Bring Back the Ward Laboratories

A few years ago, I began to notice the disappearance of the small laboratories on the medical wards of teaching hospitals where students and house officers could perform admission laboratory work. The tests performed were simple but had great practical value to both patient care and medical student education. Although students rejoice at the diminution of "scut" work formerly performed in these labs, the result of their elimination is the production of a generation of young physicians who cannot perform their own tests if necessary. This was brought vividly to my attention when Dr. Eloise Harman, a member of my division, reported an experience at the Salvation Army free clinic for the homeless. A laboratory was provided by the clinic, but none of the students staffing the clinic knew how to perform any tests. Dr. Harman, educated years ago in the performance of hematocrits, blood smears, and urinalyses, was both the preceptor for the clinic and the only person present able to perform the laboratory tests.

I believe this phenomenon is more widespread than we would like to believe. The majority of the fellowship applicants whom I interview relate similar disappearances of the ward laboratories at their teaching hospitals. Not only do I feel that this is a detriment to medical student education, but I believe that the lack of such laboratories also impedes medical care. Since my specialty includes critical care medicine, I have recently had the opportunity to care for a number of "GI bleeders." The lack of the availability to do quick hematocrit readings and the lack of a smear to evaluate platelets detracts from medical care, from student education, and from the excitement of discovery in medicine. True, the central laboratories perform tests quickly and computer retrieval of lab test results is available; nevertheless, nothing compares to doing it yourself. Some tests, for example, the examination of a fresh urine specimen for casts, are best done at the bedside.

Why have these ward laboratories disappeared? It's not easy to find an answer. The Joint Commission on Accreditation of Health Care Organizations (JCAHO) has often been blamed for citing the Clinical Lab Act which requires that all personnel working in a laboratory be certified to do the tests pertinent to that laboratory. Also, quality control is essential for accreditation. These requirements would, of course, be difficult to meet when the students and house officers using a laboratory on the ward change every month. I have actually heard the statement, "These tests are being used to make critical medical decisions," implying that such decisions can only be made if the tests are done by accredited laboratories and personnel. Several calls to the JCAHO on my part have left me quite confused as to their position on this matter, and it is quite possible that the JCAHO has been wrongly blamed for the disappearance of the ward laboratories. I have also been informed that the College of American Pathologists inspects hospital laboratories and has a similar position on accreditation, specifically, that quality control would be impossible in ward laboratories. Those answering the phone in the office of laboratory accreditation of the College of American Pathologists did not know of such a position taken by their organization.

Why, then, are the laboratories disappearing? Could it have anything to do with reimbursement? If tests are done by interns or students, no billing can be assigned to the test. This would be the worst reason of all to discontinue the operation of the laboratories. A slight decrease in revenue is certainly worth the educational experience and improved medical care resulting from the presence of such laboratories.

I need to be educated on this issue. Surely, some tests are so simple that they need not be done in accredited laboratories. Taken to its extreme, this logic would prevent diabetic patients from testing their own blood and urine for glucose because of the lack of quality control. If there is a valid reason for making such laboratories unavailable to medical students and interns during their training, I would like to know what it might be. If not, I suggest that the ward laboratories be returned to their rightful place in medical care and medical education.

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Pleurodesis, pH, and Thoracoscopic Talc Poudrage

In this issue of Chest (see page 1482), Sanchez-Armengol and Rodriguez-Panadero continue the important work of Sahn and Good,1 relating the pH of malignant pleural effusions to survival and to success of pleurodesis. Four things stand out from previous