

When Speed Becomes the Measure, What Happens to Quality in Diagnostic Medicine?

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For many years, I watched turnaround time slowly become the most visible marker of success in diagnostic laboratories. Somewhere along the way, speed began to stand in for quality, and urgency became synonymous with excellence. I understand why this happened. Clinicians work under pressure, patients wait anxiously, and faster reports feel reassuring. Early in my career, I too believed that quicker was always better. I remember celebrating improvements in turnaround time as tangible wins, without always questioning what those gains demanded of the system underneath. Over the last two decades, however, I have repeatedly seen how the pressure to release reports quickly—often without adequate quality control, analytical checks, or sufficient clinical information—leads to avoidable errors. Speed without context creates confidence in numbers, but not in outcomes, and I learned this the hard way through experience. That realisation forced me to accept that not every diagnostic question benefits from haste, and not every delay reflects inefficiency. Sometimes, the most responsible act a laboratory can perform is to pause, correlate, or clarify rather than rush.

This understanding deepened as volumes increased and expectations tightened. I saw teams prioritise clock-watching over conversation. Borderline results were released promptly, but interpretation was often missing. Reflex testing or discussion was deferred because “time was up.” I recall instances where a slightly slower report—one that included interpretation or prompted a clinician conversation—had far greater clinical impact than a rapid but isolated result. Yet those moments rarely appeared on dashboards. I have also realised that faster turnaround time is never achieved in isolation. It is directly linked to manpower training, individual competence, and the reliability of instrumentation within the laboratory. Expecting excellence without investing consistently in people, processes, and machines is unrealistic, and I have seen this mismatch repeatedly over the years. Turnaround time is easy to measure, easy to compare, and easy to reward. Thoughtfulness is not. Over time, I began to see how an obsession with speed subtly reshaped behaviour. Teams learned to optimise for delivery rather than understanding, and quality discussions were postponed to quieter days that rarely came.

What I have learned since is that speed is a tool, not a goal. In diagnostic medicine, quality lives in the space between timeliness and judgment. Laboratories that mature learn to differentiate between tests that truly require urgency and those that benefit from deliberation. They create systems where speed does not silence curiosity and where slowing down, when needed, is seen as responsibility rather than failure. In my experience, clinicians value reliability and clarity more than raw speed—especially when outcomes are uncertain. The laboratories that earn long-term trust are not those that are always fastest, but those that are consistently thoughtful. When turnaround time becomes the only story we tell, we risk forgetting why diagnostics exists in the first place: not to be quick, but to be right, useful, and meaningful.
