Doctors make up a small percentage of the population in the United States (about 0.29%, or 1 in 300 people), and pathologists make up a small percentage of doctors (about 18,000 of the 885,000 doctors, or about 0.2% of doctors). Pathologists therefore make up only about 0.006% of the population of the United States. Pathologists cannot sway legislators solely by appealing as a numerically powerful constituency; nor can we sway other policymakers, including administrative leaders and quasi-legal agencies, by force of sheer numbers. Further, pathologists' relatively small number significantly hinders our ability to educate society about the pathologist's professional role and the value we provide to patients. Many people, including policymakers, have little or no idea what pathologists do, perhaps other than perform autopsies like Quincy or Ducky. Lots of people do not even know pathologists are physicians.

Pathologists are eager to share who we are and what we do with people. We can often be found doing just that in local school classrooms, at church events, and at service organization meetings. Many engaged pathologists—frequently but not exclusively through local and state pathology societies, or national pathology societies, such as the College of American Pathologists—are working hard to get messages to the public and policymakers about how pathologists and laboratories enhance medical quality, promote patient safety, and save health care dollars.

Issues of safety, quality, and efficiency are timely and urgent, and pathologists have a professional responsibility to be immediately and meaningfully involved in developing cost-effective solutions. Both the public and policymakers would significantly benefit from a greater understanding of the value pathologists bring not only to the laboratory but to the hospital, the clinic, and the community. But the numbers are against us; it is simply physically impossible to get our messages out to significant numbers of people. To educate the public about pathology, and to meaningfully engage in and affect health care policy, pathologists need something more—a tool to help us overcome the seemingly insurmountable limitation of our numbers. Pathologists need something not typically considered in pathology. Pathologists need a force multiplier.

A force multiplier is something that increases the effect of a force. For example, applying a small amount of fertilizer to a seed when it is planted has been shown to dramatically increase crop output while reducing overall fertilizer need. Many things have the potential to be force multipliers; even motivation can be considered a force multiplier in some circumstances.

The force multiplier pathologists need to embrace today is social media. In just a few years, social media has blasted onto the scene and expanded dramatically, far beyond its entertainment-based origins. Social media is now a robust tool for patient engagement and will undoubtedly be instrumental in guiding the future of medicine. For pathologists, it represents a huge opportunity—not a substitute for face-to-face encounters and discussions, but a supplement to them. Nor is social media only for residents or pathologists just out of training—a generation usually considered to be more comfortable with social media and online interactions. Pathologists of all stripes should embrace social media.

Leaders in other professions, including law, have become meaningfully engaged in social media. Even a Federal Communications Commission commissioner has entered the social media vortex with frequent communications-related tweets, a few containing allusions to The Big Lebowski. But medicine, including pathology, has not generally mirrored the level of leadership involvement seen in law or politics; in fact, an overview of Texas physicians showed that pathologists are much less involved with Twitter than the vast majority of their nonpathologist colleagues. Indeed, some physicians still doubt social media’s utility. But medicine should be more involved, and pathology could lead the way by actively encouraging its leaders to actively involve themselves in social media.

Anecdotally, pathology trainees use Facebook, predominantly for personal and entertainment purposes, but few use Twitter or other social media forms. And few practicing pathologists engage in any form of social media. The goal of sharing our message with patients, colleagues, the public at large, policymakers, and even an international audience cannot be met solely from face-to-face encounters. Pathol-
Pathologists have stories to tell and should become social media savvy, using any or all forms available.

Pathologists are being significantly challenged today by new and novel tests—including molecular tests—decreasing payment, increasing institutional demands, and changing training obligations, all accentuated by a continuing lack of public and policymaker understanding of pathologists’ value and role in medicine. With significant social media engagement, pathologists would expand the depth and breadth of their influence in medicine, advocating for patients to help ensure health care quality and patient safety.

References