

Recognizing the Laboratory Physicians

It is my pleasure to write this foreword for the first issue of Journal of Laboratory Physicians. While India has made major progress in controlling various infectious diseases, the specialty of infectious diseases has not been developed appropriately. This is due to the major gap between paraclinical and clinical departments. Cases of infectious diseases are handled by physicians of almost every branch of medicine in their own ways. They use their wisdom and general knowledge about a particular disease as a symptom complex to handle something unknown. Except in elite institutions, the practices in the vast geographical area of the country are far from satisfactory. This has led to indiscriminate use of anti-ineffective agents. This not only burdens the poor financially but also leads to drug resistance on an unparallel scale. A cohesive policy to prevent and manage hospital infections and other infectious diseases has always been talked about, but not ensured. It is not clear who will make the policy and who will implement it. While major killer diseases have been contained, the management of most infections prevalent today is empirical. In today's context we have almost reached a plateau in this area. When a new infection emerges or some changes occur in old pathogens it takes a long time to understand them; people debate over the issue.

Specialists in laboratory branches like medical microbiology, who understand the basics and pathway of investigating an infectious disease, are often not considered equal partners in the management process. Of course, the same thing applies to pathology, biochemistry and other allied branches. It is understandable that many personnel joining these branches though not medically qualified are sound in technology but comparatively weak in giving advice

on management aspects. A major section of medically qualified people also specialize in these branches and through their knowledge can contribute to better management of patients, advice/manage at public health levels. In the current scenario their utility is left to the wisdom of treating clinicians. Many of them do know their specialty of treating patients well but have comparatively lesser understanding about the pathogens and methods of investigations. Like in many western countries, a process to initiate debates to develop a healthy and appropriate partnership should begin. Unless this is done, management of infectious diseases in a vast stretch of our country will remain "clinical assumptions" and without sound basis and the menace of drug resistance and wasteful expenditure on drugs will continue. This first issue of the Journal of Laboratory Physicians marks the beginning of a journey towards the creation of specialty of infectious diseases in India in future.

The efforts of a small group of likeminded individuals gave birth to the Indian Association of Laboratory Physicians which will be the focal point in starting these revolutionary changes in our thinking. I am sure their missionary zeal will create the right atmosphere for this revolution; an urgent need in India.

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