

Getting Out From Behind the Paraffin Curtain

Edward O. Uthman, MD

In the course of a 30-year practice, I have had the opportunity to track the professional trajectories of more than a few pathologists, from entry level to midcareer and beyond. Patterns of success and failure emerge, so I am compelled to share some of my observations with trainees and newly minted practicing pathologists. It should go without saying that among the first obligations of any physician is mastery of the technical approach to the specialty. This is especially important in pathology, as from day one we are expected to deliver accurate and timely consultations with a very low error rate. I am pleased to say that the cognitive skills of newly trained pathologists have only risen steadily with time, and most all of them pass over that first very high bar with little apparent difficulty. The fractional distillation of careers—from failure, to mediocrity, to excellence—seems to be more a function of other personality traits and practice habits. I can summarize the most desirable of these as an eagerness to get out from behind the paraffin curtain, that zone of comfort at the microscope, where the well-trained pathologist can relax with a cup of coffee and a stack of slide folders. As viewed from behind the curtain, the ideal workday is one in which the biopsies are adequate, the histologic findings pathognomonic, and the diagnoses brief, definitive, and powerful.

As we all know, those ideal workdays are infrequent. Biopsies are unrepresentative, histologic findings ambiguous, and important clinical information absent and difficult to obtain. From 23 years of practice in a general community hospital, I am all too familiar with the frustrations that arise in handling those very nontextbook cases. I discovered early on that relief would come only by venturing out from behind the paraffin curtain. I started by spending time with the radiology staff, reviewing images and discussing biopsy strategy prior to the procedure. I also encouraged the gastroenterology staff to call me to the endoscopy suite when they encountered any puzzling or otherwise unusual finding. Additionally, I began to spend time in surgery, reviewing the operative schedule the afternoon before, noting cases that were likely to attract consultation, and

appearing in the operating room as the procedure was getting underway. These ministrations outside the laboratory, although time consuming, were eventually rewarded not only with specimens of greater technical quality but with a boost in my own self-confidence as a diagnostician. An unexpected side effect of these adventures was an introduction to hospital politics.

Also see p 9.

There exists an unfortunate stereotype of the pathologist who eschews human interaction in general and institutional politics in particular. On the contrary, I take heed of Plato's admonition, "The punishment that the wise suffer, who refuse to participate in government, is to live under the government of worse men." Another way of putting it directly to the reluctant politician is, "You may not be interested in politics, but politics is very interested in you." I view politics as nothing more than a means by which we seek agreement to elevate the operational and ethical standards of the institutions we serve. The first step in politics is to develop a sense of empathy, a deep understanding of the challenges faced by others. Real empathy requires knowledge, and I have found service on hospital committees to be a good source. Particularly rich in information on how things work outside the laboratory are the proceedings of the utilization review and pharmacy and therapeutics committees. The utilization review committee provides insight into practice patterns, both efficient and wasteful. Service on the pharmacy and therapeutics committee affords a view into the use and misuse of drugs, often an atrophic segment of the pathologist's knowledge base. Both committees have significant impact on the financial well-being of a hospital, and enthusiastic service by committee members does not go unrecognized or unappreciated by administrators. Perhaps the individual most deserving of empathy in an institution is the chief executive officer (CEO). A hospital CEO must contend with the intersecting machinations of a medical staff, the protean demands of regulatory agencies, the incursions of raptorial competitors, the remonstrations of irate patients, the questionable sales tactics of mendacious vendors, and the peremptory demands of a fickle and entitled public. An intimate understanding of the challenges a CEO faces is key to working effectively with an administrative team.

Many pathologists, especially those who maintain contracts with hospitals and other providers, possess keen political skills. They have learned how to keep clinicians happy with the accuracy and alacrity of laboratory services, administrators satisfied with efficiency and financial perfor-

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Reprints: Edward O. Uthman, MD, Department of Pathology, Brown and Associates, 2525 W Bellfort St, Suite 120, Houston, TX 77054 (e-mail: uthman@airmail.net).

mance, and technical personnel content with working conditions. Such pathologists have built a handsome stockpile of political capital, yet when I visit their offices, I note they are working in glorified closets with antique, very nonergonomic microscopes and other superannuated, bargain-basement equipment. I think it behooves us all to step back now and then, assess our own needs, and cash in some of that accumulated goodwill to fulfill them. The best politician asks for few favors, but only the foolish one asks for none.

As pathologists' careers develop, they are often called on to be leaders. Some are uncomfortable in leadership positions, their careers to date having been founded mostly on individual achievement. The reluctant leader should not be dissuaded by lack of leadership experience. Often the best leaders are those who did not seek out the position but developed their own style as they adapted to the demands of the position. Because they were not attracted to leadership out of desire for self-aggrandizement, they naturally came to understand that to be effective, they had to put the needs of those who answer to them above their own. Once a leader achieves that mindset, half the battle is won. Other challenges include learning to delegate (and follow up on delegated tasks), providing encouragement and inspiration to team members (some of whom may be quite hard-boiled and cynical), and occasionally standing up for the team when it is under assault by powerful factions, including clinicians and other clients. This last challenge takes no small measure of courage and equanimity.

The pathologist/politician/leader is commonly confronted by ethical issues. We typically serve multiple masters, including patients, administrators, clinicians, and regulatory agencies. We need to be sensitive to their conflicting agendas. Medical ethics is a complex field, so I will not attempt a rigorous treatment here. However, I have

developed a toolbox for navigation through the ethical maelstrom. I have taken the format from the Three Laws of Robotics articulated in the science fiction stories of Isaac Asimov:¹

- *The First Law.* I am a physician. I seek to protect and improve the health, well-being, and social standing of the patient.
- *The Second Law.* I am a pathologist. I am to apply the art and science of pathology to make accurate, timely diagnoses, and to operate my laboratory according to sound scientific principles and standards set by the most respected peers in the field, except when it conflicts with the First Law.
- *The Third Law.* I am a businessperson. Whether I am a proprietor, employee, or contractor, I will operate my laboratory according to sound business principles, except when it conflicts with the First or Second Law.

These laws are simple, but applying them can be difficult. Although conflicts between the First and Second Laws are rare, they do occur. The greatest challenge is managing conflicts between the Third Law and the others. Bosses, clients, partners, and shareholders who are not physicians may not feel constrained by the First and Second Laws. The Third Law may be at the top of their priority list, or the only thing on it. Strict adherence to this ranking of priorities will occasionally force significant financial sacrifice. Nevertheless, building a reputation for incorruptibility does foster trust, and trust is fertile ground for opportunity.

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Reference

1. Asimov I. Runaround. *Astounding Science Fiction*. 1942;29(1):94-103.



Edward O. Uthman, MD, serves as laboratory director at OakBend Medical Center, Richmond, Texas. He is adjunct professor of pathology at the University of Texas Health Science Center at Houston, co-owner/moderator of the PATHO-L mailing list, and president-elect of the Texas Society of Pathologists. Dr Uthman is also a member of the *Archives of Pathology & Laboratory Medicine's* Executive Advisory Board.