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Information, training and misinformation

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We are witnessing a historic moment. Information has been democratized, as has access to it. Medicine is no stranger to change. However, information is difficult to handle and requires the necessary skills to get the most out of it. For this reason, we need training, the ability to analyse and apply logical algorithms that prevent us from falling into disinformation, the great enemy of coherent progress. Applying the aforementioned to the field of my specialty, since I am a pathologist, there is not a day when I ask myself questions about the empathy of my colleagues in relation to those who practice this medical specialty. The pathologist is generally a highly qualified medical professional, but he has not graduated from science such as the occult or telepathy and, although his imagination is wide, he cannot imagine vividly and scientifically effective this. That he does not see. Specialties that become providers of samples for Pathology services should also become providers of information. At least useful information for the elaboration of the increasingly complex diagnoses required to initiate therapeutic actions. What seems like a complicated process is, on the other hand, very simple. You just must fill in the study request sheets properly and put yourself in the relationship of the one who is going to be in charge of processing the sample and the information received in order, precisely, to help the professional who asks, providing them with the information they are looking for.

It is surprising that today this simple gesture is not fulfilled or is not fulfilled in the way it should be fulfilled. Therefore, the pathologist faces unpleasant situations in which he must interpret findings without having the relevant clinical information. Moreover, sometimes it does not even have the affiliation data of the patient whom it is studying. This makes the diagnosis difficult. Fortunately, the high qualification of the pathologist allows him, in most cases, to diagnose and get it right without resorting to the non-existent information that accompanies the samples. We are all doctors, we should all want the best for our patients and, nevertheless, many times we do not put all our efforts at stake to facilitate the work of our partner, even though we know that this will play an important role in the management of the patient. A lot is demanded of the pathologist, but little is given. I don't think it's a fair situation. The pathologist is a doctor and is trained in the different disciplines in order to address each medical specialist in his own language, but he does not usually receive the same treatment in return. Perhaps there are those who think that they are

a lower-ranking specialist or they may not even stop to think about what the work of the person receiving the sample consists of.

This is a training problem that should be tackled in the School of Medicine and that should be refined with practice. Training and information are concepts with many links in common. But misinformation is, unfortunately, too prevalent in daily practice. We need to strike a balance. The right balance. The pathologist, except on rare occasions in which he participates in the care of the patient at the head of the bed (FNA, ROSE ...) does not get to know the patient or, rather, he knows him through the information he receives. If this is omitted, we enter the forbidden path that makes the error and its consequences more possible. Later come the laments. That is why I do not intend to provide bibliography or statistical data, but rather to reveal my personal opinion and that of many colleagues who are about to give up, witnessing a process of misinformation, incomplete training and lack of empathy, which should be put to an end, right now. Reflect and put yourself in the place of the pathologist. Only in this way will the path of reconciliation and excellence begin.

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