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FUNCTIONS OF HOSPITAL LABORATORIES AS RELATED TO PUBLIC HEALTH
SPECIAL ACTIVITIES: SCREENING, SURVEILLANCE, MONITORING, ALLERGY TESTING

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As far as medical analyses are concerned, it is certain that public health laboratories and hospital laboratories, despite their differences, pursue a common objective: to arrive at a diagnosis and thereby to describe preventive or curative treatment. However, it is no less certain that their concepts and resources differ. Thus, while the public health laboratory looks after the general population, the hospital laboratory treats individual patients.

This view, though firmly held by the technicians concerned, is nevertheless being increasingly questioned as a result of the expansion of the work of these laboratories and because of progress in laboratory techniques, above all in the field of automation.

Thus, the hospital laboratory, in spite of its role as a diagnostic centre, is already finding itself obliged to take part in preventive activities in the field of public health, even though this entails an additional burden for it.

Whether they are clinical, bacteriological, histopathological or toxicological, or whether they come within a special context, e.g. allergy testing, these activities fall within the framework of epidemiological surveillance and, hence, within the scope of preventive measures in the field of public health.

Indeed, the contribution made by these activities cannot be overlooked by the preventive sector, since the latter, despite the human and material resources at its disposal, is unable to concern itself with all areas of biology. For example, central preventive services may, on the basis of an analysis of invoices, organize a study of laboratory tests leading to confirmation of anaemia (haemoglobin level, level of iron in serum, level of vitamin B12) in a given area of their territory, or they may investigate the number of gonococci carriers in another; yet they could arrive at the same conclusions by making use of the results obtained by hospital laboratories or laboratories of specialized centres. Similarly, by utilizing data gathered over a number of years of practical work with vaginal swabs, liver biopsies, allergy testing and gastrolavage, preventive services could ascertain the importance, frequency, degree of seriousness, etc., of certain diseases. Admittedly, such data do not correspond to satisfactory statistical criteria, but it is possible to standardize sampling and analysis methods, and records could be used jointly by the public health laboratory and the hospital laboratory.

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Integration of hospital laboratory data and public health data is also justified by the fact that the former, instead of covering isolated periods, are gathered on a daily basis, apart from the fact that they relate to a number of population strata and to various areas in one or more administrative regions.

Furthermore, even in those countries of the European Region which are the most advanced in this field, the problem of biology staff is an acute one in university hospital centres and in hygiene and preventive services. Since one cannot have in the same specialty two or several qualified persons, some in the preventive service and others in hospital laboratories, it would be advisable not to dissipate efforts.

Finally, automation, which enables the efficiency of the hospital laboratory to be increased, and technical progress, which reduces the cost of the analyses it carries out, are two further reasons for integrating the results of its tests with those obtained in surveys.

However, it is clear that preventive services and screening services must retain for themselves various activities which hospital laboratories cannot undertake (work which falls outside their competence, methodology of analyses, standardization of techniques and establishment of norms, training and refresher courses for staff) in addition to routine analyses performed to monitor environmental health.