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Point of view

Are we addressing ethical issues in histopathology adequately ?*R M U S Rathnayaka¹, D H Beneragama², S J De S Hewavisenthi¹*

Ethical issues in the practice of laboratory medicine and histopathology in particular are inadequately addressed and extensively debated for several reasons.

Firstly the four basic principles of medical ethics, namely autonomy, beneficence, non-maleficence and justice⁽¹⁾ are largely designed with face to face patient care in mind and its application in pathology is not as clear cut as in clinical medicine. Therefore the ethical issues faced by a pathologist lie mainly in conflicts between moral obligations to three broad groups of people. They are patients (with whom pathologists may come in direct contact as in performing a procedure or in case of research subjects), colleagues and the profession (which includes the employers, staff, other pathologists, professional bodies, undergraduate and post graduate students) and the general public.⁽²⁾

Secondly ethical and moral issues in the pathology rarely attract the same degree

of attention as does subjects such as abortion, euthanasia and genetic cloning.

Thirdly the pathologist spends his or her professional life “behind the scenes” in laboratories whilst the clinician is most often the target of aggrieved patients and relatives. However, there is now a growing awareness of the pivotal role played by the pathologist in the management of a patient.

Thus, In the face of rising litigation against medical professionals which is evident globally, it is interesting to note that in a study of the malpractice litigations against United States physicians it has been found that outcomes of litigation varied across different medical specialties and that the rate of dismissal of cases by court against pathologists was the lowest (36.5%). Though the frequency with which claims underwent a trial verdict was low (4.5% overall) it ranged from 2.0% among anaesthesiologists to 7.4% amongst pathologists.⁽³⁾

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It appears timely for us to address these ethical and moral issues faced by pathologists and thus some of the key issues will be discussed in this article, in relation to the four basic principles of medical ethics.

Autonomy is better described as “self rule”⁽¹⁾ and the respect for a patient’s autonomy is the adherence to the principle that a competent patient has the right to decide what is to be done to him, his tissue and to the information about himself.⁽²⁾ This raises three important issues in relation to the practice of laboratory medicine, ie: informed consent confidentiality and the property of tissue samples and blocks.

When a pathologist performs certain investigations on a patient it is assumed that such consent has been obtained from the patient by the clinician requesting the information. This may not be the case in investigations pertaining to clinical trials. Therefore the pathologist must satisfy himself or herself that the patient is fully informed and such trials have the approval of the relevant ethics committee.

The second issue, being that information about laboratory investigations are confidential and should be released only to those responsible for his care unless the patient consents otherwise. Conflicts will however arise in the need to maintain patient autonomy and the need to protect others in cases such as infectious disease where there is a legal duty to inform public

health authorities for the safety of the public. In Sri Lanka, issues of confidentiality would need to be addressed more extensively as we move into information technology in health care and laboratory medicine in particular.

Though the histopathologist has the right to process diseased tissue removed during surgery and submitted for histopathological evaluation to obtain diagnostic information for the purpose of management of the patient – the tissue remains the property of the patient. It may be that some pathologists and institutions believe that such material should be stored and preserved for future research. Use of such material for research should have the explicit permission of the patient. The patient also has a right to obtain such samples for the purpose of a second opinion which will be discussed further in this article with regard to the pathologist – pathologist relationship.

The traditional and moral obligation of medicine is to provide net medical benefit to patients with minimal harm (the principle of doing good and not doing harm) – that is beneficence with non maleficence. In the practice of pathology, this means providing the patient with a safe diagnosis. Even though 85% - 90% of work in histopathology is routine and straightforward, even the most experienced and respected histopathologists cannot claim 100% accuracy.⁽⁴⁾ Further, error rates in surgical

pathology reported from review of consecutive material biopsy material and consultation material range from 0.5% – 43% and the significant error rates being reported as 0.25% - 23%⁽⁵⁾

Histopathology is largely subjective and is based on the interpretation of the size and shape of cells and the architecture of the tissue in a given clinical context. This is a fact that is not fully appreciated by clinicians and patients alike as they often make no allowances for the divergent interpretations that some cases may give rise to. This is mostly evident in borderline cases, rare diseases, badly processed samples or in cases with incomplete or absent clinical data.⁽⁴⁾

Another aspect that emerges in this regard is the pathologist – pathologist relationship, especially in cases of referral by a clinician to a second pathologist in order to obtain a second opinion. If a genuine change of the diagnosis is made when reviewing a fellow pathologists original diagnosis, the reviewer must communicate with first pathologist directly and explain why a change of diagnosis is required. Though this is a delicate issue with instances when this may be even misunderstood, it is not fair to keep the first pathologist in the dark. Pathologists can and do hold differing opinions and may sometimes even criticize one another.

But these discussions should be completely confidential⁽⁴⁾.

At another level, it is important for pathologists to engage in continuing professional education and professional development by association with medical societies and attending medical meetings to share and disseminate scientific information. Audits carried out on their own work, such as error rates, turnaround times and patient and clinician satisfaction with histopathology reports are some of the measures that may ensure high standards of practice as well as enable a “safe” diagnosis, thereby contributing to the welfare of the patients.

The fourth prima facie moral principle is justice. Justice is often regarded as being synonymous with fairness and can be summarised as the moral obligation to act on the basis of fair adjudication between competing claims.⁽¹⁾ The hospital pathologist has limited resources at their disposal including time space and money which is largely due to macroallocation of resources. In terms of microallocation, he does not have the information to judge the relative needs of individual patients.⁽²⁾ In Sri Lanka, this could apply to the use of immunohistochemical markers where a pathologist would need to use immunostaining facilities after much consideration and deliberation. This is because

one patient over- investigated at a great cost could mean that another patient will be under-investigated.⁽²⁾

With increasing litigation and increasing media and public awareness of the importance of quality controls in medicine and the development of national guidelines it is imperative that we in Sri Lanka also begin addressing these issues more comprehensively. This is one aspect the College of Pathologists has not dealt with as yet, and it is timely to do so by forming a subcommittee to deliberate on such ethical dilemmas faced by local pathologists.

The current postgraduate training programme in pathology does not emphasize these issues. Thus, the postgraduates should be encouraged to engage in reflective thinking on ethical and moral issues in the practice of pathology. This could take the form of discussions with their supervisors or trainers and at clinical meetings and the inclusion of such cases in their case books or portfolios which are requirements for board certification as a pathologist.

In conclusion, there appears to be an ethical slant to many aspects in the practice of histopathology, though it may not be as obvious as in clinical practice. The key issues that have emerged in this regard such as rendering an accurate and complete histopathological diagnosis in a reasonable time frame, ownership of tissue samples and blocks, medical audits and continuing professional development

specifically aimed at the pathologist. The pathologist – pathologist relationship and resource allocation in pathology have been discussed above. This article has not dealt with some of the ethical conflicts that may arise between the fundamental ethical principles in medicine and the different groups of people involved. However, it is clear that as pathologists we should begin tackling our own ethical issues and putting our houses in order by becoming increasingly aware of these issues with discussions among the members of our professional body – the College of pathologists of Sri Lanka before the government or the public decide to regulate the pathologists among other medical professionals.

References

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