



Manjula Balasubramanian, MD, FCAP
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The chief of clinical pathology and medical director of the blood bank at a large community hospital, Manjula Balasubramanian, MD, FCAP, is passionate about her work. She describes blood donation as “charity without expectation,” an honorable gesture equivalent to organ donation. “Donated blood is a precious resource, and it should be treated that way,” she says. “It saves lives.”

The Albert Einstein Medical Center in Philadelphia hosts about 400 beds and a Level 1 trauma center. Three of the eight pathologists are assigned to the clinical laboratory. Dr. Balasubramanian devotes the equivalent of one day per week to the blood bank, including her time on the transfusion committee. “We first had set criteria for blood utilization” (eg, platelet counts that trigger an infusion of platelets; hemoglobin levels that justify red cells), “and then had what is called a blood utilization audit, meaning that we looked at the patterns of use in terms of the criteria,” she says. From that point forward, when misuse was identified, the ordering physician received an educational letter.

So, has there been any pushback? Sometimes, yes. And according to Dr. Balasubramanian, that’s just fine.

Transformational pathologists recognize that questioning an order that falls outside agreed guidelines is part of their mission as patient advocates. “You have to practice evidence-based medicine,” Dr. Balasubramanian says. “If I get pushback, I will tell the person, ‘I will let it go, but I will send you some literature. Then we’ll talk.’”

And are those follow-up conversations useful? Yes.

“Usually, those are the people you get really close to,” she says. “It generates a discussion and you agree to disagree, or you agree to agree, one of the two; but you develop a relationship with your clinicians, and that’s what it’s all about—because you’re a team. The pathologist is part of a team that is taking care of a patient and as such you have a right to discuss what you should be doing.”

Dr. Balasubramanian was sensitive to resource allocation long before 2003, when she and her spouse, an orthopedic surgeon, visited a small village in India during a family vacation. A friend who had inherited a charity hospital built by his father had asked the couple to check it out. Why not, they thought. This could be their retirement plan when the time comes.

Patients were lined up for miles when they arrived. “We never went anywhere else on that trip; we just stayed there,” she says.

Initially, Dr. Balasubramanian set up a blood storage area in the hospital. “The first thing I saw was the acute need for blood,” Dr. Balasubramanian says. “People would come in with a trauma, and there would be no blood in the hospital for patients. They would have to travel 15 miles to the nearest city.”

Next, she turned her attention to other medical needs that arise in pathology shortage areas. “The surgeon would look at a tumor and say, ‘Hmmm. This looks like cancer. Let’s get some chemo,’” Dr. Balasubramanian says. “And I said, ‘No, we’re going to look under the scope and tell you it’s cancer; then you will get chemo.’”

“When we had to leave, we said, ‘Why don’t we do this every year?’” They have done so ever since, most often with other physicians and nurses who have heard about their work.

“There is an old Indian expression,” she concludes. “You won’t realize the value of the shade until you’re in the sun. Volunteering in that village, has given me a tremendous sense of appreciation of my job, of what blood means and how it can save a life.”