

CRC alone in efforts to teach British doctors about cancer genetics

Despite reports that doctors are ill equipped to deal with the increasing numbers of women worried about inherited cancer risk—particularly breast and ovarian cancer—official bodies in the UK have shown little interest in tackling the problem. Instead it has fallen to a medical charity, the Cancer Research Campaign (CRC), to develop an education program for primary care physicians to teach them how to evaluate such risks and how to deal with patients.

The British Medical Association, which represents most of the country's physicians, told *Nature Medicine* that it is "working with CRC informally" but did not want to "duplicate" the effort. And even though the CRC's Primary Care Education Research Group (PCEG) has raised concerns that newly trained doctors have little knowledge of how to assess the probability of hereditary cancer, the General Medical Council—which has a statutory responsibility to oversee the content of medical degrees—says it does not want to "overcrowd the already full [medical] curriculum." According to a spokeswoman: "the GMC sets out the real foundations rather than the details."

The CRC admits that there is a lack of hard data on the issue: "the evidence is anecdotal, but referrals to cancer genetic clinics have risen significantly in recent years," says PCERG's Eila Watson, adding that "most GPs will see two women who have an increased risk of cancer each year, but a lot more who will be worried."

Jon Emery, a PCERG member involved in the development of a range of education materials—including leaflets for doctors and patients, and a computer program to help doctors decide which patients need further investigation without requiring a knowledge of genetics—says "it is clear that doctors have very little knowledge of molecular biology and cancer genetics."

Most cite the speed with which the field is developing as the reason why they are not familiar with the latest information. "How do you provide information when new discoveries could be just around the corner," asks PCERG leader, Joan Austoker, an expert in breast and cervical screening.

But even when efforts are made to increase learning, delays compound the problem: in 1996 the CRC submitted a

framework document on undergraduate oncology teaching to the GMC, but a report on trials of the syllabus at University College Hospital in London is due out only later this year. And the PCERG's computer program, which is currently being evaluated in mock consultations, may be two years away from national implementation.

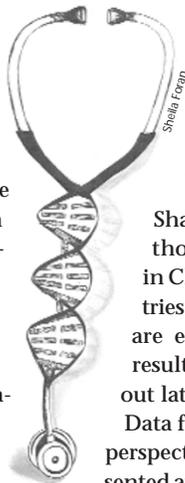
The computer program will enable doctors to create pedigrees from records of family and medical history, and calculate a patient's risk of carrying genes associated with breast or ovarian cancer. A similar "risk disk" is due to be distributed in the US by the National Cancer Institute this month.

In the absence of national guidelines on managing the risk of inherited cancer, Emery intends to use a three-level model devel-

oped earlier this year at a consensus meeting held by the Public Health Genetics Unit at Cambridge University. Patients with a low risk of carrying a cancer gene are managed in primary care, whereas those at medium risk are referred to breast clinics, while those at highest risk are referred to one of the 24 National Health Service cancer genetics units.

One main drawback to successful implementation of the program will be access to a desktop computer. Most PC's in physician's practices are used for administrative work—only one in five doctors has a computer in the privacy of their consulting room, which is where it would need to be if concerned patients are to get a result while they wait.

DAVID FIRN, LONDON



Survey: some countries side with China on genetic issues

Sharp differences in the attitudes of those who provide genetic services in China and other developing countries compared with those in the West are expected to be revealed in the results of an international survey due out later this year.

Data from the survey, which compares perspectives from 37 countries, was presented at the 18th International Congress on Genetics held in Beijing in August, where it was used to explain why China endorses greater intervention by health authorities on genetics-related issues than many in the West find acceptable.

Of 225 genetic service providers in China who replied to a written questionnaire, 93 percent said they agreed that individuals suspected of being a carrier of a genetic disease should be required to undergo prenatal diagnosis before having a child. In contrast, only 10 percent of those responding to a similar questionnaire in the US felt the same way. Conversely, whereas only five percent of Chinese respondents said that a blind couple should be free to decide for themselves whether or not to give birth to a blind child, the comparable proportion in Australia was 93 percent.

The contrasting figures were discussed at the Beijing meeting by Ren-Zong Qiu, of the Chinese Academy of Social Sciences' program in bioethics, as part of the background to a discussion on China's controversial Law on Maternal and Infant Health Care—originally known as the

Eugenics Law.

According to Qiu, in order to understand the thinking behind the law—which has been widely criticized for suggesting that physicians use genetic criteria to decide whether a couple can marry and have children—it is important to accept that China has always had "a collective oriented social and political philosophy."

Qiu said the survey had revealed that, in common with their colleagues in China, most of the genetic services providers in Cuba, Mexico and Greece, felt that an important goal of genetics was to prevent the spread of genetic diseases. And as in China, respondents to questionnaires in Russia and India accepted that there could be conditions under which a family member should be given access to details of genetic screening tests on an individual without that person's consent.

But only China has adopted "the improvement of the population" as an explicit goal. Qiu acknowledged the importance of comments by outsiders on the more controversial aspects of the Chinese law; several of its key clauses, he told the congress, were being revised by the government.

The survey was co-ordinated by Dorothy Wertz of the Shriver Center for Mental Retardation in Waltham, Massachusetts. The Chinese data has been collected jointly by Wertz and Xin Mao of West China University of Medical Science in Chengdu.

DAVID DICKSON, BEIJING