So you want to be a Histopathologist?


Published in:
Ulster Medical Journal

Document Version:
Publisher's PDF, also known as Version of record

Queen's University Belfast - Research Portal:
Link to publication record in Queen's University Belfast Research Portal

Publisher rights
© The Ulster Medical Society, 2013. This work is made available online in accordance with the publisher’s policies. Please refer to any applicable terms of use of the publisher.

General rights
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person’s rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.
So you want to be a
Histopathologist?

Joe Houghton
Clinical Academic Teaching Fellow and Consultant Histopathologist, Centre for Medical Education, Mulhouse Building, Queen’s University Belfast, BT12 6DP
Correspondence to: Joe Houghton
e-mail Joseph.Houghton@qub.ac.uk

Accepted 20 February 2013

WHAT IS HISTOPATHOLOGY?
Histopathology is the pathological examination of tissues removed from patients for diagnostic reasons, often to confirm or exclude malignancy. It can include gross (macroscopic) examination, microscopic examination, immunohistochemistry and molecular testing.

DESCRIPTIVE A TYPICAL WORKING WEEK FOR A CONSULTANT.
A substantial part of our time is spent at a microscope. We would also typically prepare for and attend one multidisciplinary cancer meeting per week. A small amount of time would also be spent either performing or supervising specimen dissection.

IS IT A LONELY EXISTENCE?
Compared to clinical work, microscopy is a solitary activity, but pathologists do not often complain of feeling lonely. Our microscopy sessions tend to be interrupted regularly by friendly biomedical scientist colleagues bringing us glass slides and if we work in large centres a substantial amount of time is spent one-to-one with registrars who are heavily supervised. We also tend to be in and out of each others offices regularly showing each other interesting cases. Our role has been enhanced in recent years by weekly attendance at multidisciplinary cancer meetings where we play a pivotal role and where we have a strong sense of team membership.

ARE PATHOLOGISTS GENERALLY A BIT ECCENTRIC?
Doctors with mild Asperger’s syndrome tend to make good diagnostic pathologists but on the other hand are often not great colleagues as their team working skills can be poor.

APART FROM THOSE WITH MILD ASPERGER’S SYNDROME, WHO TENDS TO BE ATTRACTED TO THIS AREA OF MEDICINE?
Pathologists often play a key role in undergraduate medical education and some impressionable young medical students are inspired to follow strong role models. Doctors who get more satisfaction from the academic aspect of medicine rather than patient contact also tend to be attracted to histopathology and other laboratory specialties.

HOW MUCH CLINICAL CONTACT IS THERE IS HISTOPATHOLOGY?
Very little. Our colleagues in cytopathology do have more clinical contact by meeting patients in one-stop head and neck or breast clinics, but histopathologists generally have very little patient contact.

WHAT MAKES A GOOD HISTOPATHOLOGIST?
The knowledge base required is quite heavy, so you need to be prepared for this. The most important skill is having an keen eye for pattern recognition as microscopy is a visual discipline. Although this can be learnt, some pathologists have a natural flair. Attention to detail is really important, both carefully examining microscopic slides and carefully proof-reading reports before they are issued. A good pathologist also needs to be organised and good at time management.

 HOW MANY AUTOPSIES DO YOU DO PER WEEK?
Personally I don’t do any. Many pathologists opt out of post-mortem examinations, but if this is something you are interested in, there are many job opportunities where this is a key element.

WHAT IS A HISTOPATHOLOGIST’S WORST NIGHTMARE?
What histopathologists dread most is making a false positive cancer diagnosis (which may result in overtreatment) or on the other hand diagnosing a malignant case as benign (which may result in a delay in cancer treatment). This unfortunately does happen from time to time.

WHAT ROLE TO HISTOPATHOLOGISTS PLAY IN CANCER SCREENING PROGRAMS?
We play a pivotal role in cancer screening programs where we attempt to carefully categorise pre-cancerous conditions. We witness, first hand, both the positives and negatives of the cancer screening programs – we see the success stories where small invasive cancers are diagnosed early but we also see the negative side with overtreatment of mild abnormalities and occasional missed cancers (interval cancers). Working within NHS screening programs can be quite stressful for these reasons.

WHAT IS THE BIGGEST BENEFIT OF THE JOB?
There is a lot of job satisfaction because most of our work involves the diagnosis of important medical and surgical conditions. In addition, our day to day work is ultraflexible as microscopy sessions can be moved about to allow attendance at various meetings.

WHERE CAN I FIND OUT MORE?
Visit the website of the Royal College of Pathologists (www.rcpath.org) or make an appointment with your local histopathologist.