

Data-processing

At the spring meeting of the Association of Clinical Pathologists a general 'Buzz Group' considered 'Data-processing' (chairman, Dr G. K. McGowan). The speakers, chosen to present the problems of each discipline, reflected also the wide differences of opinion on the subject as a whole.

There arose again the familiar questions of how to deal with a growing work-load without loss of quality, how to deliver the right answers at the right time, and—perhaps most deeply felt of all—how should we come to terms with the computer. Is it friend or Frankenstein?

For Histopathology, possibly the least controversial of the disciplines in this context, G. Slavin (Northwick Park) pointed out that because histological reports are not numerical it should not be implied that they are not codable, and there are many advantages for the pathologist, for research purposes and, not least, for the patient in employing some system of codable classification. Describing the merits and drawbacks of each he refrained from making a general recommendation. However, it is clear that the flexibility and the head-start already gained by SNOP (Systemic Nomenclature of Pathology) must make it a strong favourite.

For Chemical Pathology F. V. Flynn (University College Hospital) described the introduction of on-line computer processing for all routine work, and his account had a certain epic quality. The formidable hazards and defects—lack of software, insufficient programmes, failure of patient identification systems, and many more—were all overcome with time and effort but the rewards gained in terms of time and money saved appeared to be marginal. The impression was that of an uphill struggle won by a bare margin on points.

In Haematology I. Cavill (Welsh National School of Medicine) indicated similar ambivalence in relation to computers but was able to extend his view beyond the Coulter S and the computer to consider both the generation and appropriateness of a test, and the return and comprehension of the result by the doctor who makes the request. In the course of discussion he mentioned a study where the relevance and necessity of tests had been questioned 'generating enough heat to set the whole hospital aglow'.

Furthermore, in Microbiology 'where interpretation is often more important than fact' J. C. Gould (Edinburgh) seemed to suggest that such liaison work of the pathologist could be routinely

and regularly undertaken despite a very heavy work-load and without particularly sophisticated aids to data storage and retrieval.

It is perhaps not a coincidence that the diagram reproduced below comes from a book on Medical Microbiology, yet the lesson it teaches is applicable in a large measure to all branches of Pathology. One message of the meeting, from those who have concentrated so admirably to improve the essential segment at the bottom of the diagram and in particular to invoke a more organized and machine-dependent system of data-processing, is that some real but marginal benefits can be gained both directly for the patient and indirectly through research, especially in epidemiology. But perhaps we learned equally to pay greater attention to the afferent and efferent components of practice in clinical pathology.



Internal laboratory quality control represents only a small portion of the spectrum of activities that affect the quality of patient care. The microbiologist makes many clinically relevant decisions that influence quality performance throughout the spectrum.

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