

Letters

written by CAP TODAY
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The visible pathologist

January 2023—The CAP president’s column, [“The visible pathologist”](#) (CAP TODAY, November 2022), struck a chord that has been reverberating through our specialty for many years when a medical student who expressed an interest in pathology was asked, “Why don’t you want to be a real doctor?” You put it in terms of “disappearing” as judged by our role in the case of patients.

The angst that pathology is experiencing at this moment is one of ultimate disappearance as in extinction. Extinction can be the result of an immediate catastrophic event or a slower process with the loss of the ability to adapt to an evolving environment. However, the ability to reproduce through natural selection is the key element in the maintenance of the species, which in this case is the pathologist. The process for many of us began as medical students and our direct contact with pathologists and their residents in the lecture hall and student laboratory. Unfortunately, the contemporary integrated curriculum has largely eliminated or severely curtailed that interaction between pathologist and medical student. The pathologist in the curriculum today is now a vignette in a secondary role if that. How are the future physicians, today’s medical students, to conceptualize the role of the pathologist in their practice with such limited contact? Yes, I know that we can create opportunities through outreach efforts in high school, a medical student “shadow,” or interest group.

As a “hospital” specialty, many of us are no longer a physical presence in the hospital where we once interacted on a personal daily basis with our clinical colleagues. The latter circumstance was highlighted in CAP TODAY in the article, [“Pathology hospitalists in place at UMich”](#) (April 2022). In the story, Jeffrey Myers, MD, related some of the self-inflicted wounds to our specialty. Are such efforts a gesture in an attempt to recover what has already been lost? I do not believe that the COVID-19 pandemic is sufficient to restore pathology on any sustained basis.

These are reflections of a pathologist who has practiced for more than 50 years and who made the right choice of specialty for himself and never looked back from that decision, one that was fostered by a succession of pathologist-mentors.

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Transgender care

I, too, agree with the premises in the [transgender care article](#) (CAP TODAY, July 2022) and with the [critique of Saul Harari, MD](#) (October 2022), of the implementation proposed by the article’s sources. The best care we as laboratory directors can provide to patients and their doctors is to maintain the highest quality assurance controls of laboratory procedures, beginning with obtaining the specimen, and to report the results of the procedures in a timely and appropriate manner to those responsible for the patient’s care. As for normal ranges, it is the ordering physician’s responsibility to know the

patient's current medications and the influence they might have on the results; the reported normal range differences can be listed for male and female, age variations, fasting status, etc., as appropriate, and those responsible for the patient's care can interpret the results or contact the laboratory for elaboration as indicated. Our reports should be lean, accurate, and timely.

This approach in no way shows disrespect for the patient or the transgender community. Rather, it provides the best medical care on behalf of the patient and his or her caregivers. The gathering, analysis, and reporting of normal ranges for the transgender community is laudable and not to be ignored.

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