

EDITORIAL**Towards a new reality “Strengthening the Clinical Pathology Service in Peru”*****Hacia una nueva realidad “Fortaleciendo los Servicio de Patología Clínica en el Perú”*****Luis Figueroa-Montes**^{1,2,3,a}¹Servicio de Patología Clínica, Hospital III Suarez Angamos, EsSalud, Lima, Peru.²Presidente de la Asociación Médica Peruana De Patología clínica, Lima, Peru.³Director de Medicina de Laboratorio Clínico, Lima, Peru.^aMédico Patólogo Clínico.

In Peru, Law No. 26454 (promulgated in 1995) establishes the "obtaining, donation, conservation, transfusion, and supply of human blood" as a matter of public order and national interest. Article 9 of the law states that "The donation of human blood is a voluntary and free act, carried out for therapeutic or scientific research purposes"⁽¹⁾.

In the current organizational structure of the Ministry of Health (MINSA), we can see that the donations, transplants, and blood bank directorate, known as DIGDOT, is dependent on the vice-ministerial office of public health⁽²⁾. This directorate is responsible for supervising the sectoral policy regarding the donation and transplantation of organs, tissues, and cells; including activities related to obtaining, donating, conserving, storing, transfusing, and supplying human blood, its components, and derivatives, assuming the functions of the National Hemotherapy Program and Blood Banks (BS)⁽³⁾.

Currently, blood banks throughout the country must have health authorization to operate. According to Decree No. 017-2022-SA, with modifications to the regulation of Law No. 26454, the objective is to establish the technical and health conditions for the proper functioning of BS⁽⁴⁾.

As we can see from the information above, the activities carried out in blood banks in Peru are regulated by their law and now have new changes for health authorization, thanks to having a directorate and organic unit in the MINSA organizational chart. It is noteworthy that blood banks in Peru belong to Clinical Pathology health service producing units, where the clinical pathologist assumes the responsibility for the blood banks⁽⁵⁾.

Question: What is the department within MINSA that should supervise the sectorial policy of the analytical process of laboratory tests throughout the entire testing process, including activities related to accreditation processes of clinical laboratories in the Clinical Pathology UPSS? How many clinical laboratories are there in Peru in the public and private sectors? What is the National Strategic Plan for Clinical Pathology services for the next five years? What are the essential⁽⁶⁾, laboratory tests that should be implemented at the primary care level?

The answer to all of these questions can be summarized in one word: "unknown". To date, we do not have a national department within MINSA that structures a national short, medium, and long-term plan, where, for example, by 2030, all Peruvian clinical pathology services are accredited by ISO 15189 (version 2022) or accredited by a flexible and staggered national accreditation program⁽⁷⁾.

These are complex times in our country, and the haze of the current political struggle clouds the actors in the ministries of the different sectors. The high turnover of officials in trusted positions makes this situation even more unstable.

However, we can always make a change. The first step is to "make this reality visible" to all those involved in the clinical laboratory equation. Secondly, we must establish strategic alliances among all those involved in clinical pathology services, including professionals, scientific societies, academia, the National Institute of Quality (INACAL), industry, and others. Thirdly, we propose the inclusion of a National Clinical Pathology Services Program in the MINSA organizational chart.

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A year ago⁽⁷⁾, I shared an open letter on this matter, making this reality visible and inviting everyone to raise our voice, so that the current gaps in infrastructure, technology, analytical quality, and laboratory professional competencies in all Clinical Pathology services can be closed⁽⁸⁾.

We must be attentive to the scientific advancements in our field and related topics, such as analytical quality control, risk management, and others that we must strengthen and integrate as good practices in the operational and clinical management of Clinical Pathology services^(9,10).

Let us not be indifferent to this need. Let us change our reality; we are still in time.

Contributions

The author participated in the conception, writing, and approval of the final version.

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