However, as Byard describes, there are many uses of tattoos both for individuals and in the medical or forensic office. In addition to personal choices, he notes the recent interest in using tattoos for medical alerts or advanced directives. Such tattoos may provide caregivers with guidance of individual needs or wishes, but the legal standing of such tattoos for treatment decisions is limited in the United States. In addition, there are other recognized medical uses of tattoos, such as aesthetic improvement of surgical procedures and in diagnostic and treatment procedures, such as marking a polyp endoscopically or providing guidance for radiation therapy.

The recent study reports a correlation between the presence of tattoos to mortality at a younger age, regardless of manner of death, as well as between content and nonnatural manner of death. This observation does not imply causation, however, nor does it predict a bad outcome for a particular person with a tattoo. It observes a trend that will develop in interesting ways as society changes.

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References

Test Utilization Is a Quality Control Issue

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To the Editor

The systematic review of current literature on inappropriate laboratory utilization made by Hauser and Shirts highlights the fact that after a half century of “a systematic effort to manage their [laboratory tests,] use remains an elusive goal.” However, most data reported and viewpoints expressed by the authors point to a crucial statement made in the article: “it remains unclear if pathologists…view test utilization as a quality control issue.” A body of evidence collected demonstrates that analytical quality control procedures alone cannot improve the quality of laboratory information, with pre- and postanalytical phases being more vulnerable to errors that can adversely affect or threaten patient safety. In the past decade, consensus has been achieved on the need to look at the total testing process (TTP)—the brain-to-brain loop described by George D. Lundberg 40 years ago—to evaluate quality in laboratory medicine and to consider this discipline a medical service measured by outcomes.

Although the brain-to-brain loop concept was developed in 1981, laboratory professionals continued to largely disregard the initial and final TTP steps—namely, the appropriateness of test requesting; patient and specimen identification and, respectively, the physician’s reaction to the laboratory report; and the interpretation and utilization of laboratory results. On exploring the beginning and the end of the loop, it emerges that these steps, performed outside the clinical laboratory and mainly beyond the control of laboratory personnel, are more error prone than others. In particular, increasing attention is being paid to the issue of appropriateness in test requesting, now called “demand management,” not with a view to reducing costs but also, and above all, to improving quality and patient safety as a duty of care. As a result, the list of quality indicators recently developed by a working group of the International Federation of Clinical Chemistry and Laboratory Medicine now comprises appropriateness of...
test requesting as a fundamental requirement for evaluating the quality of a laboratory service. Therefore, with regard to the question raised by Hauser and Shirts, I feel it is of utmost importance to support the belief that there is a need to “view test utilization as a quality control issue” and to adopt appropriate quality indicators to measure and record this issue. The real problem is that we must achieve consensus on defining “appropriateness in the test request,” and we must work out how we can encourage laboratory professionals to measure this appropriateness automatically as an integral component in their quality management systems. In other words, although wide consensus has been reached concerning the inclusion of an evaluation of appropriateness in test requesting in the list of laboratory quality indicators, it is of crucial importance to move on to the next steps: measurement, interlaboratory comparison of data, and corrective/preventive actions. For this approach, the evaluation of outcomes should also be included as an additional and fundamental step in the brain-to-brain laboratory test loop, as proposed by Lundberg. The die is cast and the path toward a better understanding of the seminal concept delivered by Lundberg should pave the way to improved utilization of laboratory services and to better clinical outcomes.

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References

Correction
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Due to a submission error, the second author’s last name was misspelled in the February 2015 AJCP article by Vanchinathan et al (Vanchinathan V, Mizramani N, Kantipudi R, et al. The vascular marker CD31 also highlights histiocytes and histiocyte-like cells within cutaneous tumors. Am J Clin Pathol. 2015;143:177-185). The correctly spelled name is Neda Mirzamani.