

Letters

Microscopy's dangers

July 2019—We thoroughly enjoyed the article by Anne Paxton, “Microscopy’s dangers: From wear and tear to disabling injury” (April 2019). This is an underrepresented topic in the pathology world. I have been practicing for nearly 11 years; we are a group of 13 pathologists including part-time and full-time pathologists. Two female senior pathologists in our group underwent neck surgery less than a year apart owing to years of accumulated trauma. Both of these pathologists graduated together from residency and have been in the same practice since training. Both presented with almost the same signs and symptoms of numbness to the arms and other neuropathy symptoms. Both then had to undergo surgery to prevent severe, debilitating conditions. I and other pathologists in my group suffer regular neck, shoulder, and back pain. Two other retired senior pathologists also suffered backaches with degenerating discs and severe limitations on the activities they enjoy most.

Those examples that I have witnessed are due to years of wear and tear, long working hours in front of the microscope and the computer, and dealing with the stress of smaller biopsy specimens in combination with a larger testing menu. All of these factors have led us to this point in our profession.

Evan George, MD, of the University of Washington, published an article in 2010 that addressed microscopy as an occupational hazard of pathology practice (*Am J Clin Pathol.* 2010;133[4]:543-548), as your article noted, but he believes the knowledge gap remains sizable. We fully agree with his statement: “It’s a subject that pathologists don’t talk about a lot.”

We as pathologists should come forward and take these issues seriously to prevent further injury, because preventing early injuries is far easier and less expensive than repairing them. Stretching (and knowledge about stretching) and a work hours cap at the microscope will cost our profession much less in the long run than will the need to undergo invasive surgeries.

After having seen our colleagues suffer, we have learned from this experience and have thought of many ways to manage and prevent further suffering. We propose the following:

- Incorporate injury prevention as part of the residency curriculum. Residents should learn in their training about stretching exercises and the importance of an ergonomic environment. This could be done in addition to resident didactic/conference.
- Have more speakers presenting on occupational injury during our regional and national CME conferences. We can also develop apps that can show how to stretch legs, back, and arms during signout, and pathologists could earn CME credit for Q/A sessions on these apps.
- Make it mandatory in the CAP laboratory accreditation checklist that every pathologist undergo an ergonomic evaluation by the occupational department of the hospital. Also, each pathologist should have a yearly mandatory evaluation of the body and the workplace (required by the

American Board of Pathology as a part of continuing certification).

- Impose a mandatory cutoff time for daily microscope use. We should also have periodic questionnaires for pathologists about the pain they are experiencing, which may prompt more frequent ergonomic examinations by occupational departments.

We should take the lead and develop this type of work-related injury program for physicians to prevent further physical damage among our colleagues. If pathology were to develop a structured educational program in this area, other specialties would likely join in.

We should never forget Frederick Alexander (1869–1955), an interesting Australian actor who lost his ability to speak and was convinced it was because of the way he held his neck. He retrained his body through rigorous work and regained the ability to speak. Alexander developed a school in London aimed at correct use of the spine while sitting, standing, working, and walking. We should develop exercise protocols during signout based on the Alexander technique, so we have less suffering.

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