EDITORIAL

“Boards” in Hematology?

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UPPOSE WE LEAVE THE ARENA OF SCIENCE for a while and
turn to some of the problems of the practicing hematologist. . . . As in
other fields, one can now see a rather clear dichotomy between the hematolo-
gist, academia and the hematologist, practica. The academic hematologist has
a full-time position at a medical school or a teaching hospital with the numerous
perquisites of that position: constant stimulation of fellow-colleagues, attend-
ance at meetings and symposia, travel to all ends of the world, to say nothing
of the prestige of his position in the university. The practicing hematologist
has been well-trained for a year to five years at one of the academic institu-
tions, where he has often worked actively in some phase of a research program,
in the meantime accumulating a considerable expertise in the general field
of hematology. After this training he may forego the academic life and enter
the practice of hematology usually in a large community, where he may be the
only hematologist. His life becomes an active one, after a while he sees
all manner of hematologic patients; his time becomes increasingly occupied;
he finds it hard to keep up with the voluminous literature. When he goes to
some of the national meetings, he finds he has forgotten some of the language
of his special field and some of the rapid-fire papers are far removed from his
present interests. He develops a number of “gripes” against the “super-scient-
tific” meetings and the journal Blood; against the power of the pathologists in
community hospitals; and against the hematologic “Establishment” which he
conceives of as denying him a rightful place in the medical community.

Let us listen to him speak:

“There are ‘roadblocks’ in my own community. Oh, to be sure, practice is
good. For a while, the men were reluctant to send me their hematologic
material, except for cases of acute leukemia or of terminal Hodgkin’s disease.
Now I am seeing the broad spectrum of hematologic disorders. And I have
good hospital affiliations. But I have trouble with the pathologists! They pretty
much control all the hematology in the hospitals. I find it hard to get into their
laboratories. They say that bone marrow punctures and biopsies are in their
province, not mine! They say I’m not a laboratory man, but an internist; what
right do I have ‘poaching’ on their laboratory preserves? In addition, in some
hospitals, the radiologist controls all the radioactive isotope procedures so I
must get $^{51}$Cr RBC red cell survival times and Schilling tests secondhand,
as it were. And if my patient is in the hospital and needs a coagulation survey,
I can’t get near the laboratory to carry out the specialized procedures I know so well."

"And I’m always having a hassle with the Medicare and Medicaid people; they refuse to rate me as a specialist. I may consider myself as a hematologist, but do they? Am I officially one, even though I practice hematology? I don’t have a statement which says that I have been certified as a hematologist; I am often told there is no such specialty as hematology. Why can’t we have a sub-specialty board of hematology, as in the fields of arthritis, tuberculosis, allergy, etc.? Sure, I’m an internist, and have my “Boards” in Internal Medicine (some do not) but as a hematologist, I am up to my neck in the laboratory and yet the pathologists refuse to give me an inch!"

These represent a few of the “gripes” of the clinical hematologists, the men in the “front line” of hematologic practice and the ones who take care of most, if not all, of the hematologic problems of the community. Some of them have academic and teaching hospital affiliations; some do not. Some publish occasional articles, although usually this is prevented by limited access to research material, and by the extraordinary changes that have taken place in medical science, now fundamentally an experimental and group discipline. In any event, whether we are academic hematologists or otherwise, the problems of those who carry on the bulk of the clinical practice in the field should be recognized and discussed.

Whether we want to help these colleagues of ours is, I suppose, an individual matter. It is not too hard to conceive that some in academic hematology would look the other way, saying: “This business is none of my concern.” But these are not only our colleagues, but members of our organizations, and often former trainees of ours. Some of them, and perhaps indeed some of us, may have become practicing hematologists only after a lengthy period in academic life. Surely, we must be sympathetic with their problems, because they are of us.

The problem of communication, whether through journals or via medical meetings, is a difficult one. There is no question but that publication of good clinical articles, editorials, even well described case reports that advance the cause could be increased in Blood, and attempts are being made in this direction, as they are in the American Society of Hematology. It also seems urgent that the problems of the relationship of the hematologist to the pathologist be aired. There can be no question but that in many areas pathologists have tended to control not only the practice of pathology and clinical pathology but at times even of hematology as well. In many hospitals, the pathologist traditionally considers himself to be the hematologist and may resent the internist-hematologist’s presence, except perhaps in his role as a clinician. The problem of who does or who looks at or who interprets a bone marrow aspiration often becomes a sticky one. Until very recently, the American Board of Pathology did not recognize training in hematology as a “credit” unless that training was given by a pathologist, and not by a hematologist of the internist variety. Very recently, a well-trained pathologist, when he applied for a Fellowship in Hematology at an important hospital was advised by the American Board of Pathology that training in hematology there, and under a well-known hematologist,
could not be considered as a credit for the Board. When it was asked that this ruling be reviewed, its inequity apparently became clear, and the ruling was quickly reversed, at least for this one case. By that time, the applicant had found another post. The pathologist-hematologist relationships need study and clarification.

It is conceivable that we have been handicapped in hematology by the lack of an organization of some sort, perhaps a Board which could speak for hematologists in general. Until now, the American Society of Hematology has been reluctant to step into this “political” arena, but with the problems as outlined here and the need for a definition of a hematologist as a specialist (at least for Medicare and Medicaid), the Society may have to alter its stand. Too often, the opposition to the idea of a “Board” of Hematology has been reflex, but the problems as barely outlined here are manifold and must be looked at squarely. Surely, times have changed and no one, even in the most securely built ivory tower can escape the socio-economic problems of the present day. One realizes that although we are members of a scientific community, we have obligations to all our colleagues, and to society in general. The complex state of the present-day world requires our participation. At the very least, we must have an intelligent appraisal of the forces that are molding us, modifying our position. It is hoped that the American Society of Hematology will discuss these matters seriously. The journal Blood is glad to offer its pages for letters and discussion of these matters in the hope that the several sides of these problems can be responsibly aired.

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