

Commentary

Pathologist-clinician collaboration

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I read the interesting Editorial by Suleiman DE emphasizing the main advantages of pathologist-clinician collaboration with common purpose of improving the quality of patient care as a whole [1]. He commented historical and current objectives of medicine, and of clinic-pathological conferences, highlighting the permanent search for improvement of the health care and the patient quality of life [1]. A major concern is about usual lack of complete information from assistant physicians to pathologists who have responsibility for histopathological conclusions that should clear diagnostic challenges [1]. One estimates that approximately 20% of diagnostic mistakes are due to insufficient information [1]. Indeed, anamnestic data, findings of physical examinations and remarkable laboratory determinations are of importance both for general practitioners and pathologists to achieve correct diagnosis [2]. Ideally, pathologists should get a strongly structured clinical background, which surely would improve the skill for yielding complete and appropriate answers required by the assistant physicians [1]. Actually, this desideratum has been partially solved by means of regular multidisciplinary and clinic-pathological cooperation aiming to optimize the accuracy of diagnosis and patient management [1]. Pathologists, radiologists, surgeons and clinicians, should exchange impressions about diagnosis of cases followed in partnership; and would enhance diagnostic skills, minimizing misinterpretations [1]. Increased collaborative communication among clinicians, radiologists and pathologists can allow better understanding inherent limitations of each speciality and will result in more accurate conclusions [1]. Pathologists may not have certainty at the end of a study based only on macro/microscopic features; moreover, even complete necropsy studies may not entirely solve some challenging clinical concerns. Comprehension of the limitations is of crucial importance if one deals with multidisciplinary teams [1].

Clinicians or general practitioners are professionals specially

trained to formulating diagnostic hypothesis; often based on old semiotic methods, but also corroborated by complementary exams [2]. The accurate clinical history and thorough physical examination can help to exclude or detect many disorders, as occurs in the setting of primary health care in developing and low income countries [2]. The Editorial herein commented includes aspects of my professional experiences in a half of century. At the end of four decades of docent work in the field of Internal Medicine, I had the opportunity to get the PhD title in Pathology from the Federal University of Triângulo Mineiro, in Uberaba-MG. Currently, there is no doubt that the pathologist-clinician collaboration actually represents much more than a single marriage of necessity toward improving the quality of the patients patient care [1]. Pathologists and clinicians - each of them should be better trained and qualified in the other speciality.

Routine interaction among pathologists, radiologists, clinicians and other specialists certainly will enhance the diagnostic accuracy in challenging cases, and improve overall quality of patient life.

The herein commented articles seem to be in accordance with strategic goals and objectives of GIMCI.

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Conflicts of interest

None.

References

1. Suleiman DE (2015) Pathologist-clinician collaboration: a marriage of necessity toward improving the quality of patient care. *Ann Nigerian Med* 9:1-3.
2. Santos VM (2011) Health care reforms: old and new concerns. *J Biosc Med* 1: 1-2.

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