



DR MICHAEL HARRISON

THEY ARE KNOWN AS THE DOCTORS' DOCTOR, UNSEEN AND UNKNOWN BY PATIENTS BUT THEIR WORK UNDERPINS ALMOST ALL ASPECTS OF MEDICINE FROM THE DIAGNOSIS AND MONITORING OF DISEASES TO DETECTING GENE MUTATIONS WHICH PREDICT RESPONSE TO PARTICULAR TREATMENTS. THEY ARE RESPONSIBLE FOR THE DIAGNOSIS OF EVERY DETECTED CANCER. HEATHER GRANT SPOKE WITH ONE OF QUEENSLAND'S LEADING PATHOLOGISTS, DR MICHAEL HARRISON.

Q. Pathology is not a medical specialty that immediately jumps to mind. Does it have an image problem?

Absolutely. It is not an obvious medical career choice. We already have a workforce shortage in Australia and our College is gravely concerned about how to attract young doctors to the specialty and then train them. In part, it's because medical students and junior doctors in their immediate post-graduate years are not often exposed to the specialty. They will request tests and receive the results—but have little knowledge of what happens in between. For 95 per cent of medicos, pathology laboratories are like a black box, a great unknown.

Q. Is pathology taken for granted?

About 70 per cent of all clinical decisions require pathology test results and over 70 per cent of all diagnoses are made solely by pathology testing. A doctor may suspect a condition but won't know for sure what it is without a pathological diagnosis. Often times the diagnosis is first suggested by results from initial testing rather than the presenting symptoms.

Likewise cancer is not simply cancer. It requires pathologists to define and classify it to determine its response to treatment. When I started, there were only a few known forms of leukaemia. We now can define hundreds of sub-types.

CONTENTIOUS ISSUES IN PATHOLOGY

USE OF CT SCANS AND MRIs OVER AUTOPSIES TO DETERMINE CAUSE OF DEATH

"An autopsy is the final audit of the medical process. It offers great learning opportunities. As many as one-third of recorded causes of death are shown to be incorrect but despite that there is undue reliance on diagnostic imaging rather than pathological investigation."

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Dr Michael Harrison — and SNP as a corporate body — enable AMA Queensland Foundation to fulfil its mantra of *doctors doing good.*”



PSA TESTING FOR PROSTATE CANCER

“I feel for the GP who is asked by an asymptomatic patient to request a PSA test. It’s a very difficult conversation to have because a one-off test is not a guarantee. That’s why as a College we do not advocate widespread screening.”

VITAMIN D DEFICIENCY

“Testing has been the subject of criticism recently. The fact remains that this deficiency is common in Australia, even in Queensland, and is likely to have serious consequences. As long as universal supplementation is not supported, identification by testing of that substantial minority will be required.”

Q. What was it that attracted you to the specialty?

I was a junior house officer in Cairns after graduating from UQ in 1977. While there, I saw many unusual and neglected conditions that only pathology was able to unravel. One case I particularly remember was an elderly Aboriginal lady. She was terribly embarrassed about a condition she had suffered for 30 years. On examination, I found no skin on her vulva and a 100 square centimetre ulcer involving her entire perineum. The immediate thought was advanced cancer but pathology testing showed it to be a sexually transmitted disease (granuloma ingratia) which could be easily treated. With the correct diagnosis, she was cured.

Five years as a General Pathology trainee culminated in my Fellowship with the Royal College of Pathologists of Australasia in 1984. I joined Sullivan Nicolaides Pathology in 1985 and have been here ever since.

Q. You’re now managing partner and chief executive officer of SNP. What is it that kept you here?

“Rusted on” is one way of putting it but I’m not alone in my long service at SNP. A lot of people here love the place, the work and the people. We are all in health care and do care for others and that flows through the whole practice in our community engagement. It’s often called corporate social responsibility now but SNP has been giving back to society since John Sullivan and Nick Nicolaides founded the practice in 1956.

Q. How does one ‘give’ and to whom? So many are in need.

Giving takes many forms. We’ve set up laboratories and trained staff in the Congo and Ethiopia. We send outdated but perfectly useable equipment like microscopes to third-world countries. Much of our giving as a company results from the passion of a staff member – or their awareness of a need. For example a scientist who worked in Fiji for many years supports a village community, taking highly valued but basic items such as school supplies provided by SNPers. They go in by canoe as that is the only means of access. A pathologist and her fellow staff members raise money for a refugee support agency through a huge community dinner that she prepares herself. Then there are morning teas and beach volleyball competitions for ovarian cancer—SNP matches, dollar for dollar, the donations staff raise. We’re involved in Landcare projects too. We encourage volunteerism. But certainly some of our biggest ‘gifts’ are at Christmas. Instead of sending Christmas puddings or cakes or biscuits to referrers, we channel that money—about \$50,000 each year—into charities chosen by the staff. Some are household names like Royal Flying Doctors; others are smaller community groups without profile but doing good work.

Q. Why are you a member of the AMA?

I joined AMA because it is our profession’s voice, just as I am active in the College of Pathologists. We need to be the leaders in medical ethics and health policy and be heard on medico-political matters. We are the learned experts in all areas of medicine and we need to provide frank and fearless advice to politicians and bureaucrats. **Q**