

ETHICAL PROBLEMS IN PATHOLOGY PRACTISE

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Objective – Identify the common ethical issues encountered in pathology practice on a day-to-day basis and to give some guidance on how these issues might be addressed.

The principles of doing “Good” and not doing “Harm” are the essence of every code of medical ethics. The duty of medical doctors to their patients is to exercise their professional skills in an ethical manner and to observe the laws of community. The most essential purpose is to ensure that patient’s trust in the medical profession is deserved. This is achieved by protecting the patients and ensuring that they are able to obtain the maximum benefits available in medicine. At the same time, medical ethics aim to protect patients from the abuse that can occur when one person is in a position of power.

The four general principles in medical ethics (respect for autonomy, non-maleficence, beneficence and justice) apply in the field of Pathology but they are clumsy, because they are designed for face-to-face patient care. The widely accepted statement – “The health of my patient will be my first consideration” does not apply to pathology, simply because a pathologist does not have “my patient”. The ethical problems of pathologist lie mainly in the conflicts between moral obligations to the responsible clinician (and other colleagues), to the patient and to society.

There are 3 main groups to whom pathologists owe their responsibilities:

- Patients
Pathologists are accountable for the quality and integrity of the services they provide.
- Colleagues and the profession
Pathologists should strive to uphold the dignity and respect of their professions and maintain a reputation of honesty, integrity and reliability. They should aim to contribute to the advancement of the profession by improving the body of scientific knowledge, promoting high standards of education and practice and collaboration with colleagues and other health professionals where possible.
- Society
Pathologists have a responsibility to contribute to the general well-being of society

In a situation where an ethical decision has to be made, a problem arises when two or more ethical principles seem to conflict, and the difficulty lies in the relative weight to be attached to the different principles, balancing possible harms against benefits. The conflict may arise within one of the above principles such as autonomy of Dr. A versus the autonomy of patient B. It may also arise between principles, such as autonomy of patient B versus beneficence towards patient B, or towards patients C and D. These various factors and principles may well be considered differently by different pathologists and different clinicians.

Some of the ethical issues in pathology practice that must be discussed are these included in:

- “safe”, scientifically accurate and complete histopathological diagnosis in a reasonable time frame
- property of tissue samples and blocks
- shared decision-making for patients
- the pathologist-pathologist relationship

A “safe” diagnosis

How does rendering a “safe” diagnosis come under the purview of a discussion on ethics? This is because even the most experienced pathologist is human, and cannot claim 100 % accuracy for every diagnosis in his or her career. Histopathology is basically learning the language of cells, interpreting shapes, sizes and architectural patterns of tissues within a given specific clinical context. Outside the world of pathologists, there is only a dim understanding of the truly subjective nuances native to this discipline. Some clinicians tend to equate a histopathology diagnosis with a mathematic formula providing predictable and consistent answers. They do not expect any flexibility for inter-observer variation in pathology. Such clinicians must understand that a difficult case is similar to interpreting a semi-abstract work of art. Different people looking at the same picture come up with a different and often divergent interpretation.

This is not to say that every histology case poses problems. More than 85 to 90 per cent of the work is routine or straightforward and the experienced histopathologist can be confident 95 per cent of the time, or more. However even the most experienced can falter. This is most apparent in the interpretation of borderline cases, rare diseases, badly processed samples, or in the absence of complete clinical data.

Ethical question - How can we ensure the submission of a “safe” or consensus diagnosis in situations where the lesion is truly borderline or rare?

Answer – build-in checks to filter out such problems. For example:

- Difficult cases must be routinely reviewed with seniors or with other experts in departmental meetings. It must be acknowledged that not all pathologists are experienced in all areas of histology – help should be sought when warranted.
- Reports involving the opinions of more than one person should be carefully worded. The ultimate responsibility for the final decision must rest with the pathologist who signs the report.
- Frozen sections and fine needle aspiration cytology reports must be compared with, and audited against, the final histopathology reports. In large departments, the pathologist who sees the initial sample should not, ideally, sign the audit or final report. The automatic auditing serves as a build-in check to reduce inaccuracies and can also enable a continuous teaching process.
- Reports signed by junior staff should, ideally, be co-signed by senior staff till the former reach a level of maturity or experience.
- Reports must be signed completely and clearly. This is not just a matter of professional pride; it is also both prudent and fair, to rule out ambiguity in treatment decisions.

Property of tissues and blocks?

The histopathologist has the right to process diseased tissue removed during surgery in any way he/she feels fit to obtain diagnostic information for future therapeutic decisions. However, the tissue remains the patient's property. The report based on the sample is a confidential document which should be relayed only to the clinician concerned and to the patient.

This can become a controversial issue in today's society in which patients go "shopping" for doctors' opinions. They may wish to carry the tissue sample to several different histopathologists. It is to be expected that a controversial or difficult case may present variable, even divergent reports, confusing the patient. Nevertheless, the pathologist cannot deny the patient the right to tissues removed for diagnostic purposes, or for information based on their examination. To do so would be tantamount to malpractice.

On the other hand, departments in large institutions may argue that material obtained for diagnostic purposes should be stored and preserved for future research. This should be done only with the permission of the patient from whom the tissue was removed. Nine out of 10 patients will agree to such storage, if their pathologist takes the time to explain the need for such research. However, if despite this explanation a patient refuses permission to have his or her tissue stored for research, the pathologist has no choice but to cooperate.

Shared decision-making for patients

Ethical question – Who is responsible for an inappropriate treatment decision?

Pathologists are responsible tissue diagnosis and clinicians are responsible for clinical diagnosis. If one of both sides of this equation sets a wrong diagnosis, that leads to inappropriate treatment of patient and could result in un-necessary operation (organ removal), unnecessary chemo- or radiation therapy, premature death by therapeutic complications. That is why the principles of good medical ethics must be upheld by the pathologist and by the clinician.

Ethics of the pathologist-pathologist relationship

There are a number of sensitive areas in histopathology, which need to be handled with care and honesty. One such area is when a clinician makes a referral to a pathologist, asking him or her to review a fellow pathologist's earlier diagnosis. When a genuine change of diagnosis is made, the reviewer must talk directly to the first pathologist and explain why he/she feels the need to change the diagnosis. Though this is sometimes misunderstood, it is not fair to keep the first pathologist in the dark. Histopathologists have a right to their own opinions. However, divergent or contradictory diagnoses can create considerable apprehension for both the patient and the treating clinician. Sometimes the matter cannot be resolved without a third or even fourth opinion. In such cases, clinicians sometimes choose to believe that report which best matches their own clinical judgement.

Pathologists can and do hold differing opinions on the same diagnosis, and sometimes they may even criticise one another. However, such discussions should not go beyond the disagreeing parties, and should be carried out in complete confidence. It is unethical to criticise a fellow histopathologist before other colleagues or a clinician, and adversely affects both the critic and the criticised. As for the histopathologist who hears a patient complain about a colleague, he/she should refrain from listening to such complaints, or at the very least, refrain from making any comment that could be construed as acceptance of the criticism.

Professional loyalty demands understanding and mutual respect for one's colleagues. A change in diagnosis can occur over a period of time. This can occur in the gap between the frozen section and the final diagnosis, and also as the disease progresses: more clinical or laboratory information becomes available, the picture becomes clearer and the diagnosis and prognosis become more apparent. This will necessitate a changed, more appropriate diagnostic label. While it may be embarrassing for the first pathologist, all of us encounter such situations in the course of our careers, and they should be seen as learning experiences. Similarly, diagnoses change with the use of more specialised or sophisticated tests such as electron microscopy, immunocyto-chemistry or molecular pathology.

At another level, our profession depends on sharing knowledge and disseminating scientific information. Pathologists should affiliate themselves with medical societies and scientific meetings, and contribute time, energy and means so that these societies may represent and uphold the ideals of the profession. Learning is a life-long process, and one can learn from different people: one should not be surprised to hear of students teaching their own professors in conferences, seminars and workshops. Pathologists who feel they know it all and have seen it all are dangerous. Sooner or later they are going to sign a report which could harm their patients because of their inability to keep up with the times.

Pathologist-patient relationship

Pathologist – patient relationship is not like any clinician – patient relationship. The patient and the pathologist have an unusual contract - a major life altering event will occur based upon the definitive decision of an anonymous (faceless) entity, and the patient accepts it voluntarily without question. This is an example for blind trust from the patient's side. For all the patient knows the decision was made by a computer, because he/she does not have face-to-face contact with his/hers pathologist.

Conclusions

Above were presented some of the ethical issues in pathology practice, which are occurring on a day-to-day basis. Pathology as a major field of human medicine has to comply with the principles of medical ethics, as well as some other principles and rules that arise from the specific work of a pathologist.

There is not a pathologist who can claim that 100 per cent of his/her diagnoses are accurate and mistakes do happen. Some mistakes cannot do harm, but some can result in an unnecessary operation or treatment that can seriously put the life of a patient in a jeopardy, or even premature death. Upholding the ethical principles, constantly reminding of these principles can make the level of mistakes to a minimum.

Good ethics comes as much from the search to be ethical as it does from understanding "ethics".

References

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