



Jornal Brasileiro de Patologia e Medicina
Laboratorial

ISSN: 1676-2444

jbpml@sbpc.org.br

Sociedade Brasileira de Patologia
Clínica/Medicina Laboratorial
Brasil

Shcolnik, Wilson; Andriolo, Adagmar

Waste in laboratory medicine

Jornal Brasileiro de Patologia e Medicina Laboratorial, vol. 53, núm. 4, agosto, 2017, p.
226

Sociedade Brasileira de Patologia Clínica/Medicina Laboratorial
Rio de Janeiro, Brasil

Available in: <http://www.redalyc.org/articulo.oa?id=393552736001>

- How to cite
- Complete issue
- More information about this article
- Journal's homepage in redalyc.org

redalyc.org

Scientific Information System

Network of Scientific Journals from Latin America, the Caribbean, Spain and Portugal

Non-profit academic project, developed under the open access initiative

Waste in laboratory medicine

Wilson Shcolnik^{1,2}, Adagmar Andriolo^{1,3}

1. Sociedade Brasileira de Patologia Clínica/Medicina Laboratorial (SBPC/ML), São Paulo, Brazil. 2. Grupo Fleury, São Paulo, Brazil.

3. Universidade Federal de São Paulo (Unifesp), São Paulo, Brazil.

For some years now, spending on health care and pensions has been one of the major economic concerns in most countries. Public and private resources employed in health care range from 6% to 12% of the gross domestic product (GDP), with some exceptions, such as the United States of America, where spending exceeds 17%. In Brazil, according to the World Health Organization (WHO), health spending accounted for 8.3% of GDP in 2014^(1,2).

Expenditure on laboratory tests for diagnostic or follow-up purposes assigned for only a small part of the total expenditure, accounting for 1.4% in Germany and 2.3% in the United States of America, the latter is considered as one of the countries where most health-care waste occurs⁽³⁾.

Laboratory medicine is a medical specialty positioned at the center of the health-care and, when optimized for use, produces information and knowledge that can improve outcomes, as well as shortening the performance time for diagnosis and assuring patient safety, which provides a more cost-effective health care⁽⁴⁾.

There are, however, different circumstances in which inefficiencies can be perceived. Service providers and health policy makers should be aware of the impact and costs of strategies that lead to changing attitudes, of both individuals and organizations, in order to contribute to the optimization of resources and the reversal of this situation⁽⁵⁾.

Regarding to that described, the article by Rodrigues, Souza and Oliveira⁽⁶⁾, published in this issue of the *Jornal Brasileiro de Patologia e Medicina Laboratorial (JBPML)* should be welcomed, as it warns professionals working in the diagnostic area on waste in this sector. The work published here is especially interesting because it has been carried out in the Brazilian public health sector, whose quality of services offered is often threatened by users and the media. The authors report that testing repetition is an old practice common to clinical laboratories, and is primarily used for confirmation of unexpected or “unfamiliar” results. They suggest that this practice should be carefully reviewed, since it impairs the time to release results, increases the consumption of inputs and generates costs for services.

On the other hand, it is worth remembering that it is a task and responsibility for professionals working in clinical laboratories to adapt their practices, not only in relation to costs, but mainly in relation to the quality of results, always respecting the need to preserve patient safety.

REFERENCES

1. Organización Mundial de la Salud [Internet]. Países. Datos estadísticos. Available at: <http://www.who.int/countries/bra/es/>. [accessed on: July 10, 2017].
2. Lippi G, Plebani M. Laboratory economics. Risk or opportunity? *Clin Chem Lab Med*. 2016; 54(11): 1701-3. DOI 10.1515/cclm-2016-0313.
3. Rohr UP, Binder C, Dieterle T, et al. The value of in vitro diagnostic testing in medical practice: a status report. *PLoS One*. DOI:10.1371/journal.pone.0149856 March 4, 2016.
4. Graham H, Beastall GH. Adding value to laboratory medicine: a professional responsibility. *Clin Chem Lab Med*. 2013; 51(1): 221-7. DOI 10.1515/cclm-2012-0630.
5. Severens JL. Value for money of changing healthcare services? Economic evaluation of quality improvement. *Qual Saf Health Care*. 2003; 12: 366-71.
6. Rodrigues MSP, Souza CL, Oliveira MV. Repetition of biochemistry tests in a laboratory of public hospital in southwest of Bahia, Brazil, and associated cost. *J Bras Patol Med Lab*. 2017; 53(4): 233-9.