

Report from the Institute for

ISSN
1067-2478

Volume 15

Number 2 and 3

PHILOSOPHY & PUBLIC POLICY

Spring/Summer

1995

School of Public Affairs • University of Maryland
College Park, Maryland 20742 • 301-405-4753

Clarifying the Goals of Nondirective Genetic Counseling

In recent years, scientists have identified genetic mutations associated with a broad range of diseases, from rare conditions like Huntington's disease to certain forms of breast and colon cancer. These discoveries, in turn, have prompted the rapid development of genetic testing. Two different kinds of genetic tests are now in use. *Somatic* tests aim to detect a current disease or to identify disease susceptibilities in the patient being tested. *Reproductive* genetic tests detect mutations in germ cells and fetuses — mutations that are associated with disease in the patient's (potential) offspring.

The proliferation of genetic tests, and their significance for individuals beyond the patient tested, have increased the importance of genetic counseling — the effort to advise patients about the availability of genetic tests; to help them make informed and voluntary decisions about whether or not to undergo testing; and, if they choose to be tested, to enable them to understand and respond appropriately to genetic test results and diagnoses.

Despite occasional dissents, the standard view of genetic counseling is that it must be "nondirective." In using that term, many commentators emphasize two concerns: patient autonomy and value neutrality. They assume that these concerns are closely related, and that any expression of a counselor's values — or indeed, any moral discussion at all — undermines the ability of patients to make decisions for themselves.

To make its research readily available to a broad audience, the Institute for Philosophy and Public Policy publishes this quarterly newsletter. Articles are intended to advance philosophically informed debate on current policy choices; the views presented are not necessarily those of the Institute or its sponsors.

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