Inaugural Address

President, American Society of Clinical Pathologists

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Dr. Tucker, fellow members, staff, and friends, thank you. It is a great honor to be entrusted with the presidency of the ASCP. I am grateful to the membership who elected me and promise that I will give my best to the Society during this year. Together with the Board of Directors and staff, I will work to maintain the ASCP’s position as the premier scientific and educational society, so that it may continue to serve the needs of its 50,000-plus pathologist and technologist members.

As I assume this responsibility, I would like to express my appreciation to the individuals who were my mentors along the way. Occasions like this make you pause and actually take the time to think about who really influenced you in your career choices—the people who served as role models and inspired you to take the path you did. I would particularly like to mention Drs. Roger Terry, Lowell Orbison, and Bill Hawkins, early role models at the University of Rochester Medical School who introduced me to the wonders of pathology as a science and a career; and Drs. John Carter and James Reagan, who during my residency training convinced me by their example that I would do well in this area of medicine.

I am particularly indebted to Dr. Stan Patten, former chair of pathology at Rochester, my friend, and mentor for many years, and the person who encouraged me to try cytopathology in addition to surgical pathology. It was almost 20 years ago that he signed me up as a faculty member for my very first ASCP workshop. And finally, it was Dr. George Stevenson who asked me sometime in 1978 or 1979 whether I had time the following year for a little job in the Society. That little job turned into a somewhat more extensive commitment. It is a commitment I have enjoyed and that has rewarded me immeasurably.

As I look forward to the coming year, I would also like to express my appreciation to my wife Mary and my daughters, Susan, Amy, and Megan, who have supported me in all my endeavors with love, encouragement, and forbearance.

This is a particularly interesting time to assume the presidency of a major society of pathologists—interest-
high, the challenges so important, and the opportunities so great.

Transition in medicine is occurring almost as fast as changes on the world scene. Pathology and laboratory medicine are no exceptions. It has been said that periods of change present a time of threat and a time of opportunity. Challenges and opportunities are there within the field and outside, and they won’t go away. They will all need to be confronted and addressed in one way or another. What are the issues we now face or will confront in the near future? There are many of them and I don’t think that I can name them all, but some seem clear.

In the political/socioeconomic arena, we have:
- The perceived, impending, or existing shortage of pathologists and the threat that the pathologist’s role may be assumed by others.
- The established shortage of MTs, CTs, HTs and again the likelihood that some of their traditional roles will be assumed by less qualified individuals.
- Questions regarding the adequacy of clinical pathology residency training.
- The increased federal and state regulation of laboratories.
- CLIA ‘88 and, most important to this Society, the lax personnel standards for laboratory professionals.
- Reimbursement issues and at the same time the threat posed by increasing costs of running our laboratories.
- Liability issues.
- Questions of recertification.
- Decreased funding for research.
- Decreased support for resident and allied health education.
- The likelihood that an increased number in our population have the HIV infection.
- The problem of increasing numbers of aged in our population.
- And the whole issue of health care reform facing this country.

In the scientific/technologic realm, we have:
- The information explosion and the advances in information handling.
- The rapid advances in computer technology.
- The pending automations of new and advanced technologies.
- Increased application of flow cytometry and immunocytochemistry.
- The onset of biosensors and near-patient testing.
- The advances in molecular diagnostics, including DNA/RNA probes, PCR technology, and *in situ* hybridization.
- And along with that, gene probes, gene therapy, and genetic modification.

These molecular biologic techniques, the impending automation of diagnostic anatomic pathology functions, and advances in computer technology all represent breakthrough technologies for our specialty. Breakthrough technologies cause immediate changes in the way a field works. We must be leaders in evaluating and using new technologies or others will assume our roles.

Most, if not all, of these techniques still require careful evaluation of their utility as well as their cost-effectiveness. Undoubtedly, they will go through the usual cycle of skepticism, then enthusiastic overutilization, and finally will assume a more rational use as diagnostic tools. As Dr. Mark Wick noted in an article entitled “Technologic Anarchy,” the danger is that advances in technology proceed so rapidly that they outpace our ability to accurately evaluate them. Indeed, there is a confusing proliferation of articles in the medical literature that are often contradictory, and coexistent with this is a collection of scientific entrepreneurs who offer tests for clinical use whose utility and indications have not been adequately evaluated.

There is no denying that the science and circumstances under which we are practicing are changing rapidly. It will be the continuing challenge of this Society and our sister societies to help our members prepare for the future, adapt to the changes that are occurring, and provide the leadership to help us all maintain some control of our destiny.

As the leading society in continuing education for pathologists and other laboratory professionals, the ASCP will be expected to assume an even greater role than it has in the past. We are, I believe, well positioned to meet the challenges of the future. Although the primary emphasis of this society is and will remain in the scientific realm, we need to be aware of and involved in the political and socioeconomic issues that affect us, the way we practice, and the patients we serve. In these areas we will, of course, continue to work in cooperation with the CAP to ensure the position of pathology as an important participant in the development of the new American health care policy.

It may be useful to spend a few minutes reviewing some of the Society’s current activities and plans that are under way to address these and other pressing issues. In the scientific realm, as the need for knowledge and continuing education expands, the ASCP’s programs, publications, workshops, seminars, and courses will continue to meet the challenge. The CCE has its areas of responsibility well in hand. It is constantly at work evaluating and updating courses, adding new educational offerings, and keeping close tabs on emerging technologies, so that they can be incorporated into our programs as soon as warranted. The CGMEP has admirably pursued its goals.
and continues to play an increasingly important role in dealing with the challenges that loom before us in research and resident training in our specialty. The national meetings remain successful, well attended, and according to evaluations have continued to be responsive to the needs of the membership. The ASCP Press and the Society's journals are in very strong positions, thanks to the dedicated staff and excellent authors. The journals and publications are at the forefront of science and are well prepared to provide the membership with state-of-the-art information.

The Washington office and the Government Relations Committee have become very important and increasingly busy operations that provide a vital communication link with federal administrative and legislative activities. Their function will be even more important as health care moves to the forefront of the nation's political consciousness. The many other groups, committees and councils of the Society, including the AMS, RPS, and Advisory Council, are well positioned to continue their vital roles and I am looking forward to working with all of them during this year.

Finally, I would like to mention a relatively new category of expanded activity for the Society and one that we plan to emphasize this year: quality assurance, peer review, and related aspects of pathology practice. These are areas of increasing interest and concern to all of us, and areas in which we will be expanding services and programs for the membership. You will be hearing a good deal more about these in the months to come.

The past year has been an eventful one for the Society. Dr. Robert Dietrich and Alma Kuby left administrative positions after many years of valuable service to the Society. Cathy Cohen, director of our Washington office, moved on to new responsibilities in Washington with Eastman Kodak, and we will miss her very effective presence.

Most momentously, in the same theme of change we are experiencing the passing of an era. George Stevenson, who has been such an integral part of the ASCP for as long as most of us can remember, officially retired this year. He will be honored at a reception this evening for his many contributions to the Society. It is hard to imagine the ASCP without him at the helm. Fortunately, he will be staying on as a consultant to the Society, so we will continue to benefit from his wisdom, experience, innovative ideas, and most importantly his incisive wit.

As times change it is important to periodically review the structures of organizations to ensure that they are best suited to deal with new demands. We have done this within the past year under Dr. Ernest Tucker's leadership and have just completed a reorganization of the volunteer structure of the Society. We believe the new plan that becomes effective at this meeting will improve intra-society communications and provide a means for closer and more direct interaction among the staff, the Board of Directors, and the many volunteer working groups, committees, and commissions. As we on the board developed the new organizational plan, we also redefined, in an expanded way, the position of senior vice president and conducted a search to fill this important job. This search has been successful, and I would like to take this opportunity to formally welcome Dr. Robert Rock, who officially assumed this new position October 1st. I would also like to welcome Kenneth Luurs, who also has recently joined the Society as assistant vice president for membership. I am looking forward to working closely with Bob, Ken, and the other senior staff of the Society during this important transitional year.

Overall, we are in excellent shape, but I assure you I am not complacent. As Will Rogers put it, “Even if you’re on the right track, you will get run over if you just sit there.” Following in the footsteps of my very able predecessors, I intend to lead the Society forward. Progress is the key word. Progress always involves some risk, but calculated risk is necessary. Frederick Wilcox, an American industrialist, once said, “You can’t steal second if you keep one foot on first.”

I look forward to this year and to leading the Society. We have an excellent and committed staff and many dedicated volunteers. I have no doubt that with this support my job will be an easy one. Fortunately, because of its strength the Society’s future is ensured, regardless of the president. Be assured that I will also keep in mind something once told me by a wise physician, who I think actually borrowed and paraphrased Chinese philosophy: “Presiding over a large, successful medical society is like frying a small fish. You spoil it if you poke too much.” I promise that in my position as president I will be proactive, but I will not “poke” the Society too much.