Results of the 1998 AACC Elections

Congratulations to the following individuals:
-President-elect: Frank Sedor
-Secretary: Susan Evans
-Board of Directors:
  - Nader Rifai
  - Shirley Welch

Nominating Committee:
- James Nichols
- Bernard Steele
- Gregory Tsongalis
- Pauline Zegiares

* Received the highest number of votes for the Nominating Committee and will serve as Chair-elect for 1999.

Clinical Chemistry On-line
(www.clinchem.org)

By the time you read this, Clinical Chemistry On-line will have been available for 2 weeks or more. If you have not yet tried it, I encourage you to do so. Among the features to try are:

- Hypertext links to referenced articles or their abstracts
- Searching for topics or authors
- Downloads of articles for printing

When you visit Clinical Chemistry On-line, you may wish to sign up to be alerted when new information is posted at the site. You can be alerted either when a new issue is posted (on the mailing date) or when the advance Table of Contents is placed on line (before the mailing date but without the text).

Other features are rapidly being added to Clinical Chemistry On-line. Some of these other features may have been added before you read this note. Visit the site; the more you use it, the more ways you will find it useful. I hope you will let me know your reactions and suggestions. (Please note the correct URL above; the URL was misprinted in the September issue.)

On Reviewing of Books

Reading a book is the easiest part of being a book reviewer.


Advice to an Author

This paper by its very length defends itself against the risk of being read.

—Winston Churchill

Should We Accept Mediocrity?

An article (1) with the above title appeared in the New England Journal of Medicine in April of this year. The author, a physician frustrated with managed care, listed 11 “DEFs”, his acronym for “deficiencies, errors and frustrations”. They all seemed to be occasioned by cost-cutting measures in healthcare. My concern here is not with the premise of the author, F. Manian, but with his perception of the laboratory. It was not pretty.

The very first two DEFs concerned the laboratory, at least in the perception of a casual observer:

(1) “Often my orders for laboratory tests... are not carried out properly, resulting in... delays in the reporting of important laboratory results”.

(2) “[T]he nonphlebotomist nurse or nurse’s assistant has to stick the patient several times before obtaining blood; the patients are not happy and express their dissatisfaction to me, the one who ordered the test”.

In DEF 8, Manian has another laboratory problem:

 “[W]hen I complain about not receiving the report of a critically low serum potassium level until some 36 hours after the specimen was obtained, I am told that the contracting laboratory performs electrolyte tests only once a day...”

The following quote is representative of the author’s assessment of the source of these (and seven other) DEFs: “In-hospital phlebotomists are rapidly becoming extinct. It has been theorized that this phenomenon is due to repeated bombardment of Earth by massive cost-cutting meteors...”.

This physician-author’s sentiment was echoed in subsequent Letters to the Editor, one of which was written by a patient: “[T]he quality of office and hospital care seems to be deteriorating as unqualified people attempt the work that used to be done by more highly trained people”. As this writer’s very first example of the problem, he, too, focused on the laboratory: “One would like to assume that, as a patient, one should not have to clarify to laboratory personnel [emphasis added] what tests were actually ordered by one’s physician...” (2).

Manian asks, “How long are we willing to accept things as they are?” In partial answer, he quotes the line from the movie Network, “I’m mad as hell, and I’m not going to take it anymore”.

In the scenarios listed above, professionals in the clinical laboratory find themselves in the line of fire from physicians and patients, our “customers” in the current parlance. Like clinicians, laboratory professionals that I know believe that they should “do [their] very best. Nothing less will do. . . . That’s what patients expect... and that’s what they should get” (1). Unfortunately, many of us in the laboratory may be seen by clinicians not as colleagues in this effort but as people who contribute to their problems as a result of our role in the cost-cutting process.

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I believe it is important for laboratory scientists and laboratory-based physicians to let clinicians know our commitment to patient care and to not just commiserate with them. We must work with clinicians more diligently than ever to ensure that appropriate resources are available for the jobs at hand. Perhaps the time is ripe.


New English on the Internet

Disconfect (v): To sterilize a piece of candy dropped on the floor by blowing on it, somehow assuming that this will remove all the germs.

Elevceleration (n): The mistaken notion that the more one presses the elevator button the faster it will arrive.

Lactomangulation (n): The act of mishandling the “open here” spout on a milk carton so badly that one has to resort to the “illegal” side.

Peppier (n): The waiter at a fancy restaurant whose sole purpose seems to be stopping at every table and asking diners if they want ground pepper.

AACC Meetings

Pharmacogenetics in Patient Care, November 6, 1998, Hotel Sofitel (near O’Hare Airport), Chicago, IL. This one-day conference will include: defining pharmacogenetics, populations and polymorphisms, technologies, and how payors view pharmacogenetics. For information contact: AACC Meetings Registrar. Phone (800) 982-1400, ext. 732, or (202) 835-8732; fax (202) 833-4576.