



Professor Paola Domizio

I want to see my colon!

Well it looks like people ARE interested in pathology, at least when it's personal. Professor Paola Domizio explains...

During my brief dalliance with clinical medicine many years ago, talking to patients was the part of the job I enjoyed the most. Not surprisingly, it was the element I missed the most when I became a histopathologist. It was about 15 years ago when a professor of paediatric gastroenterology first mentioned to me that a 10-year-old boy who had just had a colectomy for ulcerative colitis would really like to see his excised colon. Education and public engagement had always been in my blood, so I jumped at the chance. He came to the laboratory with his parents and I spent about half an hour showing them his diseased colon, comparing it to a normal colon, and explaining to them in lay terms the pathology of ulcerative colitis. All of us – the child, his parents and I – found the experience positive and highly valuable. Consequently, I decided to extend the opportunity to all children who had had bowel resections for inflammatory bowel disease.

Nowadays, those children who accept the invitation – about 90% of those offered – attend the pathology laboratory together with their parents, once they have recovered from surgery and feel up to seeing their bowel. This is sometimes several weeks after leaving hospital, when they return for an outpatient visit. On arrival, I give them a mini-tour of the laboratory to orientate them and explain the processes involved in examining a specimen histologically. I show them their own specimen, so that they can see how badly diseased their bowel was, and encourage them to handle the bowel. Many of them also take photographs. Recently, a teenage girl told me that she wanted to use a photograph of her and her family next to her

excised bowel as a Christmas card. If the child is old enough, I then show them a representative histological slide and explain to them the pathology of their particular disease. I offer those who are doing biology at school a slide to take away with them and show their friends on the school microscope.

This has been a very successful initiative and all the children who have attended the laboratory have been more than satisfied with the outcome. The ages of the children I have seen range from 6 to 16 and nearly all of them get something out of it. The most frequent comment from the children is “I now realise why I was getting so much abdominal pain” and “I feel much better now the disease is out of my body”.

Similar initiatives are taking place across the UK. ‘What colour is my cancer?’ is a service set up at St James’ Hospital in Leeds to show teenagers with leukaemia their tumour cells under the microscope (see page 127). This service was awarded a prize for innovation at last year’s Medical Futures Innovation Awards. The citation for the award reports how one child, George, described his cancer as “black” and “evil” and withdrew from social interaction after diagnosis. Within months of attending the Leeds programme, he described his cancer as “a beautiful planet” and his social problems improved dramatically.

There is no doubt that this type of initiative is highly valuable. Children find the approach cathartic and the experience of seeing the diseased organ out of their body helps their psychological healing. I have also tried showing adults their excised organs, but they react differently from children. Adults tend to be squeamish, whereas children are fascinated and curious. I really enjoy this part of my job and just wish I had time to offer the service more widely.

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A teenage girl, and her family, happy to see her colon on the cut-up bench

