



Wee Loong Chin

Getting hooked on pathology

Among us there will be many different reasons for having elected for a career in pathology. Here, a medical student, Wee Loong Chin, gives his personal account of how a lecture attended during National Pathology Week sparked an interest to find out more about our specialty and spend time in a histopathology lab, a stimulating experience that may turn out to be the platform for pathology as a career choice.

As a general rule, hyperbole is not the best language for looking back at recent experiences. However, I aim not for scientific objectivity, but rather for pleasant conversation. Naturally, this means that it is the ideal language for describing my recent journey into pathology. As part of my medical course, I was allowed to spend six weeks in a specialty of my choice. I readily chose histopathology despite strange looks and puzzled questions from some of my colleagues. It was neither the most typical nor the most popular choice, yet I would not hesitate to call it one of the most rewarding episodes in my medical student experience. I intend to tell this story, beginning with my misconceptions, and then my motivations and my eventual fascination with this field of medicine.

The unexpected lecture

My first proper encounter with pathology as a specialty began in the context of National Pathology Week at Peterborough – no banners, no parties, no delicious cupcakes, only a simple announcement of a lecture to celebrate the event. Unexpected lectures like this usually trigger sophisticated avoidance behaviours, so I remember wondering if my absence would be missed. Oddly enough, all the doctors I spoke to seemed unfamiliar with the purpose of the lecture, so I decided to go just for the novelty of the situation.

The lecture turned out to be a surprisingly good one, showcasing the breadth of possibilities for a career in pathology. In some ways, this was the ideal introduction for the impressionable medical student: your prejudices are disproved before you have too many of them, and you are given an accurate job description into the bargain. For me, this was the turning point, a wonderfully succinct introduction to pathology as a career rather than an exam subject.

The unexplored option

Although it was good to have a new perspective on these things, I have to confess that it felt nothing like an intellectual epiphany. However, the lecture marked the beginning of some heavy self-reflection, after which I would eventually have a change of heart. Two months down the line, I would be trying very hard to arrange an attachment for myself at the Pathology Department in Peterborough.

In fact, such was the change in my attitude that I was unusually worried that my request would fall through. This sort of desperation does not usually follow from relative indifference, so I need to provide a thorough explanation for my behaviour.

For quite a long time, I had believed in an artificial trichotomy consisting only of medicine, surgery and general practice. Pathology had never entered my mind because it did not feature in my hospital rotations. As a student, you tend to base your interests on your small collection of clinical experiences. Naturally, I was no different – I was quite busy nurturing my own hasty affections. Given the fact that I had set my sights on something else, it took a bit of time and some careful reasoning before I could convince myself that there were other yet unexplored options available to me for my clinical career.

Familiarity does not imply understanding. As a medical student, I can remember numerous encounters with pathologists, but I never felt the need to understand their roles in the clinical environment. I had frequently seen histopathologists in multidisciplinary team (MDT) meetings, dispensing judgement from their microscopes. I had seen microbiologists on the wards, armed with their exotic antibiotics. However, these specific instances had merely served to build a definition rather than a picture of pathology as a specialty. Definitions never replace actual experience, so isolated encounters outside the context of rotations had done little to convince me of pathology as an eventual career.

Nevertheless, misconception by itself is not enough a reason to organise a rotation for yourself in pathology. After all, we each carry a little backpack of misconceptions, paying no attention to it unless it reveals itself in a socially awkward situation. Likewise, I could have ignored these misconceptions, looking forward instead to a glorious future in some other part of medicine.

The trouble with me, however, is that I own a philosopher's hat. At times when I'm not feeling the impending doom of the next exam, I ponder questions of a more existential flavour. A recurring theme for me was my clinical experience, which I felt was gradually degenerating into a set of management protocols and a point-based description of disease. I can't deny brief episodes

Wee Loong Chin discovers that pink is the colour of despair



of happiness, but these were mere glimpses of the utopia I had painted for myself when I first signed up to do medicine. While that might have been a myopic outlook on my experiences, I wanted a way to deal with my philosophical demons. Fortunately for me, my request to do pathology was eventually approved, so I found myself sitting in front of a microscope in the Histopathology Department in Peterborough.

Real experience, not misconceptions

Some people suggest that grey is the colour of despair. I say that they are much mistaken. If you had asked me during the first week of my attachment, I would have told you that it was pink: the burning, garish, pink of the H&E slide. For many a time during that week, I would stare helplessly at a slide only to see leucocytes giggling silently in the background, gently mocking my ignorance. Ridicule is something that I do not tolerate from a stupid eosinophil. I swore vengeance, did some reading, planned some revision and things gradually improved.

In the coming weeks, I began to enjoy these conversations with my slides. I befriended the macrophages, observing these behemoths treading carefully through chaotic cellular battlefields. I looked on in morbid fascination at graveyards of cellular necrosis. With practice, I learnt to recognise the bacchanalian tendencies of malignant cells. At the level of the slide, cells have no reservations about telling you their problems. They eagerly announce their complexity; your confusion is merely an open invitation to interrogate their behaviour.

My most pleasant memories can be attributed to the histopathologists. Importantly, they never laughed, even when I was producing marvellous works of fiction when describing my slides. My mistakes were quickly forgiven – they would sim-

ply point out the cellular scenery and leave me to enjoy the view. This approach worked very well. I came away from teaching sessions feeling that I was allowed to figure things out for myself. Indeed, this intellectual freedom seemed to apply even to consultants – during these sessions, I would find the same feature in a slide described as a boomerang, a hat, and a mushroom – and I would wonder with some degree of apprehension how they managed to come to the same diagnostic conclusions. It seems, in histopathology, that people do not give up their own ways of viewing the world.

Outside these episodes of cellular sudoku, I was attending daily post-mortems at the mortuary. Multiple sessions like these help to bring out elements of objectivity, providing a very different view of these procedures. For one thing, you begin to notice powerful examples of physiology quarrelling with disease. Nowhere else in the clinical context will you have the chance to feel the weight of cardiac hypertrophy or the texture of bladder trabeculations. These examples speak a language which appeals to the medical student, so they helped tremendously in consolidating my knowledge of pathophysiology.

The post-mortems, however, amounted to more than an exercise in revision. Most importantly, I realised how much the concept of a patient endures after death. Clinicians generally have a healthy obsession with the living, which they willingly declare to medical students. However, while death denotes a full stop to the clinician's questions, the pathologist may prefer other forms of punctuation. The post-mortem becomes an effort to address issues that have extended beyond the clinical context, whether to provide the voice for emotional closure or the biomedical substrate for serious legal decisions.

Lest I give the impression that I was merely oscillating between the microscope and the mortuary, let me emphasise that I have not done justice in describing the daily routine of these histopathologists. I openly admit that it would take too much time and eloquence to explain the many flavours of MDT meetings or the complex legal infrastructure underlying most of their work. What I can say, in essence, is that they listen in on a much richer dialogue between cause and consequence. For me, that is good enough a reason to embrace such a career in pathology. I can say with conviction that I'd rather not spend my days huddled away in some claustrophobic niche of medicine, tormented by iterations of the same theme. Pathology as a career seems to offer a vantage point, a chance to marvel at the work of others as well as your own.

And the future...

The previous paragraphs sum up 6 weeks well spent exploring histopathology. In many ways, I may have stumbled upon the ideal career for

myself in medicine. However, there is undeniably much more that needs to be explored. I need a more extensive tour of the landscape, so this means that I will be organising my own expeditions into other parts of pathology. Strangely, I haven't been visited by the ghosts of my previous infatuations, so I'm quite sure that I no longer use a borrowed definition of interest.

I extend my gratitude to the histopathologists in Peterborough. Thanks to them, I know what I'll be doing for my elective next year.

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Dr Suzy Lishman

Don't forget medical students during National Pathology Week

The aim of National Pathology Week (NPW) is not simply to raise awareness of the specialty amongst the public and policy makers, but also with medical students. As the doctors of tomorrow, all medical students need to understand the central role of pathology in almost all medical specialties, and it is from this group that the next generation of pathologists will come. How do we attract the brightest students into the specialty, particularly now that pathology is no longer a core part of many undergraduate curricula?

In the preceding article one medical student, Wee Loong Chin, describes how he discovered pathology by chance and is now enjoying exploring the specialty, but how can we replicate his experience around the country to ensure that all medical students are exposed to pathology?

In preparation for NPW 2008 we rewrote the College's Careers in pathology leaflet. Thousands of copies were given out to school and university students at NPW events. We are updating the leaflet again and took advantage of the College's surveymonkey account to find out what students really want: 82 medical students from all years of study and 14 different medical schools completed the online survey.

We gained some useful information about the format that students prefer (website), which website they would look at first (RCPath) and what they want to know (what the specialty involves, what it's like as a trainee and how long training takes); 67% wanted to know how to get more exposure to pathology as students; only 14% were interested in how much the exams cost.

The first question was, 'Have you ever considered a career in pathology?' A reassuring 37.5% said that they had. Students were then asked why they were, or were not, considering pathology as a career. Two main themes emerged from the answers to this question. First, medical students appear to

share some of the common misconceptions about pathology that we are all working so hard to dispel. Reasons for an interest in pathology included:

- it looks interesting in books and on TV
- to get away from patients.

And reasons for not considering pathology as a career:

- I dislike post-mortems
- there is too little patient interaction.

Television and film's portrayal of pathologists as people who do nothing but post-mortems and never have contact with patients has obviously influenced medical students as much as the public. One of the key messages of NPW is that pathology involves caring for the living and is not all about dead bodies – but we obviously still have a long way to go.

Second, and not surprisingly, medical students who have a positive experience of pathology are much more likely to consider it as a career. Reasons for an interest in pathology included:

- inspiring pathologists
- I found studying pathology at medical school interesting
- I had the chance to shadow a pathologist
- I was inspired by a lecture I attended during NPW
- a consultant surgeon I worked with encouraged me to attend post-mortems.