

## Words from the Editor

As the recently appointed Editor-in-Chief of the Journal of the IFCC, I would like to thank my predecessor, Johan Waldenstrom both for the work that he put into the journal and also for arranging for and preparing some of the articles presented in this issue.

The International Federation of Clinical Chemistry has in recent times extended its name to become the International Federation of Clinical Chemistry and Laboratory Medicine. This last phrase not only confirms the inclusion of haematology and medical microbiology (and perhaps, in due course, even cellular pathology) but also re-emphasises the implication made by the word "Clinical" in the original title by including the word "Medical".

Clinical Chemistry and these associated specialities are, of course, based upon laboratory analyses and examinations. It is essential that we have in these professions good scientists, expert in the preparative, analytical and observational skills upon which the main function of a laboratory is based. It is important that the professions continually monitor the methodology used in the laboratory so that it is the best available and best fulfils the purpose for which it is being used. It is also important that the quality of the work being carried out is frequently subjected to quality control procedures to ensure that accuracy and precision are as high as possible and errors are eliminated as far as possible. These should, of course, be the principles upon which all analytical laboratories are run, be they testing laboratories, research laboratories, or forensic laboratories, etc..

But members of the associated societies of this international federation should be more than just good analytical scientists. They are professionals in the realms of Clinical Chemistry and Laboratory Medicine. They should therefore, as well as being good scientists, also have a good insight into the clinical and medical aspects of their work. We can expect a specialist in one of the medical or surgical specialities to have a good working knowledge of the meaning of those laboratory investigations that are central in their own speciality, and to keep up to date with advances in these limited fields. Thus a urologist should be able to interpret a PSA result; an endocrinologist should have a good knowledge of hormone biochemistry and of the tests required to diagnose and monitor the treatment of endocrine patients; a cardiologist should know the benefits and limitations of troponin assays and the interpretation of a lipid profile. But none of these specialists can be expected to have good knowledge and keep up to date with the wide range of biochemical, haematological and microbiological assays that are carried out in medical laboratories. And generalists, including those practising medicine in the community, are also unlikely to be able to keep up to date with the latest advances in laboratory medicine.

It is the duty of the senior hospital laboratory staff to educate our clinical colleagues about important developments in our specialities and to advise and assist them in interpreting the meaning of the investigations carried out in our laboratories. We should be trained to understand the meaning of diagnostic results of tests that we are responsible for carrying out. Within the professions of laboratory medicine there are, in some countries, those that have

qualified in medicine; in others countries the laboratory service is run entirely by science graduates; in some countries there is a mixture of both, and some individuals have graduated in both science and medicine. But whether medically or scientifically qualified, all senior graduates in hospital laboratories should have a good understanding of the clinical relevance of the tests carried out in their laboratory. In the United Kingdom, all Clinical Biochemists (members of the Association of Clinical Biochemistry) are encouraged to study for the examinations leading to Membership of the Royal College of Pathologists; they cannot reach the top of their profession without such membership. These studies and the associated examinations are taken by both science and medical graduates and include clinical, analytical and managerial topics. Medical graduates are taught about analytical matters, science graduates are taught about clinical matters; both are taught the basis of good laboratory management practice.

We should all be familiar with these matters and be prepared to make use of our training and experience not just in the analytical phase of our work. The importance of the pre-analytical phase has been widely discussed and written about; the importance of educating our users in the appropriate tests for the particular purpose that they have in mind; the importance of proper patient preparation, of collecting the sample in the right container in an appropriate way, and of transporting it to the laboratory with minimal delay and in the right conditions. But we also have an important role to the patients that we serve in the post-analytical phase; ensuring that results get properly delivered, electronically or by post, to the proper destination; highlighting any clinically significant results and giving advice on their interpretation; ensuring speedy telephoning of potentially life-threatening abnormalities; carrying out second-line tests if the first-line tests indicate it (or advising the requester that such second-line tests should be undertaken).

We are not just analytical scientists, we are professionals working in a clinical environment. We should ensure that we are properly trained and experienced to fulfil our full commitments.

**Dr. David WILLIAMS, Editor**