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Job description of MLSOs

Histopathologists and cytologists as a group tend to be obsessional individuals which in our work can be a useful trait but when this is taken to extreme degrees it becomes a disease (common sense is ignored and everyday life interfered with). This neurotic state is made much more serious when it is encouraged by bodies responsible for maintaining standards, The Royal College and the CPA. When Dr Tim Ashworth wrote to the *BMJ* suggesting that MLSOs should do all or most trimming and even report many histological specimens he caused a furore.[1] When, in my view, the just as extreme idea that they should do nothing apart from reporting negative cervical smears and possibly loading endoscopic biopsy specimens into cassettes, is proposed by the College and policed by the CPA, there is silence. As a grass roots pathologist who (to comply with accreditation requirements) has just waded through a lake of negative urine cytology and sputa without a hint of a malignant cell I feel this silence should be broken.

A competent MLSO should be able to report a negative urine or sputum and pass on a doubtful case to a pathologist; this is surely easier than the screening of cervical smears. The overall responsibility is still the pathologist's for ensuring that this is done safely but in a service which is consultant based in most non-teaching hospitals it is a waste of consultant time to report this kind of material. I wrote to the CPA recently to confirm their position on this. My heart sank to learn, I quote, that these are "mainly diagnostic specimens" and that the "responsibility for reporting them lies with the pathologist". This was based on the *Authoritative Guidelines for Histopathology Laboratories* published by The Royal College of Pathologists in 1989! Are they really mainly diagnostic specimens or are they much more the equivalent of a full blood count carried out when a patient has a particular symptom complex? I think the latter. I know that quite a few of my colleagues at other hospitals are paying lip service to this accreditation requirement. This is dangerous medicolegally; if I put my name to a report it implies that I have looked at the slides carefully.

A lot has changed since 1989. The present policy is bizarre and should be reviewed urgently. Is it right that at a time when in other branches of medicine there is ever increasing delegation of responsibility, even the possibility that nurses will one day carry out endoscopies, we are heading in the opposite direction. I am very worried that pathology in its terror of occasional mistakes being made, which are after all inevitable even if all urines and sputa were reported by professors of pathology, is losing its way and is increasingly out of step with the rest of medicine. A profession afraid to delegate sensibly will eventually be forced to do so by others.

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1 Ashworth T. Personal View. *BMJ* 1994;**309**:417.

Book review

Human Tissue: Ethical and Legal Issues. Working party on human tissue chaired by Professor Dame Rosalinde Hurley. (Pp 153; £10.00.) Published by and available from The Nuffield Council on Bioethics, 28 Bedford Square, London WC1B 3EG. ISBN 0 9522701 1 0.

Advances in medical treatment, scientific research and biotechnology have highlighted public concern over a variety of ethical issues raised by the use of human tissue. For instance, questions have been raised regarding the sale of organs, the patenting of life forms and the commercial exploitation of products derived from the tissues of patients or research projects.

Quite rightly, society expects the human body and its parts to be treated with respect and that human tissue should not be used at will or abused, but in general has welcomed advances resulting in the use of human tissue in therapy, such as transplant surgery, and some of the developments resulting from genetic research. The potential of scientific advances for improvements in patient care is considerable, but raises many ethical and legal questions that affect us all. Some of the ethical challenges will be difficult to handle and there will be different opinions as to how they should be handled within different cultures.

The Nuffield Council on Bioethics decided to establish a working party, under the chairmanship of Professor Dame Rosalinde Hurley, to define the ethical and associated legal questions raised by the medical and scientific uses of human tissue. The terms of reference included current and prospective medical and scientific uses of sub-cellular structures, cells and their products, tissues and organs; to give some account of developments in research and exploitation of tissue, identifying current and potential benefits and difficulties; to identify and define ethical issues and questions of public policy and current practices arising from the use and exploitation of human tissue.

The report clarifies the current provisions of the law and highlights many areas requiring further debate in which further statutory provision or regulation may be required. It is clearly written and follows a logical sequence, including introduction, areas of public concern, definition, sources and uses of human tissue, ethical principles and legal matters, and concludes with a list of recommendations. The conclusions and recommendations include advice on the ethical principles in the use of human tissue, legal matters arising from the use of human tissue, guidance for consent procedures, guidance relating to constraints on commercial transactions, the responsibilities of medical intermediaries such as tissue banks that supply human tissue, the need for the government, together with other member states, to seek the adoption of a protocol to the European Patent Convention relating to patents in the area of human and animal tissue, and advice on safety and quality.

The Working Party concludes that organising the removal and supply of human tissue along commercial lines is unethical; that more should be done to encourage the concern of donors for others in the hope that more will come forward; that when tissue is removed in the course of medical treatment, consent to the treatment should cover any further uses of the tissue; including the registering of tissue banks and monitoring of their activity. Complex issues regarding the removal of tissue from living persons who are deemed legally incompetent and from children are highlighted, the present legality of which is uncertain. The authors recommend that any removal should be exceptional and limited to procedures that pose negligible risk and minimal burden, and that the Law Commission's proposals, which would permit non-therapeutic research on incompetent adults, subject to strict safeguards, should be enacted.

This report is timely and, in addition to its importance to all those involved in the provision of health care, medical research and teaching, should generate widespread interest and debate within the general public. The Working Party's advice, that relevant professional bodies should now ensure that their professional guidelines clearly establish the responsibilities of the increasing number of their members who will find themselves acting as medical intermediaries involved in the acquisition and supply of human tissue, must be accepted. I hope that this document stimulates worldwide debate involving the general public and, in particular, educational institutions. I strongly recommend it.

W R TIMPERLEY

Notice

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Organiser: Singapore Association of Clinical Biochemists

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Organising Committee Co-Chairmen: Dr It-Koon Tan/Dr Edward Jacob, Department of Pathology, Singapore General Hospital, Singapore. (Tel: (65) 321 4914; fax: (65) 222 6826.)

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Correction

Organophosphates and monocyte esterase deficiency (*J Clin Pathol* 1995;**48**:768–70). An editorial error occurred in the Arylesterase activity subsection of the Methods section. The units for arylesterase activity are μmol/min/l and not mol/min/ml as printed. On p 768, introduction, column 1, line 21, 16q3:22.1 should read 16q13-q22.1.