

Respect and Responsibility... with Apologies to Jane Austen

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This past May, as our department held its annual pre-commencement robing ceremony, I was struck not for the first time with the importance of the ASCLS Code of Ethics. While we use a shortened version for the ceremony, the clarity of a professional's duty to the patient, to the profession, and to society struck me as more than just words. Since this is my last editorial, I ask your indulgence for some philosophical musing.

Our first duty is to the patient, not to the hospital or the physicians or the insurance companies and I believe that, as individuals, we truly understand this. But how often does this primacy become lost in the paperwork and the machinations of the healthcare system? How often do we begin to think of the 100th CBC or the next urine culture instead of the person from whom these specimens were taken? Should we be so content to increase our workload without assessing how quantity can impact quality? Have we taken an active role in assessing and maintaining quality in ourselves and in our own facilities? How often do we instruct on-the-job trainees just so results can get out without thinking about the quality of those results? Do physicians train people who didn't go to medical school?

Over the years, one of the most common complaints I have heard from laboratory practitioners is a variation of Rodney Dangerfield's "I don't get no respect". Do we respect other laboratory practitioners, especially those on other shifts? Do we welcome new employees and make them feel comfortable? Do we dress and act like the other professionals we acknowledge every day? Do the folks who dress in scrubs in order to not soil their own clothes really mean that they do not trust their own technique? Do faculty at programs in clinical laboratory science engender activism in this profession? Do they teach and model professional behavior as a way of life?

Many find more problematic than the first two components of the Code of Ethics the third section that speaks to a duty to community. For too long laboratory practitioners have been content to reside behind the conclusions of a single small study that suggested we were introverted and unwilling to deal with confrontation. For too many reasons, our society is in trouble. At present it is both anti-intellectual and anti-science. If we are to be believed in our assertion that we are scientists and not just recipe-followers, then we need to reach out to our communities to explain and defend science. Do we present topics of interest to the local cancer society or speak at town meetings on the benefits of recycling? Do we explain the difference between a matter of personal opinion and scientific theory to local students? Do we judge science fairs? Do we participate in issue-based or political campaigns? Do we vote? Current polls suggest that we, along with the rest of Americans, do not. Yet we bear a higher responsibility than some others in this scientifically and technologically-based society. We are scientists. We know better than to be silent.

Thank you for reading and thank you for the honor of being editor-in-chief.

Susan J Leclair PhD has served as editor-in-chief of Clinical Laboratory Science since 2000.

Clin Lab Sci encourages readers to respond with thoughts, questions, or comments regarding this article. Email responses to ic.ink@mchsi.com. In the subject line, please type "CLIN LAB SCI 20(4) DD LECLAIR". Selected responses will appear in the Dialogue and Discussion section in a future issue. Responses may be edited for length and clarity. We look forward to hearing from you.

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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-Lewis, Managing Editor, Clinical Laboratory Science Editorial Office, IC Ink, 858 Saint Anne's Drive, Iowa City, IA 52245. (319) 354-3861. ic.ink@mchsi.com

DIALOGUE AND DISCUSSION

ASCLS Code of Ethics Preamble The Code of Ethics of the American Society for Clinical Laboratory Science (ASCLS) sets forth the principles and standards by which clinical laboratory professionals practice their profession.

I. Duty to the Patient Clinical laboratory professionals are accountable for the quality and integrity of the laboratory services they provide. This obligation includes maintaining individual competence in judgement and performance and striving to safeguard the patient from incompetent or illegal practice by others.

Clinical laboratory professionals maintain high standards of practice. They exercise sound judgment in establishing, performing and evaluating laboratory testing.

Clinical laboratory professionals maintain strict confidentiality of patient information and test results. They safeguard the dignity and privacy of patients and provide accurate information to other healthcare professionals about the services they provide.

II. Duty to Colleagues and the Profession Clinical laboratory professionals uphold and maintain the dignity and respect of our profession and strive to maintain a reputation of honesty, integrity and reliability. They contribute to the advancement of the profession by improving the body of knowledge, adopting scientific advances that benefit the patient, maintaining high standards of practice and education, and seeking fair socioeconomic working conditions for members of the profession.

Clinical laboratory professionals actively strive to establish cooperative and respectful working relationships with other healthcare professionals with the primary objective of ensuring a high standard of care for the patients they serve.

III. Duty to Society As practitioners of an autonomous profession, clinical laboratory professionals have the responsibility to contribute from their sphere of professional competence to the general well being of the community.

Clinical laboratory professionals comply with relevant laws and regulations pertaining to the practice of clinical laboratory science and actively seek, within the dictates of their consciences, to change those which do not meet the high standards of care and practice to which the profession is committed.