This article compares the idea of genetic testing in women from two separate and distinct regions, UK and USA. It shows how modern genetic tests give us information about many diseases to come knocking in our future by using the biochemical markers in our genes. Once such case is to test for mutations in the BRCA1 and BRCA2 (short for Breast Cancer 1 and Breast Cancer 2) genes in women to make them aware that they are more susceptible to develop breast and ovarian cancer in the future. The article mainly compares the pros and cons of this genetic testing in both of these regions.

According to the author, “In the United States, where the allocation of medical resources, including genetic testing, is determined primarily in the private sector by health maintenance organizations and insurance companies, access to medical care is tethered to notions of individual choice. In this setting, BRCA testing has been heralded as a vehicle for empowering women by giving them access to crucial information about their bodies.” He also points out that the demand for these tests is not driven by its benefits to the patient as determined by her physician but by the patient’s expectations and means.

On the other hand, “Under the National Health Service (NHS), the publicly funded organization that has been the principal provider of health care services in the
United Kingdom since World War II, concepts wholly foreign to American health care, such as equal access and triage, have shaped views of the BRCA test's usefulness. Genetic testing for a predisposition to breast cancer is not construed as technology to which every patient is entitled, but instead as one more weapon in the arsenal of treatment and prevention—a tool to be used only for patients with an extensive family history of breast or ovarian cancer.” Therefore in this setting, BRCA testing is available only to women who meet a series of established national criteria that place them in the high-risk category.

So this develops into two complete and opposite consequences for women in US compared to women in UK. For instance, patient advocates in US worry about the impact of BRCA testing on patient access to insurance and employment. This concern, also leads many patients to pay to keep the results out of their insurance file tests. However, in UK, where access to healthcare is guaranteed, there is no need to worry about discrimination but rather concern about the allocation of resources to genetic testing as oppose to cancer prevention. Also the test is being defined differently in both settings due to vast differences in each nation’s health care system. In US, BRCA tests as marketed by its parent company, Myriad Genetics, as a profitable commodity competing for the consumer dollars and that’s what is expected in a system built around privatized health care. On the other hand, Myriad’s plans to patent and collect royalties from NHS failed miserably in the UK and the company abandoned its efforts to control testing in the UK.

According to the author, this century began with a new era of medicine with the completion of sequencing of the human genome. He also says that, “The uncovering of genetic underpinnings has led to deep insights regarding the mechanisms of disease.
Ideally, such insights will point the way to new methods of screening, alleviation, cure and prevention. Medicine may be undergoing a profound transformation as it moves from symptom-based to cause-based diagnosis.”

I personally agree with the author on this point and believe that maybe to a certain point genetic testing had become more of a commodity in our daily lives rather than an aid used to better our future health. Before we know it, there will soon be commercial genetic tests available over the counter just like pregnancy tests. I do think that this new transformation in medicine has become more cause-based rather than symptom-based as pointed out by the author. Genetic testing is opening many doors to knowing and understanding many inherited diseases but how we perceive this information is dependant by the way societies incorporate this new knowledge.

“I give permission to Dr. McKenzie to use this SR on his website.”

-Stan Patel