

# Waste in laboratory medicine

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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<sup>(1,2)</sup>.

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<sup>(3)</sup>.

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<sup>(4)</sup>.

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<sup>(5)</sup>.

Regarding to that described, the article by Rodrigues, Souza and Oliveira<sup>(6)</sup>, 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

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