

## ***Was It Right to Ask for Extra Time?***

By Dr. Arpan Gandhi

drarpangandhi.org | arpangandhi@gmail.com

I remember an afternoon when I had around 30–35 histopathology and cytology slides to report. As I sat at my desk, my team of six histopathologists and I felt the need to pause and even revisit the literature for several of these cases. The morphology appeared convincing enough that I could easily have signed them out without hesitation, and in a busy laboratory that would have seemed efficient and appropriate. Yet something about a few of the cases felt incomplete — not incorrect, just incomplete. It was one of those situations where the features fit, but the story didn't settle in the mind.

Instead of reporting immediately, I requested deeper sections in seven of the thirty-five cases. That decision meant delay: calls from referring doctors — three even emailed asking why the reports were pending — technicians needing to reprocess blocks, and the uncomfortable awareness that I was slowing workflow for a possibility rather than a certainty. In routine practice, speed feels like responsibility; waiting feels like hesitation.

Over the next two days the additional sections arrived, and three to four of us reviewed them together. The interpretations changed entirely. What initially appeared worrisome was actually reactive change in most of the sections. The disease we thought we saw was not present at all. Had the first impression been reported, the patient would have entered a very different treatment pathway — more investigations, more anxiety, and possibly unnecessary intervention.

Nothing had been wrong with the digital microscopes, the staining, or the technical quality of the slides. The only difference was waiting long enough to see the full story — and in many ways, a diagnosis is exactly that: a story unfolding layer by layer.

That moment stayed with me because it reminded me that diagnostic responsibility is not only about recognising patterns but also about recognising when a pattern is incomplete. During training we learn to identify abnormalities quickly and decisively, and speed feels productive, but experience gradually teaches that sequence matters more than speed. A report issued early can feel efficient yet still be premature; a report issued later can feel delayed yet still be correct.

Over time we as a team have realised diagnostics is less about what we see in a single field and more about deciding whether we have seen enough to conclude. Sometimes the discipline lies not in interpretation but in restraint. The pressure to conclude often comes not from others but from our own desire to be certain quickly, yet medicine rarely rewards certainty without confirmation. A pathologist's role is not only to recognise disease but also to protect the patient from the consequences of an incomplete conclusion.

Occasionally, the most responsible part of a report is the pause before it is written.