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Taking It Personally

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Stories in the professional press about transformational pathology often feature cutting-edge technologies and novel collaborations at high-profile medical centers with abundant research grants and huge medical staffs. And good things do happen in those places, absolutely they do.

One of the many things to be learned from a visit with Gordon A. Bell, MD, FCAP, medical director for the laboratory at St. Mary's Medical Center just outside Kansas City, Missouri, however, is that while high-tech toys and a robust research orientation will facilitate transformational change, they're not essential. The only prerequisite for transformational pathology is a transformational pathologist. And all that is needed to effect a radical change in the way pathology is perceived is one pathologist who is clear on the concept.

The nursing staff at St. Mary's Medical Center, a 135-bed hospital with a 300-physician medical staff, elected Dr. Bell its 2008 Top Physician of the Year because he not only understands transformational pathology, he also embodies it. Although, predictably enough, if you ask him why he thinks he was chosen for the award, he's not going to give you anything about himself; he's not even going to talk in the first person.

"I think what's pertinent to this issue of 'physician of the year' is being a team player," he says. And in case you're not tracking, by "team" he means everyone who is or could become involved in patient care, whether they are physicians, nurses, dieticians, technicians, or environmental services staff.

"I think as much as you are able, you don't get so caught up in what your own practice dictates you should or shouldn't do," Dr. Bell says, but rather, "step out of the box a little bit and think about getting the job done for the patient."

"I think the message that flows from me to the nurses is that I don't care if you take the vitals or I do. I prefer that you do, but in the end we need to have them done and if you're tied up with another patient, then I'll just do it," he explains.

Most of his opportunities to interact with patients and nurses, Dr. Bell says, occur when he performs a bone marrow procedure (he is the only physician who routinely does that at St. Mary's) or a fine-needle aspiration. "I speak with the patients both pre-and postoperatively," he says. Bone marrow procedures are always stressful for the patient, he says, and those who will be under only local anesthesia will be more anxious. "It's very common for patients to be fearful," he says. "I take great care to try to put their minds at ease before ever doing anything."

Dr. Bell clearly enjoys his role as the sole pathologist in a hospital that is "big enough to need a pathologist who is able to get his hands in all kinds of areas," but not so big that more than one pathologist is typically needed. "I suppose it's something I thrive on," he says. "What I like best is the wide variety of issues that come up and, to be honest, the ability to do just what I do—interact with a wide variety of doctors as well as nurses and patients. I get to do the whole spectrum."

Dr. Bell's group does have a reference laboratory, which manages the send-outs. His reference laboratory services 18 hospitals in the Kansas City area and he is on staff at each. Although Dr. Bell does not often visit the others, he confers with the other local pathologists, especially those in the four closest hospitals, all the time.

The medical staff at St. Mary's, and the greater pathology community, is highly collegial; "curbside consults" are common. "We have a setting that allows a lot of face-to-face as well as telephone contact with the clinicians," he says. "I make the attempt to do it—not only in the interest of patient care but also because I enjoy it."