pandemic, it is important that we make sure the work we do is known to our patients and to other physicians.

When patients, who are increasingly connected to sources of variably reliable information, know there is a physician behind their diagnosis, they have an opportunity to speak with us to learn more, particularly when that diagnosis is complex or treatment difficult or controversial. We have tremendous expertise to offer—for example, broadening a diagnosis or expanding the opportunity to find meaningful interventions—but this potential may be squandered if patients don't know we're here.



Dr. Volk

Through my work with the CAP, I have spoken with many pathologists who serve health care deserts, often in underserved rural areas. These pathologists handle tasks that in other areas would be done by different practitioners: performing fine-needle aspirations, collecting specimens, doing rapid on-site adequacy assessments, and more. This work gives them the opportunity to take in more information about the patient's physical appearance, radiographic findings, and presentation—information that can be incredibly useful in providing an accurate diagnosis. A dramatic example of this occurred when a colleague had diagnosed a skin biopsy from a patient and was later asked to perform a bone marrow biopsy on the same patient. When he walked into the room to perform the procedure, he saw the whole patient. He realized that the skin biopsy he had analyzed hadn't revealed the whole story: Instead of just having a single lesion, the patient's face and neck were covered with

fibrofolliculomas. By being there the pathologist was able to pull the whole diagnostic picture together and identify Birt-Hogg-Dubé syndrome.

We don't all have a practice setting that affords the opportunity to see patients in person. We accomplish remarkable work by relying on medical records and discussions with other clinicians. But when there is an opportunity to see a patient, it can greatly increase our diagnostic impact. It can give us an edge we wouldn't have from our laboratory. Sometimes we think of these patient interactions as an inconvenience, but I would suggest we all take another look at that and try to see them as an opportunity instead.

And let me be clear: Valuable work such as this must be compensated appropriately. In fact, some pathologists are offering formal clinical consultative services in a way that brings to mind the fictional Dr. House on the popular television show from years past. And while the CAP continues to advocate for reimbursement of this type of activity, there are many indirect benefits. First, visibility affects our lobbying and advocacy efforts. As it stands, most nonphysicians (including voters and members of Congress) do not know the level of education required to be a pathologist nor do they appreciate what we do on their behalf. This level of awareness is little better in people who have had a diagnostic biopsy performed than in those who have not.

There is another important group of nonphysicians to consider, namely medical students, whose agnosticism about pathology has a direct impact on the quality of applicants for residency positions. While the new curriculum has been viewed as a setback, it is here to stay and may itself be an opportunity if we adapt to it. Through an "integrated" curriculum, pathologists can stress where exactly they fit into the health care team and illustrate their centrality to the decision-making process, thereby correcting the view that pathologists are primarily concerned with autopsies.

I encourage you to find new ways to make yourself and our profession more visible, both to your patients and to your clinical colleagues. Keeping up with general medical literature in addition to pathology-specific literature makes us even better clinicians and may help inspire more confidence in interactions with patients and fellow physicians. You can also take an active role in hospital or practice committees. Even committees that do not have a direct connection to pathology can benefit from your participation; you always bring a physician's perspective to the table. Sometimes it takes a pathologist to remind folks outside the laboratory how important we can be in forwarding the mission of a hospital or practice.

*Dr. Volk welcomes communication from CAP members. Write to her at [president@cap.org](mailto:president@cap.org).*