## POINT OF CARE TESTING FOR HAEMOSTASIS THE CLINICIAN'S POINT OF VIEW

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"It is a truth universally acknowledged that a modern clinician without a test report to guide him or her must be in want of one." (Apologies to Jane Austin).

Clinical medicine as practised today, unlike when I began my medical career 40 years ago, is highly dependant on ready access to laboratory information, repeated frequently to determine trend and available 24/7 with minimum delay, at the bedside or in the clinic. Gone are the days when I had to fight with the resident pathology officer to get a haemoglobin or serum urea and electrolytes performed at night. Pressure for instant access has led to 24 hour laboratory working and point of care testing in selected situations. This has of course been driven by clear benefits to the patient of clinicians having such access. In the area of haemostasis this is nowhere more evident than in the operating theatre where haemostatic monitoring by thromboelastography during highly complex surgery such as liver and other organ transplantation has well established benefits.

At the other end of the technical scale patients are offered the convenience of testing their own clotting time for Warfarin therapy monitoring. In between is a range of less clearly advantageous point of care tests for platelet function in relation to effectiveness of anti-platelet medication. The age old question of how to predict if a given patient will bleed excessively with a given surgical procedure remains open but some promote one test or another and the search for an in vitro test of global haemostasis continues with about as much hope of success as the search for the grail.

The jobbing clinician or surgeon's questions of any Point of Care Test are

- 1. Will it speed up diagnosis and hence effective therapy choice?
- 2. Will it be cost effective?
- 3. Are the results reliable?
- 4. Can I get the ward, theatre or clinic staff to do the test and how much training will they need?
- 5. Will someone else please take responsibility for the test and the result?

If the answer is yes to all of the above then pressure for its introduction will be applied ruthlesslessly!