

## Working Towards a Common Goal

Michael A. Liew\*

Research & Development Scientist, Institute for Clinical and Experimental Pathology, ARUP Laboratories, Salt Lake City, Utah, USA

\*Corresponding Author: Michael A. Liew, Research & Development Scientist, Institute for Clinical and Experimental Pathology, ARUP Laboratories, Salt Lake City, Utah, USA, Tel: (801) 583 2787; E-mail: [liewm@aruplab.com](mailto:liewm@aruplab.com)

Received date: Aug 9, 2017; Accepted date: Aug 11, 2017; Published date: Aug 16, 2017

Copyright: © 2017 Liew MA. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Liew MA (2017) Working Towards a Common Goal. J Clin Mol Pathol Vol.1 No.3: 13.

### Editorial

The attitudes in our world ebb and flow like the tide. Currently, we are in a state of polarization, with sides often arguing without listening to the opposing point of view, as well as using rhetoric rather than facts. This is illustrated by watching the current political turmoil in the United States congress in deciding how to proceed with improving the United State's healthcare system. When one's own personal interests get in the way of what is for the good of everyone, society is headed in the wrong direction. For the time being the current healthcare legislation is still in place, and hopefully congress can work together to improve the healthcare system so that it both provides excellent patient care and fair compensation to the providers.

The principle of making sure everyone in the United States has health insurance in a country as wealthy as we are, should be considered a right and not a privilege. That being said, the current healthcare system the United States has is by no means perfect. It is a complex system, so there will not be any easy fixes and perfecting it will take time and patience. The idea of taking the responsibility out of the hands of the federal government and placing it in the hands of the individual state governments does have merit. How to incentivize people to buy health insurance is a difficult problem. Mandates and penalties do not seem popular, but unless you can show everybody that buying health insurance is for the good of all, it may be the best solution.

How can we in the clinical and molecular pathology field help with this? The general answer here would be to make sure that

the assays we develop remain as cost effective as possible. Driving down the costs of delivering healthcare would help to alleviate the problem. This does not mean advocating the development of cheaper assays, but rather more efficient assays. If an assay has expensive reagents, but reduces the error rate or improves turn-around time, this should have positive downstream effects on that patient's care, and eventually should translate into financial savings. An example of reducing cost would be next generation sequencing (NGS) assays. It started out as a research tool, but is quickly becoming accepted as a molecular pathology assay. The initial cost of running a NGS assay was very high. But as more research and development was applied to it, costs were reduced by improvements and innovation. This is not a new concept in practicing clinical and molecular pathology, but in our polarized world, working towards the common good of all is made even more worthwhile.

Thoughtful debate about topics is essential in developing ideas that can stand the test of time. My hope is that the Journal of Clinical and Molecular Pathology will be a place that you choose to publish your research so that it can be rigorously discussed and debated, to move the whole field forward. Clinical and molecular pathology is an exciting field, that is always being improved due to the research and development that is continually underway, to improve patient care. I wish you all of the best for your research, and I hope to see your manuscripts grace the pages of the Journal of Clinical and Molecular Pathology.