Letters to the editor

Readers respond

Dedicated reader’s kind words

I really enjoyed your From the editor for June [Part IV: Tradition in transition, “Beware the lobster,” p. 4]. I recognize the humor of Dave Barry and agree that we all have FEAR. I do not know Erik Erikson, but thanks to you and your editorial, I will now have to research him and his theory of personality and the eight stages of psycho-social development! I love the Pavarotti quote and thank you for your important words on the reasonable fear of the “lab techs.” Personally, I have never had a fear of lobsters, and I must agree that I have never seen a lobster in a tree! On a separate topic: The Tribute pages for MLO peer reviewers are a very nice recognition — thank you. And finally, I do not know Dr. James Dehnert Gross, but what a nice tribute your “In Memoriam” is to his hard work and his memory.

— Helen Ogden-Grable, MT(ASCP)PBT
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Editor’s note: Helen Ogden-Grable is a magazine editor’s consummate reader. She regularly sends messages regarding what MLO publishes, as well as offering her ongoing services as a peer reviewer. We have enjoyed her company via e-mail since we came on board in April 2003. It is always lovely to hear from Helen.

EHR at AACC

I just received the June issue of MLO, and on p. 28, in an article about HIPAA [HIPAA: Where are we now?], the author, Gary Burkhartsmeier, in the last two paragraphs comments about clinical laboratorians need[ing] to be part of the development of standards for the electronic health record (EHR) and the clinical laboratory’s role in the process. I would just like to comment that for 25 years the American Association for Clinical Chemistry (AACC) … with the American Health Information Management Association (AHIMA), has been working on informatics and EHR standards for healthcare; this has been done in concert with several standards developer organizations (SDOs) in a coordinated effort. AACC has included programs on this subject in its annual meetings for all of this period, but it is clear that an appreciation of the current state of such efforts is seriously lacking. Partly, this lack of appreciation seems to be due to the general “pigeonhole mentality” on a variety of social issues prevalent throughout society.

At the upcoming AACC annual meeting in San Diego, an active program on this issue will again be presented. As a way of reaching the journalistic segment of the clinical lab community, I invite you to attend on Monday noon 16 July the annual meeting of the Lab Information Systems and Medical Informatics Division of AACC to get a glimpse of the discussions on this issue. The understanding by clinical laboratorians of the implications, as noted by author Burkhartsmeier, is critical to the role of clinical information in healthcare, as noted by the Institute of Medicine 2003 report, “Health Professions Education: A Bridge to Quality.” This report provides the global view of the approach to the use of information and communication technology (ICT) in transforming healthcare and complements the current propensity to focus on the details of … implementing the technology rather than the full picture.

HIPAA, the focus of Burkhartsmeier’s article, was just one of these associated build[ing] blocks for the healthcare edifice, rather than the end product. This signals that we must work much harder to reach our colleagues in order for them to have a balanced perspective. I include as addressee our AACC LISMI Division Chair Dr. Al Jekelis, who currently represents the AACC at the ANSI Health Information Technology Standards Panel (ANSI HITSP) that is the focus for the global harmonized standards effort [to which] Author Burkhartsmeier refers. We look forward to you attending the LIS MID meeting in San Diego.

—Arden W. Forrey, PhD
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Mr. Burkhartsmeier’s reply: The brief article that I wrote was not intended to be a full-blown assessment on the state of...
EHR in today’s medical community; and I am fully aware of, and applaud, the efforts of a host of dedicated professionals in many segments of healthcare today. The letter author’s intent to call attention to those efforts at the AACN national meeting in San Diego is one that I could not be happier to see! One of the points that I was attempting to make is that we still need some substantial efforts to remove the legislative and regulatory roadblocks to provide an avenue for patients to assume some degree of access, if not control, over their own medical records. To date, at least to my knowledge, those obstacles have not been addressed. Without that, we are subject to continuation of the “pigeonhole mentality” that has characterized the general feeling of most physicians about medical records as the author rightfully points out. Kudos on this letter to the editor! If my little article can stimulate this kind of debate and call to action, it has served its purpose!

Third-shift stereotype?

As a person entering [her] 25th year of work in the clinical laboratory, with 13 of those years spent on the third shift serving as the senior technologist for 12 of those 13, I must register my disgust at a comment that was printed in the June 2007, Vol. 39, No. 5 of MLO. Barbara Harty-Golder made it in her response to a letter concerning records of medical patients about which she wrote, “You’re not going” anywhere ‘til you finish your own work.” Heaven forbid a routine FBS or CBC gets passed to first shift; it might somehow make them late for their first break of the day.

As a third-shifter, I have cleaned up after second shift, drawn bloods, transfused bleeders, prepared exchange transfusions, performed EKGs, run blood to the OR, opened the morgue to sign out bodies, ran (sic) up and down stairs to the NICU; did Gram stains, amniotic testing, and who knows how many other tasks, all the while taking lip from nurses and doctors who had no respect for me or my role in patient care, only to be treated like garbage by others in my profession who felt that they were somehow superior to me because they worked in daylight after having a full night’s sleep.

In my career, I have worked with scores of individuals at various institutions, and I assure you the third-shifters are, far and away, the least lazy persons in the laboratory.

By allowing Ms. Harty-Golder’s comments to be published, you all have helped to perpetuate the stereotype of the laboratorian as a lazy[...]—my emphasis].

Why, I ask, did Ms. Harty-Golder find it necessary to malign an entire group of laboratory professionals because of the shift that they work; and, more importantly, why did the rest of you, as editors, allow it to go into print? You should all be ashamed of yourselves, and you owe third-shift laboratory staffs an apology.

In my career, I have worked with scores of individuals at various institutions, and I assure you the third-shifters are, far and away, the least lazy persons in the laboratory. Second-shifters call and wake the least lazy persons in the laboratory. I know how hard they work and how difficult that life can be. Since then, I have worked in and around the laboratory all my professional life, including pulling my own share of late-night coverage.

I do not consider third-shift workers any less capable or caring than anyone else, and my high regard for laboratorians cannot be overstated. In point of fact, this issue arose from my editing of the column; I deleted the reference to “shifts” from the original question but not from the ensuing answer, which — at best — left an irrelevancy and, in your case, gave offense.

I did not mean then, and certainly do not mean now, to demean laboratory technologists on any shift. Their high degree of professionalism is what makes medical care run so smoothly. On the other hand, I stand by the characterization of the perpetrators of such an irresponsible breach of procedure as “lazy,” or perhaps worse. How else would you describe individuals whose personal standards would permit such an egregious compromise of patient care? It could, of course, happen on any shift, but the fact that some technologists are unprofessional is not an indictment of all. Just as my casual indication of the event in question happening on the night shift is not an indictment of all night-shift staff. I do sincerely regret that my inexperience in writing led you to assume that I regard all laboratory technologists or third-shift workers in the same light. Please accept my apologies, for it was surely not intended.