The law of supply and demand

I am finding it quite entertaining seeing the feedback coming in on the “bread crumbs” column (August 2003, “The magic in fairy tales,” p. 6). I think common sense should tell us that we are now a business and, as such, should expect the rule of supply and demand to exist. The med-tech shortage will take care of itself one way or another by supply and demand. If the salaries and the jobs go up, the supply will too. If we can’t make the positions of medical technologist attractive enough, or responsible enough, or well paid enough ... they will disappear or be replaced by some other occupation. If we are successful, they will evolve into an abundance again. I will not believe that doctors will ever be satisfied to get the lab numbers and data and help from anyone other than a trained, certified, professional med tech. I have been in the field for 32 years and still see them all come to the lab for answers and help. Supply and demand ... they have the questions, and we have the answers. Like in the movie “Field of Dreams,” if you build it, they will come. Too much talk and worry ... just build a better program, better benefits, better career profession. They will come.

—Steven DeVine, Chief Tech Hematopathology UTMB at Galveston Galveston, TX

Frey’s fast food

Re: Letter to the editor from William Frey (January 2004, “Fast food for thought,” p. 7)

I have been a registered medical technologist for 34 years, not counting four years ... as a corpsman with the Navy and Marines ... in dispensaries and field hospital laboratories. I did not start my career in the days of double [sic] bubble toil and trouble in large kettles and pots, but I did begin it with manual everything. Yes ... making our own reagents, running controls and standards, and plotting graphs were the good old days. However, progress came along and we moved forward with the times.

First, there were better spectrophotometers, then automated cell counters, and, after that, along came chemistry analyzers ... we are receiving better instruments and more stable reagents and controls ... Not only do we have to know more about medical technology, but we also have to know more about computers and electronics, especially ... working in a remote healthcare area. With microbiology and blood banking moving toward more automation, technology has really jumped forward.

I do not feel anger toward Mr. Frey for his insensitive letter, but ... pity, because he just does not get it; he has forgotten his professional roots. We have new medical technology students every year, and they are more intelligent and must know more than we ever did in our classroom and training days.

I am amused with his paragraph about his second career leadership workshops. Sometimes too much education for some people is not a good thing. If medical technologists are becoming button pushers, no better than the people cooking fast-food burgers and fries, why would we need someone holding workshops? I would like to know how many seminars and workshops McDonald’s and Burger King give their employees each year. I hope ... those hiring for workshops will remember William Frey’s name and that he thinks we are no more than fast-food cooks ... thinking like his has kept our profession down in recognition and salaries.

Please read the article in the same issue on page 40 titled “Congress Challenged.” If we need such little knowledge to perform our duties, why is there such a shortage? Fast-food applicants should be lined up at the door with application in hand, because I know the environment here is better than a fast-food restaurant. As I look out the door, I do not see anyone waiting. Dismal for a profession that is listed [by Jobs Rated Almanac] as 16 and 17 out of 250 of the best careers.

—Dan Frady, RMT(AAB-HEW)
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A myth to be questioned

Re: Myth #7: Hematology commercial controls must be parallel tested before being put in use (November 2003, “HeMYTHology: 10 myths of hematology,” p.24)

The author apparently uses Beckman Coulter hematology analyzers, which — like all automated hematology analyzers — have control materials that contain a package insert with assayed ranges. This range is not an expected range, per se, but merely a range of means. In other words, the mean that you establish during parallel testing should fall within the range of means listed on the package insert, but the range should never be used as the “expected range,” as the standard deviation [SD] represented in the range of means does not apply to one particular analyzer. The SD for any given analyzer is established from a historical review of statistical data pertinent to that analyzer. So, I feel that it is incorrect to view the ranges represented in the package insert as “expected ranges” and that parallel testing should be conducted.

—Michael Ridley McKenzie, TN

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