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RELATIONS BETWEEN LABORATORY STAFF, MEDICAL PRACTITIONERS  
USING THEIR SERVICES AND PATIENTS

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The clinical laboratory is in an odd position. There is no-one working in the health field today who fails to realize the at times decisive contribution the laboratory makes to the diagnosis and treatment of disease, to monitoring of the environment, to epidemiology or to health economics. Yet it remains a world largely beyond the ken of the man in the street, who is generally unaware that clinical laboratories are doing a real job of health surveillance by keeping a constant watch on the quality of his environment.

Even so, there are many physicians for whom the clinical laboratory is relatively unknown territory. Some look on it as a machine that churns out results and others as a magic box, but all regard it as an appendage of clinical medicine. Why else are tests still spoken of as supporting tests even when their use is essential?

This ambiguous situation means too that the biologist is viewed, depending on the circumstances, either as a superman capable of solving any medical or health problem or as a supernumerary to fall back on when needed. He is nearly always regarded as somebody who is, if not completely on the sidelines, at least somewhat remote from the noble world of medicine. This eclipse by the physician probably has some bearing on the medical student's lack of enthusiasm for clinical laboratory work, which has less social status than clinical medicine in its direct contact with the patient.

This ambivalence clearly stems from a failure to recognize the role and place of the clinical laboratory and the biologist in the health system, or even in society as a whole, which ultimately implies that not only the general public but also health workers in general and medical students in particular are not being informed on the subject.

It is generally admitted today that working relationships between laboratory staff and clinicians are not ideal and could do with being improved for their mutual benefit and for the welfare of patients.

True, the biologist is all too often not brought in by the physician on "his" case. Sometimes the only link between them is a bare request for a certain test, nearly always unaccompanied by any clinical information that may guide the biologist or awaken his interest.

The biologist's exclusion from decision-making, whether of a diagnostic, therapeutic or other nature, may in the long run give him a sense of frustration. This, however, is of no concern to the clinician as long as he gets the test results and his power of decision is in no way called in question or eroded. Such a situation is obviously detrimental to all parties, and particularly to patients.

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How can relations between laboratory staff and those using their services be improved?

Information and education, envisaged in a comprehensive framework, and thus dealing with topics in which all parties concerned have a part to play, will undoubtedly help to make users more aware of the benefits of closer collaboration with biologists and their inclusion in decision-making.

It must be emphasized, however, that laboratory staff need to convince themselves that if they regard themselves as being there to serve patients they are also there to serve the person who has direct medical responsibility for those patients. This does not imply being on a lower rung of a ladder of authority. Being there to serve the clinician should primarily mean assisting in diagnosis or treatment through discussion of the case with the person responsible for the patient. In other words, if relations between users and biologists are to be fostered, then it is up to biologists to make the first move and show that they are interested in clinical matters, in patients and (why not?) in coming out of their laboratories to join the health team. Participation by biologists will undoubtedly mean an improvement in services, for the greater welfare of patients and the mutual benefit of all members of the team - physicians, radiologists, biologists, etc.

This approach, applied on an individual basis in many hospitals in Europe and the United States of America, has proved its worth and its effectiveness.

In the short term, then, the promotion of a positive working relationship between laboratory staff and users of their services implies an objective assessment of the function of each in relation to the patient and hence an effort to be made by the biologist to emerge from his relative isolation and take his place in decision-making.

This assumes that one prerequisite for this desired and desirable dialogue has been fulfilled: namely that the biologist has a medical degree or has received sufficient basic medical training to allow him to take part in the discussion.

In the longer term, this deliberate move by the biologist, which requires an undeniable effort from him (possibly at the psychological level but more certainly as regards bringing himself up to date on clinical sciences), should become as natural to him as to the clinician. However, it is here, in the question of basic medical or biological training, that the heart of the problem lies, and until it is solved we are forced to apply symptomatic remedies, among them the encouragement of work as part of a team and, perhaps, the promotion of joint management of disease.

It should be noted that in this system of relationships the patient remains at best a passive subject, when not an abstract object, for both partners - physician and biologist.

Although he is left outside the discussion - what can he say anyway? - the patient can still behave towards both as a consumer, which is what he really is. In this capacity, the very least he can require of them is quality of service. As far as the laboratory is concerned, for example, one thing the consumer should not have to put up with is unreliable test results. It is up to representatives of the consumer, or to the State, to promote quality control for laboratory tests in the same way as for water or foodstuffs. This would improve the services provided to the consumer just as they would be improved by better working relationships between all members of the medical team responsible for restoring him to health.

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