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LETTER

Formal recognition of the speciality of Medical Genetics in Portugal

Unprecedented medical advances in molecular technology are occurring at a time when governments are unable to fund all of the health services expectations of their electorates. In these circumstances it is futile to expect even advanced Western countries to find new resources for all that could be achieved for patients and their families with genetic problems. Nevertheless it is unacceptable[1] that about a third of countries have not even formally recognised genetics as a medical speciality, with important implications for funding, training and the attitude to genetics of other health service workers. Indeed the quality and accessibility of genetic counselling depends on a perilously small number of clinicians with bona fide training in medical genetics, on average only 2.7 genetic physicians per million population in 31 nations recently studied,[1] with very varied and even deficient training in some countries. Inevitably genetic counselling is part of the day-to-day work of non-geneticist clinicians who may have had no genetic training at all and there is much empirical evidence that the quality of genetic counselling by physicians lacking genetic training can be deficient.[2]

Thus the news is welcome that Portugal has formally recognised the speciality of medical genetics. The new Portuguese Human Genetic Society welcomed the formal recognition of Medical Genetics as a full medical speciality by the legitimate authority, the Portuguese Ordem dos Medicos. This follows the earlier 'granting of competence' in 1979. A network of genetic services has been defined in Lisbon, Coimbra and Porto (Santos, Cordeiro and Nunes 1997[3]) owing much to university departments and benefiting from the support of the National Health Service (SNS). Thanks to Professor Amandio Tavares, then at the Faculty of Medicine of the University of Porto and to others, genetics has a distinguished history in Portugal with karyotyping analysis from 1959, genetic counselling clinics from 1963 and timetabled genetics being taught to medical students from 1970. In the last two decades, clinical and laboratory genetics has expanded in academic and non-academic hospitals and other SNS supported institutions, in Lisbon, Coimbra and Porto. Real progress has been made to integrate medical genetics into the work of other specialities, where appropriate. An example of this is the high level basic and clinical research on the Portuguese type of familial amyloid polyneuropathy (Coelho *et al* 1994[4]).

The quality of services for those with genetic problems is surely aided by formal recognition of the speciality and the existence of well set up medical genetic centres. However, such centres will be able to cope directly with only a small part of the needs of the population, particularly as genetic medicine will play a crucial role that will preoccupy most specialities during the next millennium. Accordingly the success of future services for genetic problems and birth defects will require a 'seamless' organisation linking genetic centres with primary care, other specialities and public health progressively better educated in genetics.

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