

Why Pathology?

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20 Pathologists Offer Reasons Why They Chose to Enter the Specialty

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“I enjoy making diagnoses. Often, in my work, I look at lung biopsies that come from patients having difficulty breathing or other respiratory problems. Until I see the biopsy, the nature of the person’s underlying problem may be unclear. I enjoy putting together the results of my microscopic review with the patient’s symptoms and the radiographic findings, to provide a diagnosis that explains everything and that leads to treatment of the problem. Hearing how my diagnosis led to a person’s recovery is very rewarding for me.”¹

Dr. Dani Zander

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“When I started medical school, I wasn't sure where my career would go. During my second year, however, I was captivated by the field of anatomic pathology. My interest in visual imagery and problem-solving were both best satisfied by this field. As I embarked on my residency, I knew I had chosen the right field. In pathology, I found a lifelong path of learning about human disease and was fascinated by the daily exercise of putting the gross and microscopic findings together with the clinical picture to arrive at the correct diagnosis.”²

Taofic Mounajjed, M.D.

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“I wasn't sure what specialty I would choose when I went to medical school. I loved my pathology course work second year, so I tried a surgical pathology elective during my clinical rotations and soon I was hooked. Each case is a new challenge. The pathologist has the unique ability to integrate the information gained from gross and histologic examination of the tissue with clinical and radiographic findings to arrive at a diagnosis. Surprises happen every day, and the pathologist is truly a key part of the health care team, helping to guide patient care management. I love my job and have never regretted my decision to specialize in pathology.”³

Dr. Jennifer Boland

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“Perhaps I should first explain why I chose to become a pathologist at all. I entered medical school, at the University of Cape Town, without the slightest knowledge of what was entailed in studying medicine. A year of general science was followed by the grind of anatomy and physiology, interesting in their own right but hardly the exciting stuff of medicine. The third year of medical school was an eye opener. We were still not exposed to patients and most of the year was devoted to pathology (histopathology, hematology, chemical pathology, and microbiology), at 592 hours by far the longest course of the entire curriculum. The pathology course comprised a mixture of lectures (unillustrated), a daily necropsy, comprehensive practical classes, and small group tutorials. Most of what we did would today be considered a colossal waste of time but the enthusiasm of our teachers was infectious and at last I realized what medicine was all about. What attracted me most to pathology was its logical, evidenced based nature, something distinctly lacking in other ingredients of the curriculum at that time. Not surprisingly, I chose to become a pathologist.”⁴

Dr. P. Isaacson

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“I don’t think of it more as ‘why I chose pathology’ but more ‘pathology chose me.’ Pathology was the only specialty where everywhere I went, everyone told me that they loved their job, both staff and the residents. As a lowly third year medical student searching for images for a family practice presentation, I walked into the office of the chief of AP at the hospital I was rotating at, told him I was looking for images and that I was interested in pathology. He talked with me about pathology for over an hour, right then and there, in the middle of the day. We had lunch together several other times during that rotation. That openness and hospitality was something I never found in other fields of medicine.”⁵

Pathology resident

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“I believe each of the medical specialties has something about it that draws certain personality traits to it. Pathology drew me to it because of the science, statistics, broad knowledge base required, and pivotal role it plays. Recently, I read a statistic that 68% of diagnosis and treatment is based on the laboratory. As Truman would say ‘the buck’ really does stop at the lab. We make the diagnosis that essentially determines all of the treatment the patient will receive. This makes the job of a pathologist a little ‘gut wrenching’ but always exciting.”⁵

Pathologist

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“I love pathology because in many ways it is like solving puzzles. As pathologists, we integrate the clinical data with the histomorphology and laboratory values, and we add additional ancillary studies until we ascertain the best diagnosis. We evaluate the subjective and objective data while approaching the diagnosis that explains the clinical picture. We work at multiple levels—we assist and guide clinicians, we educate clinicians and patients, at times we even provide therapy such as therapeutic plasmapheresis. Thus pathologists are an integral part of the treatment team. Besides being diagnosticians, we as pathologists bridge basic science research with clinical medicine as we implement the concepts of research into developing clinically relevant tools for improved diagnosis and treatment outcome. Through research, analysis, and observation, pathologists study pathogenesis and disease mechanisms. These are the aspects of pathology that I like and which is why I am training in pathology and laboratory medicine.”⁵

Pathology resident

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“It is the perfect combination of all spheres of medicine. I loved just about aspect of medicine as a student, but I couldn't see myself confined the traditional areas like Internal med, Peds, OBGYN or surgery. I realized that I needed to know why certain medical problems happened, how the tests that are used to diagnosed these problems work and how cancers looked. I knew that my yearning for answers and my constant questioning of why, would be satisfied in Pathology. There is never a dull moment in Anatomical nor Clinical Pathology. One minute I am looking at a horrible cancer and then I am working a neonate's blood!! That's cool!!”⁵

Pathology resident

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“I chose to become a pathologist because it offers me the chance to fully understand the disease process and how it affects patients. One aspect of pathology that I enjoy the most is being the ““answer man.” Whenever a patient is sick and the reasons are unclear, typically people order lab tests and a biopsy. I love calling up the attending physician for the patient and explaining what the diagnosis is and how it can explain the patient's symptoms. Correlating the lab test results with the biopsy is a skill that only pathologists have. The trust other physicians have in pathology inspires me to be the best pathologist that I can be. Of course, pathology is not without its challenges, but without good pathologists, the clinical treating physician is without guidance much of the time regarding the correct diagnosis. The intellectual challenge of the daily work is unparalleled.”⁵

Pathology resident

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“My PCOM classmates and I were introduced to pathology during the first year of medical school, and I immediately took to it. Our pathology professor, Robert M. Fogel, DO, stressed how pathology is at the center of all other medical fields—a discipline that is pivotal to every physician’s decision-making. As Dr. Fogel put it, the pathologist is ‘the doctor’s doctor.’ That really appealed to me.”⁶

Dr. Melissa George

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“My journey probably started as a boy when my grandfather showed me the hidden life in pond water using an old Bausch and Lomb microscope. The experience lay dormant until the second and third years of medical school, when the conference that most appealed to me was the clinicopathological conference. The only problem in my view was, the internal medicine doctors didn’t leave enough time for the pathologist to discuss the findings, and the pathologist was the one with all the answers! With a senior rotation or two in pathology, I realized that pathology provides endless fascinating puzzles to solve, involves the practitioner in practically every one of the most interesting cases that the medical center has to offer, and allows the practitioner to remain a real scientist.”⁷

John B. Schweitzer, M.D.

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“During my pathology elective it became clear that it was the field for me. The importance of the pathologist’s diagnosis was astonishing; the course of treatment, along with the patient’s prognosis, was entirely dependent on the impression of the pathologist, the ultimate consultant. The field struck me as very cerebral; pathologists are required to have knowledge of virtually every disease process that can affect every organ in order to diagnose them. Finally, I was struck by how vast the field was. Even though at that time I did not know what subspecialty of the field I would go into, I discovered that Pathology encompassed areas ranging from molecular diagnostics to clinical chemistry to forensic pathology. I knew that I would find my niche.”⁸

Dr. Justin Bishop

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“Choosing pathology was a long decision for me. I developed a small interest in pathology after my second year course but did not fully realize my interest until I was on surgery and was sent down with a specimen by an attending to observe how the pathologist handles the specimen and what it looked like microscopically. I found that I was much more interested in this aspect of the case than in the surgery itself. I did surgery early in the 3rd year and so a small seed was planted in the back of my mind at that time. Throughout my further rotations in the 3rd year, I realized that I was always very interested when microscopic slides were shown in presentations on different diseases and I knew then that I had developed a strong interest in pathology. I also was very honest with myself concerning what I wanted in a specialty. I wanted intellectual challenge. I wanted an investigative role...In addition, I saw how happy pathologists were at their jobs. I never met a genuinely unhappy pathologist (however, I met a ton of unhappy obstetricians). Most said they loved their job and would not want to be doing anything else.”⁹

Dr. Benjamin Coleman

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“Is there a bit of medicine which is problem-solving, and where you can solve one case and move on to a new one? The answer was pathology. It's like doing crossword puzzles -- solving one and then having a new one to do. And actually, 35 years later, that's what I still like about pathology: it's problem solving.”¹⁰

Dr. Sebastian Lucas

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“I've always felt that one of the challenges, and in many ways one of the joys, of diagnostic pathology is that every month, certainly, you see something you've never seen before... Not [necessarily] a new disease, but a different manifestation of something, or some appearance you've read about in the books but you've never actually seen. And there it is! I think that's really what keeps the interest going, or one of the things that keeps the interest going. I think the day I get tired of doing this is the day to go off and do something else. I've not lost that over the years, and I hope I never do.”¹¹

Dr. James Ironside

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“I really became interested in pathology during my second year at medical school... Looking through the microscope, I kind of saw medicine come alive. I realized that by looking at tissues, you could really understand what was happening to the patient. Seeing pathophysiology unveiled beneath the microscope really made medicine exciting to me. I wanted to understand disease and what caused disease, and how these changes occurred in the patient.”¹²

Dr. Elaine Jaffe

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“I entered medicine with the express wish to become a pathologist, which is very unusual... I read, as a 15 year old, a book called Men Against Death by Paul de Kruif. This was really the history of the early bacteriologists, like Robert Koch who became my hero... You had these conditions – like Rocky Mountain Spotted Fever, tuberculosis, leprosy, typhoid, cholera – which just seemed like black magic for the practitioners of those days... Then along came Louis Pasteur and Robert Koch and the early bacteriologists and isolated these organisms and put medicine on the first scientific basis it's had... It's a real saga, and I think any young person reading that sort of thing now, it would really turn them on. It's extremely exciting.”¹³

Dr. Nicholas Wright

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“I became interested in Pathology early in my medical career and am continually intrigued by its visual nature. Through the use of a microscope, I see a snap shot of disease process-living cells frozen in time. By carefully characterizing tumors, I help guide clinicians in their decision making in providing the best treatment for their patients.”¹⁴

Dr. Anna Carley

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“The job is obviously extremely interesting, and is satisfying from the point of view that pathologists feel they are usefully helping both the patients, as well as the doctors, in reaching the correct diagnosis. There is broad scope to choose from in the field of pathology, which allows you to follow your specific interests, as far as specialization is concerned, such as getting involved with teaching or research, or business and laboratory management.”¹⁵

Dr. Mike King

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“I have spent 20 years devoted to understanding the language of cells. Different cells, their patterns and their meaning in terms of disease. Cells are like people. The benign cell that will hurt no one. The angry cell that will stealthily spread to distant organs, and the deceptively beautiful cell, that hides an aggressive nature. In my quiet, magic circle of light, I spend the days deciphering the language and nuances of cells. Pathology makes a difference. The calm reassurance of a benign diagnosis, the guarded caution of a borderline diagnosis or the regret of a malignant diagnosis can touch a life and alter it irrevocably. A strange and absolute power possessed by cells. Where is the joy in living with cells? The joy is in the challenge of unraveling mysterious patterns you have never seen before. In unearthing the hidden secrets of cells. In understanding what they mean to the anxious patient who waits for his pathology report with a sense of trepidation. It lies in being able to make a difference. In guiding the healing touch of medicine. In being a part of the eventual alleviation of suffering.”¹⁶

Dr. Manna Valiathan

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