

The response reproduced below 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.

Anonymous #2

I would like to make the following comments:

- Q1 I think it will cost more for companies to provide these varied medicines, though the outcomes for patients should improve
- Q2 Yes
- Q3 If the companies can then make and produce further 'tailor made' medicines, yes, but not if they cannot promise to do so
- Q4
- Q5
- Q6 No
- Q7
- Q8 Yes I think it could
- Q9 No
- Q10 Completely anonymous
- Q11 Informed consent of all possibilities and uses to which it will be put
- Q12 If patient asks for this. Counselling services may need to be available
- Q13
- Q14 Not really
- Q15 May need counselling support
- Q16 May be profound - family members should be alerted, but asked if they wish to know results which may affect them, too. May need counselling support
- Q17 Yes, but availability may decide this
- Q18 Yes, most effective current treatment for their condition
- Q19 No
- Q20 Maybe. Lack of equality to access to appropriate medicines may occur, especially for very specialised groups (these could be ethnic, or otherwise)