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Stepping Through the Looking Glass

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Stephen J. Cina, MD, is a forensic pathologist. He's a social guy, he likes a challenge, and he works well under pressure. He also likes to teach, whether that means explaining to a jury how he knows what he knows or partnering with toxicologists and detectives to puzzle out what they have found.

As the deputy chief in the Office of the Chief Medical Examiner for Broward County, Florida, Dr. Cina is one of six pathologists who work with a team of more than 40 employees to serve a population of 1.8 million. There are a lot of things he likes about his job: the variety, the contact with families, and the interaction with people from other walks of life. Transformational pathology, as he sees it, will bring some of those perks to pathologists who practice in hospitals and laboratories.

Most forensic cases begin with a telephone call, says Dr. Cina, chair of the CAP Forensic Pathology Committee. "That call is a trigger," he says, that launches a series of questions about where to begin and how to proceed. "You're putting a puzzle together from beginning to end, looking at many facets that have to be synthesized. Sometimes the scene is more important. Sometimes it's the autopsy or the metabolic panel or the toxicology. You have to look at the whole picture."

When a surgical pathologist or cytopathologist examines a glass slide, Dr. Cina says, there is a tendency to approach the case from a snapshot view, limiting the scope of inquiry to a sliver of tissue or cells on the glass. A transformational approach, he suggests, would elevate the field of vision to take in the greater landscape, letting the slide act as a window of opportunity to participate in direct patient care. The glass slide should be viewed as a window to be opened and climbed through, allowing the pathologist to crawl out of the lab and into the clinical world. Once the pathologist is no longer held captive by the glass, he is free to participate directly as part of the patient care team. "The key is taking advantage of the transparency of the glass, rather than fixating on the opaque sliver of tissue," he says.

Dr. Cina, who is a clinical professor of pathology at Nova Southeastern College of Osteopathic Medicine and volunteer associate professor of pathology at the University of Miami's Miller School of Medicine,

explains that medical examiners serve their deceased patients first, their families second, and the public third. That last category covers a lot of ground: giving testimony in court that enables prosecutors to successfully pursue—or appropriately discard—allegations of child abuse; making statements to the press after a high-profile overdose about the impact of prescription drug abuse; presenting data to legislators about the lives that could be saved with a mandatory seatbelt law.

Anatomic and clinical pathologists can also make significant impacts in the lives of their patients that extend far beyond a simple diagnosis. As Dr. Cina sees it, transformational pathology is most often a matter of seeing yourself differently. It's about thinking about exactly what it is that you do for your patients, for their families, and for the public and figuring out ways to fully integrate your unique perspective into a team approach to health care. And it's about getting the message out that pathologists are doctors who have a lot to offer patients in a number of ways.

For example, there was that request last May from the *New York Times* seeking responses to letters from readers prompted by a feature about autopsy. Dr. Cina and Gregory J. Davis, MD, FCAP, state medical examiner for the Commonwealth of Kentucky and a professor of pathology and laboratory medicine at the University of Kentucky College of Medicine, agreed to write replies. The two fielded more than 75 letters (posted at <http://consults.blogs.nytimes.com>) on everything from why an attending physician would suggest an autopsy unless something had gone wrong to why a sober alcoholic whose autopsy was completed two weeks after death would have a blood alcohol level of .03.

In the latter case, when Dr Cina replied that bacteria involved in decomposition could produce alcohol levels at that concentration, the widow wrote back. “You have no idea how your answer has given me much needed peace of mind,” she said.

Indeed.