Direct-to-Consumer Marketing of Genetic and Genomic Tests

Derived in ordering of PG tests may encourage consumers and healthcare providers to become more proactive in health promotion, documentation of individual and family health history, and early detection of disease and disease management (Hunter, Khoury, & Drazen, 2008).

DTC marketing of PG tests may lead to (a) unnecessary diagnostic, pharmacologic, and surgical interventions (McGuire & Burke, 2008; Robson, Storm, Weitzel, Wollins, & Offit, 2010); (b) consumer preference for pharmaceuticals and genetic/genomic services of questionable benefit (Manolio et al., 2008); (c) false sense of reassurance based on negative test results; (d) children being subjected to inappropriate PG testing (Genetics and Public Policy Center, 2008b); and (e) privacy risks (e.g., if company goes out of business) (Genetics and Public Policy Center, 2008b).

It Is the Position of ONS That Oncology Nurses

- Integrate new evidence-based genetic and genomic information into oncology nursing practice.
- Educate patients and the public about the potential benefits and limitations of PG testing.
- Advocate for the development of culturally sensitive PG patient information.
- Integrate genetic competencies into oncology nursing education.
- Access evidence-based PG continuing education.
- Advocate for the ethical and legal use of genetic and genomic information.
- Advocate for patients to receive pretest education, counseling, and informed consent, with post-test disclosure and follow-up.
- Join with other healthcare professionals and professional organizations to define the appropriate use of genetic and genomic technologies.
- Access credible resources to evaluate PG tests.
- Conduct nursing research that contributes to the understanding of nursing-sensitive, patient-specific genetic and genomics outcomes.

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