

## Proud to be a Pathologist

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My fascination on pathologic basis of disease dates back to the time when I was a medical student learning basal ganglia disease in China in the late 1970s. I never dreamed of practicing medicine in the United States of America until early 1992 when I entered my second year of postdoctoral training at Massachusetts General Hospital with my own NIH grant and met a physician from Columbia. He was a postdoctoral fellow in the lab next to ours. We became close friends. He strongly encouraged me to take the American medical board exam. I initially hesitated because I was not sure about my skills in the English language and I had been away from clinical practice for over 10 years. I explained my uneasiness to my friend and he offered his help. He let me use his board-review books. Thus, I tried the step one board exam and was surprised to have a decent score. I was determined to continue. After an intense review for a few more months after my regular working hours, I took and passed the step two.

When deciding which medical specialty I wanted to practice, I faced a tough choice. My family and friends urged me to do internal medicine because of my previous experience at the Shanghai Zhong San Hospital. My mentor advised me to do anesthesiology in light of my extensive research experience in physiology and pharmacology. My life-long mentor and friend, an internationally renowned neuropathologist at MGH, recommended Pathology to me. At the time, I had only a vague impression of pathology practice in this country but believed that I might like it. I followed my gut feeling

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and decided to do it. Retrospectively speaking, I am very happy about my choice to be a pathologist. I was offered several pre-matched positions and decided to enter a pathology residency training program in Boston. Since then, I have lived and worked in the Greater Boston area.

My first year of residency training in pathology was full of not only excitement and achievements, but also frustration and humiliation; and thankfully no disastrous events. My first rotation was in clinical pathology laboratories and dealt with lab tests and interactions with clinicians. One day, a lab supervisor asked me to take a look at the chemistry test results of one patient. I was so curious and investigated that case thoroughly. Eventually, the patient was diagnosed with “flesh eating bacterial infection”. We saved the patient’s life and published the case report. The situation changed dramatically when I started the rotation in Anatomic Pathology. I was so excited to see that pathologists can make a diagnosis on a tiny tissue biopsy fragment or even a few cells. I realized that this is great for patients and clinicians. When I started to follow my attending’s dictation and orders, however, I was lost. There was so much medical jargon, abbreviations, and personal favorites. To make things worse, my Chinese accent often left me feeling terrible when I saw the weird looks on the faces of my fellow residents, attendings, and clinical colleagues. Despite this frustration, I was determined to do my best for my patients and keep them safe. I believe what my favorite late ABC anchor, Peter Jennings said, “... in this country, if a foreigner or immigrant wants to have an equal place, he has to work ten times harder.” I vividly remember the day in early 1990s when the entire state of Massachusetts was hit by a huge snowstorm and a state of emergency was declared. I drove over 2 hours to get to the hospital and realized that only my department chairman and I were in. I functioned as a resident, secretary, and technician. On that day, he taught me so much on inflammatory bowel disease!

I am happy, blessed, and proud to be a pathologist every day.