

“History is the present”

SUSAN J LECLAIR

The current conception of the clinical laboratory has been around for over a century now. Throughout that time, many practitioners have wished that they could “just do the job” and not worry about outside influences. They have also assumed that those who came before them had it easier. But that approach fails the test of reality.

Demands for access to universal healthcare and worries about how to pay for it were common during the unionization activities prior to the country’s entry into World War I. Concerns about the educational level of practitioners were around in the 1920s. Worries about the recognition of this profession as a profession resulted in the formation of ASCLS in the mid 1930s. Quality control first made its appearance in the clinical laboratory at about the same time. World War II dramatically changed the clinical laboratory as the advances stimulated by the war effort were seen in community hospitals with the increased demand for the identification of microorganisms, now treatable with antimicrobials. More invasive surgery, especially organ transplantation, put additional strain on transfusion services whose specialists were also coping with newly discovered and troublesome red cell antigen families.

The sixties saw an explosion of laboratory tests and cutting edge automation. For the first time, clinical laboratory data became critical to all patients. Medicare and Medicaid brought federal interest to the laboratory. After such growth, the seventies saw a time of restriction as insurers and the government grappled with the finances of healthcare. While there was some contraction of services, emerging diseases such as HIV influenced the laboratory from revolutionizing how we handle specimens to the social stigmatization of patients.

The Dialogue and Discussion Section is a forum for editorials, short articles, commentaries, and letters to the editor on clinical laboratory science topics and professional issues of general interest to readers including ASCLS activities and position papers. For more information about submissions to the Dialogue and Discussion section contact: Margaret LeMay MFA, Managing Editor, Clinical Laboratory Science Editorial Office, IC Ink, 858 Saint Anne’s Drive, Iowa City IA 52245. (319) 354-3861, (319) 338-1016 (fax). ic.ink@mchsi.com

From professional standard review organizations (PSROs) looking at quality to health service area (HSA) definitions of the healthcare needs of a given population to managed care, the accent was on outside influences again trying to define the necessary attributes of a healthcare delivery system. In the clinical laboratory, that influence was seen in the Clinical Laboratory Improvement Amendments (CLIA ’88), Food and Drug Administration (FDA) regulation, and cost management.

The twenty-first century has not lightened these loads. From continuing cuts to increased patient numbers to fragile patients being treated with more aggressive therapies, laboratory professionals will continue to be influenced by outside agencies and societal forces. What to do?

In order to better serve our patients, we need to become cognizant of these influences. It is not sufficient (it never really was) to hide behind an instrument and wish that the outside world would go away. To be professionals in a complex and multi-tiered world, we need to be able to interact successfully with those whose actions impinge on our scope of practice.

Toward that end, the journal is broadening the Focus section to include not only scientific topics but topics that skirt that area traditionally called “professional” — governmental issues, cultural norms, and the like. This issue’s Focus: Government Regulations explains some of the more common federal initiatives that influence healthcare and the clinical laboratory in particular. For many of us, that high school civics class was long ago and perhaps not well remembered. Yet, as long as there is a country, there will be discussions, debate, regulations, and laws that surround “just doing the job”. We need to be more skilled in these arenas if we are to protect our patients, our profession, and ourselves.

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Title: Doctorow EL. Interview by George Plimpton. Writers at work: the Paris Review interviews, eighth series. New York: Penguin Books, 1988.

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