3.2 Global Health and Pathology

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There is a need for anatomic pathology in lower- and middle-income countries (MLICs). By 2030, two thirds of all malignancies will occur in these areas. Studies show that one-third of cancers can be prevented, and another third cured if diagnosed early and accurately, and treated appropriately. Unfortunately, cancer mortality is high LMICs because of poor health care infrastructure and lack of highly trained health care professionals including a particular dearth of pathologists. The typical pathologist to patient ratio should be 1:20,000, in sub-Saharan Africa this ratio nears 1:1,000,000. This resource limitation often results in a lack of accurate diagnoses and, subsequently, inappropriate treatment. In some cases, because of the virtual absence of pathology, some clinicians in LMICs entirely forego standard pathologic tissue diagnosis and treat disease empirically. This can lead to unnecessary or harmful therapy and, paradoxically, increased health care costs. More than 70% of medical decisions are based on results from either an anatomic or a clinical pathology laboratory yet there is very little emphasis in the literature on pathology capacity-building in LMICs. This presentation will summarize the challenges in pathology in resource restricted countries, introduce novel methods of intervention and emphasize the role that pathologists can play in global health.

Educational Objectives

By the end of the presentation, participants will be able to:

1. Describe health care disparities as it relates to oncologic and pathologic services globally.
2. Discuss prior studies on pathology-based interventions in resource restricted settings.
3. Implement small strategies within their daily practice that may appease health care disparities within their own country and, potentially, globally.