

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Medical profiling and online medicine: the ethics of 'personalised' medicine in a consumer age* between April 2009 and July 2009. The views expressed are solely those of the respondent(s) and not those of the Council.

Q1. Treating Medical Care and Medical Products as “consumer Goods” will create its own problems. Economic developmental principles should not be mixed with medical care. Economic boom may collapse at anytime. Medical care should have its own financial resources that can have, if necessary, a foundation in economic principle. In developing countries consumerism has not worked well. Such a move may create a divide between developed and developing countries.

Q2. In the case of the poor, living in developing countries, DNA profiling and body imaging should be available freely as part of Governmental programme, that there should be free access to Medical Care.

Information regarding changes in genomic information either by addition or deletion needs to be regulated. Certainly addition from any non human sources needs to be regulated.

Q3. Individual responsibility should be cultivated alongside with proper medical health care education and together with knowledge dissemination on the possible risks and benefits.

Q4. It is a difficult question. Any thing given away for free can be misused. There is a need to make the access to Medical care free of cost but it is different thing to charge the patients with moderate fees. This facility should be made available for the deserving poor and elderly in a given society.

Q5. No. I have not used any on line health receiving systems.

Q6. No. I have not used any online source for diagnostic purposes.

Q7. No. I have not purchased any prescription drugs over the internet. But I understand that many medical shops in Chennai could provide prescription drugs without any prescription.

Q8. Nothing can replace the valuable personal services of a GP. There are problems in all these welfare efforts. If DNA profiling and body imaging services are advertised then there is that evil practice of hiking the service cost to include the referral commission paid to the GP. That is if a GP refers a case to the DNA profiling and body imaging company that Company pays a commission to the GP for every case that is referred to them.

Q9. No.

Q10. It is a very good move. But Indian villages in remote and other rural locations need more time to catch up with the economic improvements which reach them very slowly.

Q11. No. I have not used the services of DNA profiling and body imaging

Q12. Yes. Stringent evaluation is necessary before any DNA profiling and body imaging

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Q13. Providing Predictive Information to a needy patient may some time end up in harmful situation to the patient himself or herself, sometimes even the near and dear ones can misuse the information. The difficulty is that “How to differentiate between which information that is vital and other information that may end up in suicidal situation.

Q 14. Nominal fee may be charged. But the poor, needy and elderly need to given special care at a subsidized rate.