

New genetics study-aid for doctors

A new survey by the American Medical Association (AMA) shows that 71 percent of adults questioned would consult their family doctor to learn about testing for genetic disorders. But are physicians equipped to give adequate explanation?

In order to help them incorporate new genetic information and technology into medical practice, a working group of clinical geneticists has drafted guidelines for a core curriculum on genetics for doctors. Called GENSAP, the self-study continuing medical education program will focus on disease prevention, says Susan Pauker, chief of medical genetics at Harvard Pilgrim Health Care and chair of the working group that developed the curriculum.

"Our goal is to teach primary care doctors what they need to know about clinical genetics so they can answer patients' questions, anticipate a potential genetic problem or risk, make referrals when appropriate and correctly evaluate the results of genetic tests," Pauker told *Nature Medicine*. Different editions of the curriculum will be developed for different types of physicians; each will cover a core syllabus as well as focusing on specialty genetics. Updates will be distributed periodically.

The idea grew out of a conference sponsored by the AMA and the National Center for Genome Resources last July in New Mexico, which addressed the gap in knowledge many physicians have. This deficit was illustrated in a study by researchers from Johns Hopkins School of Medicine: One-third of physicians who received results of a test for familial adenomatous polyposis (FAP) mutations

misinterpreted the data, only 18.6 percent of patients received counseling before the test and only 16.9 percent provided written informed consent (*NEJM*, 336, 823-827; 1997).

For patients to benefit from advances in genetic research, Francis Collins, director of the National Center for Human Genome Research says that physicians have to become "as conversant with genetics as they currently are with physiology and pharmacology." But while genetics is taught at all US medical schools, there are no minimum hours required.

Henry Lynch, professor of medicine at the Creighton University School of Medicine (Omaha, NE), says that medical schools have put more emphasis on molecular genetics in training physicians over the past decade. "However, doctors and students still training need more hands-on experience in clinical genetics and learning how to do basic genetic counseling is of the utmost importance," says Lynch.

Arno Motulsky, head of medical genetics at the University of Washington, Seattle, believes that a constant update on knowledge of, and treatments for, genetic conditions is necessary to help doctors determine whether non-directive or directive counseling is more appropriate. For example, it is currently recommended to counsel patients with a positive test for the FAP gene to have a prophylactic colectomy performed, whereas non-directive counseling for a positive breast cancer gene test is advised because treatment and prevention options are less clear.

VICKI BROWER, NEW YORK

Nobel laureate writes for Swiss tabloid

Rolf M. Zinkernagel, recipient of the 1996 Nobel Prize in Medicine, is the author of a weekly science column "Welt von Morgen" (Tomorrow's World) in the Swiss tabloid, *Blick*. "This has been an old dream of mine," says Zinkernagel, who approached the *Blick* about writing a column on biomedical issues last year. "I had made a number of attempts before winning the Nobel Prize which were not met with enthusiasm. The prize has helped a lot," says Zinkernagel.



The *Blick*, which has a wide circulation in Switzerland, is well-known for its scandalous and sensationalist style of reporting: with front-page headlines such as "Our brother, a serial killer" or "Emergency birth, baby born on a staircase," a large sports section, and in true tabloid-style, photographs of half-naked women.

Zinkernagel's column debuted in January of this year. Its goal "is to provide simplified information on science to reach the most people," says the Nobel laureate. Articles cover a wide variety of topics, ranging from a study by Israeli scientists of why some people have bad breath, to the use of emerging therapeutic agents that treat arthritis and the production of recombinant erythropoietin for kidney disease. "The basic message", Zinkernagel told *Nature Medicine*, "is that science is interesting, fascinating and that scientists are not hiding in an ivory tower." It is no coincidence that Zinkernagel's column begins in the same year that the Swiss people will vote on a proposal to ban gene manipulation in a national referendum. Zinkernagel has been vocal on his opposition of the gene protection initiative and has called for better education in biology—particularly gene technology—not only through schools but also via the media. Looking beyond the June referendum, Zinkernagel hopes that his science column will receive long-term support by the editors of the *Blick*. He warns, "if today the gene technology community is being targeted, tomorrow it will be nuclear physics."

LAURA BONETTA, NEW YORK

Does passive smoking cause cancer?

Sir Richard Doll, a leading authority on smoking and cancer, has been called upon to resolve the dispute over the World Health Organisation's (WHO) paper on passive smoking and lung cancer. Last month, the WHO was publicly accused by the British press of suppressing data from a meta-analysis study because it fails to show a significant link between the two.

Doll concedes that although the results show an estimated 16 percent increased risk among non-smoking spouses of smokers and 17 percent increased risk in the workplace, they do not reach significance.

WHO has defended the study saying that the results were not significant because of the small sample size (650 lung cancer patients with 1,542 healthy people) and that the work was submitted to a scientific journal in February, which is why it has not been made publicly available.

A British government report from the Scientific Committee on Tobacco and Health released on March 11th will add to the debate: it concludes that the increased risk of lung cancer is 20-30 percent and makes recommendations that smoking in public places be restricted on public health grounds.

KAREN BIRMINGHAM, NEW YORK