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Letter to the Editor

A Jakobsian analysis of communication in veterinary anatomic pathology

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Since I figured out that anatomic pathology is communication (5), I got interested in this subject and If I'm assuming myself as a communicator, then, I logically need to study and understand it. When I looked for this, Jakobson's explanation (4) was the most elegant, eloquent and simplest explanation I've found. If you doubt me, just search for this in youtube, there are a lot of animated videos about it. So, Jakobson divides communication into six crucial points: *adresser*, *message*, *addressee*, *context*, *code* and *channel*. The *adresser* is the person who will write and send the *message* to the *addressee*, the receptor, the person who will read it. The *context* is what the message is about and the *code* is the language used. Finally, the *channel* is the physical *channel*, a way where the message is written, it may be a paper or a video or any other. Keep in mind that those points are not always isolated from each other, they are frequently overlapped, and this is just a didactic organization that is much more easily to understand in a fluxogram (Fig.1).

So it became clear to me that, as all good theories, Jakobson's should be fit in various situations, including communication in the practice of veterinary anatomic pathology. It is simply a matter of changing the terms and putting the specific names in the fluxogram. You know times when you get satisfied with something you make, like a tough Sudoku? That was exactly what I got when I finished it. So, the *adresser* is the anatomic pathologist; *message* is the diagnosis; the *addressee* is the contributor/clinic/client; *context* is the history/clinical case; *code*, words in portuguese with veterinary jargon and *channel*, a piece of paper or a PDF archive). With this adapted picture in hand I was able to visualize a little bit better the problems concerning communication in my practice …and only because Stephen Hawking said "When you complain, nobody wants to help you", I tried to find some solutions to those issues. Also, I have no pretensions to be right in this letter (and obviously, for sure there are right and wrong things in this world). Those are just my impressions and a few ways, always under construction, to improve some points.

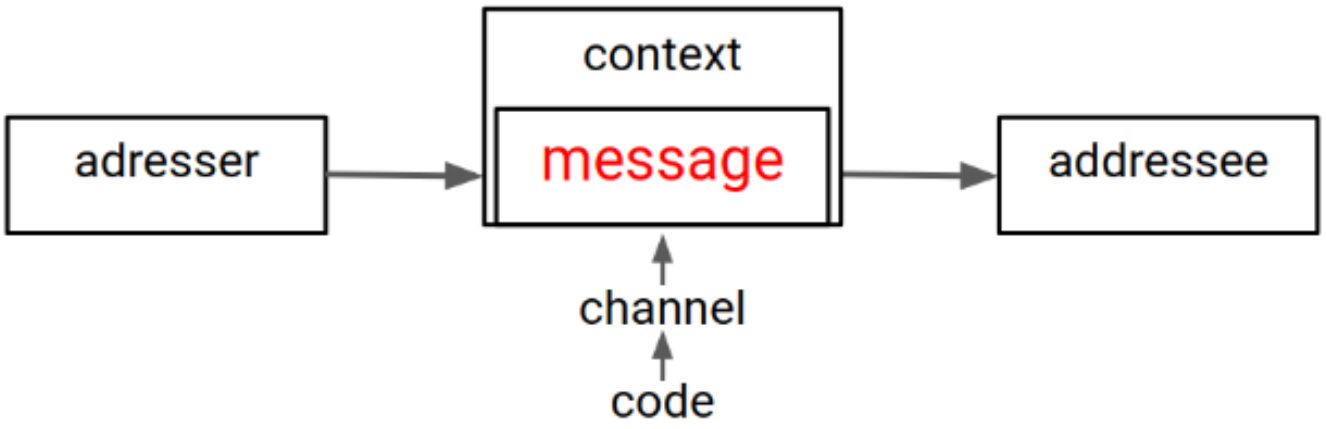

Figure 1. Communication fluxogram according to Jakobson (1997) (4).

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Adressers, anatomic pathologists, have the bad habit of hiding themselves behind a microscope in a claustrophobic lab. If one wants to, it is possible to spend a whole day without saying a single word. This is obviously a harmful behavior for a communicator and also I have an impression that anatomic pathologists are frequently confused with clinical pathologists because of this. In my opinion, it is time in Brazil to assume ourselves as anatomic pathologists (did you realize that I used this term in this text?). This probably is a more accurate term that makes a clean distinction between clinical pathologists and anatomic pathologists.

Channel: during two years working in private labs, every time I read a referral form for a histopath exam I had a palpable impression that my service was considered as made by a machine. Surprisingly enough, I was not the only one who realized it. In fact, a study shows that it is more probable for a human being to be perceived as a machine when communicating by text (9). Yes, that is it, when humans type, they become computers by the eyes of an observer. If I send a text, then I become a machine for my client. However, the same authors have the answer: voice! Simply because people are perceived as more intelligent in oral communication (10). Then, in my opinion we shall get a recaptcha mindset - I'm not a robot - and an anatomic pathologist should use a headset phone full-time, making calls and voice mensagens for the clients; maybe to make explanations even for the simplest sebaceous hyperplasia. Needless to say that printed papers with analogical signatures are incompatible with a busy service in the XXI century and it should be saved for proper situations.

Anatomic pathologists almost have their own *code* that, in my impression, is not well understood by outsiders. A golden rule said by my prefered pop-psychology-writer can explain it much better than I could: "If we want truly to communicate, we must assume that the other is autonomous and not an extension of ourselves" (8). So, the *addressee* is autonomous, a separated person, not an extension of the *Adresser*, the anatomic pathologist. Thus, it is mandatory to be clear, it is necessary that the *code* must be fully understood by the *addressee*. Definitively, communication is not about what is being said, but what the *addressee* understands. I'm not saying to not use technical terms, but maybe use more frequently words in parentheses that explain the description in a simpler fashion; and be dedicated and disciplined to descriptions guides. Also, I understand that some routines use description templates or reportecas, however I believe that this practice should be used more carefully, at least you must consider the profile of your client. Not just everybody likes fast food. In fact, most of what I propose here is a kind of customization of the communication (probably à la carte is much more appreciated), because at the end of the day it is a sale, sales are made by relationships and a relationship must be customized to be a relationship (7).

Context or clinical information is a very important sensitive point, because it is not totally dependent on the anatomic pathologist and clinical information is crucial for an assertive diagnosis. During my short time of experience I had to deal with this daily, sometimes you even know the species submitted. My prefered rigorous, but not so serious, paper states that anatomic pathologists are not extra sensorial perception persons (1) and another study with clinical pathology exams in humans found some high numbers of information lacking with obvious impact in the final diagnosis (6). Thus, again, maybe the solution is a better relationship with the client and a proper intuitive design of the formulary. Also, probably a digital form should work better, in which the whole request could not be submitted without filling all data.

Here we put almost everything together, because the Jakobsian steps often overlap in real life. It may become really dull to read a report, the *message*, containing long and wordy sentences written in third person, which forces a passive voice writestyle. Moreover, some colleagues are using photomicrographs within the description, which seems like a nice idea to me. The last point is the feedback. Unfortunately, it barely exists, unless a mistake or a challenging clinical case occurs. "I've always found oratory courses. Never a hearatory course" (2)... well, that is a very personal and psychological matter: learn and want to listen is to put yourself out of the spot, understand that you are not the center of the universe (easy to say, but not always easy to practice), or "be a good editor" (3) and let people at least finish a phrase should be a rewarding technique.

The actual reason I've ventured to write this essay was to open the discussion and receive criticism and new ideas. So, I hope I've done it right, and there are some further reading recommendations.

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