



Bridging the Interdisciplinary Knowledge Gap

Alexander Duncan, MD, FCAP

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What young Alexander Duncan, MD, FCAP, liked most about working as a medical technologist in his native Scotland was the chance to sit in on conversations about the patient-care implications of test results. One day, his boss, who was a hematologist, took him aside and suggested that he apply to medical school. After earning his medical degree at the University of Glasgow, Dr. Duncan came to the Mayo Clinic, where he completed residencies in clinical pathology and internal medicine as well as a fellowship in coagulation medicine.

Dr. Duncan holds a joint appointment in pathology and hematology at the Emory University Hospital in Atlanta, Georgia. One of about 75 clinical, anatomic, and experimental pathologists on staff, he is the only one specializing in coagulation issues related to pregnancy and fertility. His work requires a solid background in laboratory medicine and hematology and an appreciation for the particular rewards of direct patient care.

Dr. Duncan was drawn to blood banking because it enabled him to collaborate with other clinicians on diagnosis and treatment. “That was done very well by my mentor, Dr. Howard Davies in the UK,” he said. “Anyone with an interest in coagulation—for example, people from pediatrics, laboratory medicine, and cardiology—would discuss the case. It was a broad spectrum approach.” Dr. Davies was before his time, Dr. Duncan acknowledged, but UK practice patterns fostered close working relationships between physicians on the floors and those in the laboratory. And his mentor recognized, “Simply putting lab work on the computer was not the answer to getting proper patient care,” Dr. Duncan recalls.

“Dr. Davies,” he said, “involved people like me, taking me to see the patients with him. You saw what he ordered, saw the impact of treatment, saw what would happen when someone was given a blood thinner, had a chance to ask how it worked.”

He believes, too, that those who specialize in aspects of care that are unfamiliar to most clinicians have a professional obligation to bridge the knowledge gap. “These are areas where the laboratory has a lot to offer,” Dr. Duncan said. “People don’t always know what the next question is. And that question is likely

to be, 'What do I treat the patient with? What do I do next?' We need to be able to give a complete answer."

Today, Dr. Duncan spends 1.5 days per week seeing patients with coagulation-related concerns that complicate their ability to have children. "All pregnant women are not created equal from the hemostasis perspective," Dr. Duncan said. There is huge variability from one patient to the next. Many patients come to him with questions about coagulation therapy and how it might affect the fetus. Very commonly, he said, they have fears about blood thinners crossing the placenta. Reassuring these patients and drawing them out about others worries they might have is one of the best parts of his job.

The patients know, too, that by seeing Dr. Duncan they not only protect their own ability to have children but also add to the body of knowledge about how blood thinners affect pregnancy and fertility. The legacy of their experience extends well beyond their own families.

A wall in his office is covered with baby pictures sent by mothers who were in his care through pregnancy. "It has been incredibly warming for me to see people who have had four, five, or six pregnancies 'go on the program,' so to speak, and have a baby," he said. "It's immensely satisfying." It is also, he believes, a clear illustration of the value of partnerships between pathologists and referring clinicians.

"I believe that laboratories need to provide an integrated service to the clinician, and that needs to include, where necessary, advice about management and care. Not just in blood banking—in the clinical laboratory in general," Dr. Duncan said. "That's where we're going."