

The response reproduced above was submitted further to a consultation held by the Nuffield Council on Bioethics on its Report: Pharmacogenetics- ethical issues, during November 2002 – February 2003. The views expressed are solely those of the respondent(s) and not those of the Council.

The Royal College of Radiologists, UK

The Royal College of Radiologists was interested to see your paper on Pharmacogenetics: ethical issues.

As a general comment we should like to note that pharmacogenetic testing is likely to become an important factor in stratification of patients entering clinical trials in the future. The trend has been to seek larger and larger numbers of patients to gain statistical significance in national and international trials. Obviously the process of stratification according to pharmacogenetics will act in the opposite direction. The implications of this will have to be worked out in the assessment of new drugs.

We are also interested in the area of genetically determined sensitivity to radiotherapy, which again may have important implications for treatment, and may be mediated by shared mechanisms.

As far as the specific questions which were listed, we think that centralising pharmacogenetic testing through medical practitioners will help to ensure that appropriate treatments are given. Testing undertaken at the responsibility of the individual might well have to be repeated for clinical trials etc. The National Institute for Clinical Excellence would seem the body that is most appropriate for considering the issues raised. Anonymity should be a major principle in pharmacogenetic research and appropriate legal protection will need to be considered with regard to access to pharmacogenetic information.

The ethical issues raised in questions 19 and 20 are probably for a more general discussion than can come from one medical specialty. I know that insurance companies are arguing strongly for the need for such information to be disseminated, but appropriate safeguards for individual liberties and societal consideration of the implications of genetically determined health related factors will be needed. There seems to be more evidence of individual diversity than racial or ethnic characteristics, which hopefully would safeguard against the grouping of patients according to these criteria.