PERSPECTIVES
in genetic counseling

Volume 17 Number 1 Spring 1995

Patient's Right to A Second Opinion: Sharing Care

by Beth Buehler, MS, The Perinatal Center, West Palm Beach FL

As genetic services proliferate, patients are more often seeking second (and third) opinions for prenatal diagnosis and genetic care. This creates practical questions: Who is the primary caregiver—offering support, giving results and providing follow-up counseling? What happens when territory disputes arise? What if the health care providers disagree on the best course of care, or if the motives or ability of the other practitioners are questioned?

Genetic counselors need to address these issues, guided by our sense of ethics, professionalism and the ideal of patient advocacy. To deliver quality patient care, the various institutions and professionals involved must work together with respect and cooperation. Often, roles and responsibilities will need to be negotiated. Genetic counselors can take the lead—with the client and other professionals involved—in discussing practical arrangements and territorial issues.

I work as a genetic counselor in a private perinatal office, where the majority of referrals come from private obstetrical practices with an occasional self-referred patient. My office recently encountered cases illustrating both sides of the territory issue.

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Ethics Casebook Explores Genetic Counseling Challenges

by Judith L. Benkendorf, MS, Georgetown University Medical Center, Washington DC

The field of genetics is riddled with ethical problems. Open dialogue is one of the most valuable tools for facing and avoiding such problems. A new guide, *An Ethics Casebook for Genetic Counselors*, provides a framework for the genetics community's continuing discussion about difficult issues.

The volume presents 26 cases contributed by genetic counselors. Following the facts of each case, the ethical issues are identified, and the genetic counselor's decision making process is discussed. Commentaries on each case by the framers of the NSGC Code of Ethics identify and interpret relevant guidelines from the Code and discuss how they might be applied.

Cases and associated analyses make up the bulk of the book; an introduction contains a review of concepts important to the study of ethics. Also included is a plan for analyzing ethical aspects of

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national society of genetic counselors, inc.

nsgc

The leading voice, authority and advocate for the genetic counseling profession.

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INTEGRATED GENETICS

Integrated Genetics, committed to providing quality DNA-based, cytogenetic and prenatal biochemistry testing, service and education.

Social Issues Committee Seeks to Mobilize Membership

Social Issues Committee members covered a lot of ground at their meeting in Montreal. Policy statements on these topics are in the works:

- Prenatal and childhood testing for adult-onset disorders
- Predictive testing in adult-onset disorders
- Pretest education and genetic counseling.

The Genetic Research Issues Subcommittee, chaired by Dorene Markel, continues work on the Research Disclosure project, which will propose guidelines regarding clients' involvement in research protocols. These guidelines will be presented to the Board of Directors in Fall 1995.

New committee chair, Lori Williamson-Kruse, met with chairs from sister-committees of ASHG, ISONG and ACMG in Montreal. This meeting, the first ever, helped establish communication lines and discover mutual activities and concerns.

The Committee strives to respond quickly to issues as they arise. Upon receiving a request for a position statement on folic acid supplementation, Lori Williamson-Kruse used e-mail to recruit interested NSGC members to begin working on the task immediately.

Trial use of a "phone tree" is also underway. These new tools—the phone tree, legislative hotline and e-mail—help us reach the committee and NSGC members quickly and efficiently. They provide an effective means for discussing and reacting to issues.

Although we are becoming more efficient, we remain committed to our mission: to thoroughly investigate and respond to issues in line with NSGC's policy statements, by-laws and code of ethics.

In the coming months, the committee will begin addressing concerns about access to genetic services. We look forward to your comments and encourage all members to become involved during these politically turbulent times.

Alysia Bemus Spear, MS
Social Issues Committee

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Send articles, reviews, correspondence to the Editor-in-Chief; address changes, subscription inquiries, advertisements and classifieds to the Executive Director. Contact any Editorial Board member with ideas or suggestions.

Publication Date, Next Issue: June 15
Deadline for Submissions: May 10

Human Genome Project Update

■ Rosalie Goldberg is the new NSGC liaison to the National Advisory Council for Human Genome Research. The Advisory Council meets 3 times a year to review applications to the National Center for Human Genome Research (NCHGR) and advises NCHGR about the ethical, legal and social implications of human genome research.

The January meeting included review of 3-year grant proposals focussing on issues raised by genetic testing for cancer risk. Several proposals included genetic counselors as investigators and stressed counseling as an important component of coping strategies and preventive health behaviors.

■ Dr. Paula Gregory of NCHGR oversees a national database of education programs on genetics and the HGP, cataloging courses by topic, location, dates offered and contact person. This an excellent resource for those wishing to start a course or get new ideas. For more information, contact Dr. Gregory at 301-496-3978.

■ Debra Collins' DOE/ELSI grant, "Teacher Networking and Education," was renewed for 2 more years. The grant's focus is networking teachers with each other and with genetic counselors.

■ HGP has funded several programs to study predisposition testing for the BRCA1 gene. A pilot project from Dana-Farber Cancer Institute and the University of Pennsylvania will train teams of genetic counselors and nurses to provide genetic counseling to adults in previously identified BRCA1 families.

■ At the University of Michigan Law School, Rebecca Eisenberg is studying the role of patents in transferring HGP-generated technology to society. The results—finding the fastest way to move new technology to the marketplace—could affect DOE policy far beyond the genome program.

■ Troy Duster's "Pathways to Genetic Screening: Patient Knowledge—Patient Practices" is being renewed for a 2-year term. The project contrasts Whites'

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Spotlight on

Legislative Issues: Be Informed and Involved

As a not-for-profit organization, NSGC is limited in its lobbying efforts. That's why individual participation in the legislative process—at both the state and federal level—is critical. The Legislative Issues Subcommittee, recently established as a branch of the Social Issues Committee, tracks legislation and alerts members to important issues as they develop.

The subcommittee is developing a regional network to follow legislative interests at the state and local level, identifying representatives from each NSGC region to act as coordinators. Interested members in each state will form an alert network to respond rapidly to local issues.

On the national level, the subcommittee may coordinate with similar committees on ASHG and ACMG to track issues of shared interest—when it comes to federal issues, the bigger the group, the louder the voice.

Trying to be "proactive" instead of "reactive" is another main goal of the subcommittee. The newly established hotline provides up-to-the-minute information about national issues. It's in all of our best interests to be informed and get involved!

☛ The subcommittee welcomes interested members to join or assist us in our activities.

Lee Fallon, MS, Chair
Legislative Issues Subcommittee

Making a Difference: A Step-by-Step Guide to Contacting your Legislators

Let your voice be heard! Writing your elected officials is easy and effective. Letters have a much greater impact than phone calls, and many offices track constituent reaction to major issues by the letters they receive. Here's how to deliver your message:

- **Call the Legislative Hotline:** 610-872-7608, Mailbox #5. Learn of federal legislative issues of interest to genetic counselors.
- **Identify your senators and representative.** Call your local Registrar of Voters (government pages of the phone book) for names, local addresses and phone numbers. Members of Congress have district (local) offices in addition to their offices in Washington, DC.
- **Compose your letter.** Be brief! Be personal! Be specific! Be polite!
  a. Heading: The Honorable (name) address (see below)
  b. Salutation: Dear Senator (name) or Dear Representative (name)
  c. Identify yourself as a voting constituent and also make it personal (i.e. NSGC member, mother, concerned citizen, etc.)
  d. Identify legislation (bill): bill number (ex. S111 OR HR222), bill title, author, content
  e. Explain your position: your perception of the bill's impact, any relevant personal experience
  f. Urge support or opposition of the bill
  g. Request a response
  h. Include your full name and address
- **Mail your letter.** Mailing addresses are:

Senators:	Representatives:
Senator (name)	Representative (name)
Senate Office Building	House Office Building
Washington, DC 20510	Washington, DC 20515

Cindy Soliday, MS
Legislative Subcommittee

Legislative Update

As the 104th Congress concentrates on legislation dealing with the "Contract With America" (call Lee for a copy), health care and related issues have been put aside for now.

The Birth Defects Prevention Act was reintroduced in the Senate (S459) by Senator Kit Bond (R- MO) and the House (HR1010) by Representatives Solomon Ortiz (D-TX) and Henry Bonilla (R-TX). The bill provides funds for the CDC to give grants for birth defects surveillance, establish regional centers to study birth defects causes and assist public and professional education programs. The March of Dimes is a major supporter of this legislation.

Abortion rights are again in the national spotlight following the nomination of Dr. Henry Foster for surgeon general. The House and Senate debate may provide insight into party platforms in the next Presidential election. Based on preliminary campaigning by Republicans in New Hampshire, it appears to be a divisive issue among potential candidates.

Lee Fallon, MS
Legislative Liaison

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Ethical Dilemmas in Genetics

problematic situations, based on a case method for planning for the care of patients developed at the University of Virginia.

WRITTEN WITH ELSI GRANT

The casebook was written by a geneticist in molecular biology, Julie A. Maley, PhD. With a growing concern about the social and ethical implications of rapid scientific advances, she left the laboratory bench to pursue an ELSI-funded fellowship in genetics and bioethics at the University of Virginia. Her objective was learning about the challenges genetic professionals—particularly genetic counselors—experience in their work.

Using the NSGC Code of Ethics as a foundation for the project, Dr. Maley listened to and explored the stories of a number of experienced genetic counselors who spoke openly about ethical problems they encountered in their work. Some cases describe unique situations; others discuss problems which arise frequently under various guises.

PRINTED BY MARHGN

The Mid-Atlantic Regional Human Genetics Network provided funds for printing and distributing the casebook to MARHGN-area genetic counselors and to all masters level genetic counseling training programs.

☛ Others interested in receiving a copy should contact

Dr. Julie Maley
907 Woodglen Drive
Ocean Springs MS 39564
601-872-4517

Excerpts from *An Ethics Casebook for Genetic Counselors*

Mr. and Mrs. Q were 26-year-olds of European descent in the 8th week of their first pregnancy. They read that mutation testing for cystic fibrosis is possible and made an appointment with Claire, the genetic counselor at a private hospital.

Mr. and Mrs. Q told Claire that neither of them had a family history of CF, but that a friend had a child with CF. They were motivated primarily by the desire for reassurance and did not know whether they would terminate a pregnancy because of CF.

Claire discussed their risk to have a child with CF (approximately 1 in 2500) and the specificity and limitations of CF carrier testing. Mrs. Q explained that their insurance would not cover carrier testing, but would cover amniocentesis and testing of the fetus...

Olivia was the 6 lb. 9 oz. product of an uneventful pregnancy to a couple with two older sons. She was healthy in the newborn period except for some metabolic instabilities for which the neonatologist referred her to an endocrinologist, Dr. C. He noticed some minor dysmorphic features and requested an evaluation by the medical geneticist, Dr. G. Pam, the genetic counselor, also talked with the family.

Based on Olivia's dysmorphic features and metabolic condition, chromosome analysis was performed. To the surprise of all involved, a karyotype of 46,XY was revealed. After ruling out the possibility of a sample error, Pam and Dr. G informed Dr. C of the results. Dr. C was quick and adamant in his response: the family should not be told...

Nina, a genetic counselor, received a referral for Mr. D, a 35 year old who had been diagnosed with Klinefelter syndrome in his early 20s as part of an infertility investigation with his former wife. As she does with all her clients, Nina contacted Mr. D by phone prior to his appointment. Nina found him to be talkative and open; the conversation was lengthy and took many turns. It turned out that Nina and Mr. D were the same age and had many similar experiences growing up in the same part of the state in similar family situations.

As she reflected on the conversation after its conclusion, Nina had the sense that she and Mr. D were quite sympathetic, possibly overly so, and that she was identifying with him more as a friend than as a client...

At 17 weeks of pregnancy, Mrs. B was seen by Beth, a genetic counselor, for advanced maternal age. She decided to have an amniocentesis. The karyotype revealed a chromosome translocation, apparently balanced. While discussing the results, Mrs. B revealed to Beth that she had a one-time affair near the estimated time of conception, and did not want her husband to know...

A Method for Case Analysis in Genetic Counseling Situations

I. Assess the situation

- Who is involved?
- What are the needs of each individual?
- What has happened already?
- What are the medical/genetic facts?
- Are any of the following contributing to the ethical problem: Competing interests? Institutional or legal factors? Issues of power?

II. Identify the ethical problems and considerations

- What are the ethical problems?
- Which problem requires the most immediate attention?
- How have similar cases, if any, been resolved?
- What additional resources might be useful?

III. Decide on a course of action

- Identify and weigh alternative actions
- Identify ethical justifications for actions
- Decide on a plan and who should carry it out
- Decide if further review is valuable

IV. Evaluate the situation

- Current situations: Is the plan working? Has new information surfaced? What follow-up is necessary?
- Retrospective: How satisfactory was the outcome to all parties? Were there missed opportunities? What might help prevent a similar problem in the future?

from *An Ethics Casebook*

Ethics Consults Available

What should you do when confronted by ethical questions? The Ethics Subcommittee is available to any NSGC member for consultations—just call or write any of subcommittee members listed below. Consults often help clarify the role of the counselor as outlined by the Code of Ethics, and help delineate what might at first appear to be conflicts within the code.

Consults available by phone

Informal consults involve one-to-one interaction over the telephone, working through the pertinent sections of the Code of Ethics. The subcommittee member may provide an initial opinion but will always consult with at least one other subcommittee member, reporting back with additional feedback.

Formal consults are done entirely in writing. The written request should include details of the case and the specific issues in question. After acknowledging the request, the subcommittee confers and sends a written opinion. Faxes can be used to expedite the process.

Any question can be addressed either formally or informally, based on your preference. Either way, you will receive a prompt response. NSGC committees can request consults as well.

The subcommittee's opinion is only a guideline; it is not a legally binding standard of practice. We do not serve as a regulatory or grievance board.

Ethics evolving

We belong to a constantly evolving, real life, client-centered profession rather than a static, dogma-oriented one where "right" and "wrong" are in black and white. It is perfectly possible for equally capable and caring counselors to arrive at different conclusions about particular issues. It is even possible for the same counselor to have her/his opinion about an issue vary depending on a specific client's circumstances (for example, the general issue of releasing results without patient consent versus the specific issue of releasing an incompetent patient's result without consent).

Conflict between legal and ethical aspects of genetic counseling has long been recognized. The Difficult Dilemmas workshop in Minneapolis this year will focus on finding the common ground uniting the legal, the ethical and the practical. Case discussion will center on practical examples and resolutions of this multifaceted problem.

The willingness of NSGC members to openly debate ethical issues continues to be one of our greatest strengths.

The ethics subcommittee

Sandra Peacock, MS, Chair 713-781-1680
Beth Balkite, MS 800-848-4436
Anne Matthews, RN, PhD 303-837-2760
Linda Nicholson, MS, MC 302-651-4234
June Peters, MS 800-645-6626
Karen Supovitz, MS 410-706-3815
Vivian Wang, MS 213-362-2330
Kevin FitzGerald, SJ, *ex officio* consultant 202-687-6425

CyberGenes

Internet Surfing for Beginners

■ *Many thanks to Robert Resta and Karen Wcislo for escorting us through the world of genetic software in* ***GeneBytes.*** *We now bring you* ***CyberGenes,*** *a new regular feature providing a practical guide to going online.*

Let me officially welcome everyone to the Information Superhighway. (Having said that, I promise never to say it again!) Our goal: to get everyone connected and surfing the net. Why? To improve communication among colleagues and allow access to information.

OK, so what is the Internet?

The Internet is a giant network connecting thousands of networks. *Networks*—groups of computers linked to communicate with each other—are located all over the world, belonging to the government, universities, libraries and businesses. So, when you connect to the Internet you are actually connected to thousands of different systems containing useful items such as: government archives, university databases, library catalogs, photographs, sound clips, video, journal articles, abstracts and *Mendelian Inheritance in Man.*

How do I get access to the Internet?

Some of you already have free access through your employer's account. Many hospitals and universities are already linked with a permanent connection to the Internet. You should check with your employer for current accessibility.

Those who have an on-line service probably have some access to the Internet as well. America Online and Prodigy act as *gateways* (systems by which two networks can communicate with each other) to the Internet and allow direct, but not total access.

You can establish a *dial-in direct connection* or a *dial-in terminal connection*. For a fee, you can dial a service provider, a company with computers connected to the Internet. Your computer will either act as a *host*, connected directly to the Internet, or a *terminal*, part of the service provider's network, indirectly linked to the Internet.

Finally there are e-mail connections. Anyone who has e-mail and can send or receive from outside their own institution has some ability to access information from the Internet.

Those without Internet access might check with the local library or community college. Some allow you to dial in from your home computer or you can use a terminal at their location if you haven't purchased a computer yet. I say "yet," because you *will* get a computer eventually. You might as well get one now and join the rest of us in the 90's.

Coming soon...

Next issue I'll discuss e-mail, Internet addresses and accessing Internet services through your own e-mail account. Future issues will discuss common services and how to use them: Listserv, telnet, FTP, Online Mendelian Inheritance in Man, WAIS, WWW, Gopher, Archie, Veronica and the whole gang. Any questions, comments or requests can be sent directly to me by e-mail.

Steven Keiles, MS
pokeilss@scpmg.com

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Sharing Clients...

Conflicting services offered

Mrs. A was referred to our office at 17 weeks for an ultrasound abnormality. Knowing she would want a second opinion, Mrs. A informed us she had made an appointment the next day at another doctor's office. Our perinatologist noted a huge echogenic bowel and severe oligohydramnios. Mr. and Mrs. A were counseled about chromosome abnormalities, cystic fibrosis and were given a poor prognosis for the fetus. They elected to have an amniocentesis, removing most of the remaining amniotic fluid. The A's stated they would likely terminate the pregnancy.

Mrs. A kept her appointment the next day with the second office, where ultrasound confirmed the original diagnosis. Genetic counseling, however, emphasized the probability of a chromosome abnormality and offered a FISH study. The genetic counselor called our office and then the lab to request the FISH study on the fluid we had drawn. We questioned the value of a FISH study in a patient planning to terminate a pregnancy.

After much debate, the FISH study was ordered by the second office, against our recommendation, on the same day that the patient terminated the pregnancy. The results arrived in our office two days before the complete chromosome study. The results were normal, as was the CF testing.

Negotiating Boundaries

Both offices were calling the lab, the patient and requesting autopsy results. In addition to duplicating efforts and providing overlapping services, there was

the risk of confusing the patient, who was receiving information from several sources. Finally, I called the genetic counselor in the second office to establish boundaries. We decided since my office saw the patient first and obtained the amniotic fluid, we would give results and act as primary case managers. The second office would receive copies of the medical information and would offer additional support.

Disagreement with the primary OB

The second couple, the B's, referred themselves to our office for a second opinion before terminating their pregnancy. On ultrasound, the fetus had severe holoprosencephaly. An amniocentesis had already been performed at a different genetics center recommended by Mrs. B's obstetrician.

We confirmed the abnormality and discussed termination options with the patient. Prostaglandin induction was presented as the better option, allowing an autopsy if the chromosomes were normal. However, Mrs. B became very upset whenever we discussed this procedure, actually vomiting in the office. She and her husband felt they could not deliver this baby, although they understood an autopsy could give them vital information for future pregnancies. They decided to terminate the pregnancy by D&E, done in our area by an experienced and skilled obstetrician.

When we contacted Mrs. B's obstetrician, he was upset that his patient came to our office, and he refused to discuss the case. When Mr. B called, the doctor disagreed with their decision to have D&E and implied it was not a safe procedure. Feeling abandoned by her OB, who did not return her phone calls, the patient decided not to go back to him for care.

Mrs. B requested that we give her the results from the amniocentesis performed by the other center. After discussing the possible consequences of crossing territorial lines, we decided it was in the patient's best interest to get the information from an office where she felt comfortable. I obtained a release of medical records for the testing lab and explained the situation to the lab's genetic counselor. I informed the patient of the results (trisomy 13) when they became available and provided follow-up counseling.

The obstetrician also received chromosome results. Mrs. B later told me she received a letter from him informing her the results were complete and requesting her to make an appointment to discuss them.

Who decides?

The issues involved in both cases will crop up whenever patients have a choice of more than one prenatal center. Should the patient decide who will deliver care? Or should we abide by the old rule, "first come first served," dividing patients up as if they were commodities instead of humans? Territorial issues—especially in the private sector—may go beyond patient advocacy. Reputations and egos, as well as income, are at stake.

What do we do when genetics professionals offer divergent opinions and recommendations, or if the referring physician disagrees with our advice?

Disputes over patients and their care will continue to occur until boundaries or guidelines are set for patient advocacy and case management. In the meantime, genetic counselors can take the lead in resolving conflicts.

Practical Guidelines

- Providing high-quality care to the patient is the top priority.
- Ask clients how they prefer to receive results and follow-up care.
- Open lines of communication with other health care professionals in a non-threatening manner, establishing the patient's care as the main priority.
- Recognize other health care professionals' efforts to provide good care.
- Be explicit in discussing expectations, roles and responsibilities with other health care providers, including labs.
- Be willing to compromise on the roles and responsibilities of different offices and health care providers.
- Work with colleagues to reach concensus.
- Discuss the case with an uninvolved genetic counselor to obtain an unbiased perspective.

NSGC and ASHG Open Lines of Communication

During the ACMG meetings this March, I had some wonderful opportunities to represent NSGC. One outstanding occasion was a meeting with the current president of ASHG, Dr. Judith Hall. In this very productive meeting we were able to identify many ways for organizations to work together.

Building Bridges

We discussed cooperation between three of our committees: Genetic Services, Social Issues and Education. The chairs of these NSGC committees will serve as formal liaisons to the corresponding ASHG committees to identify common goals and projects.

Dr. Hall requested that NSGC identify genetic counselors interested in serving on ASHG committees. Anyone interested in being nominated, please contact me soon.

AAAS Fellowship

We also discussed the AAAS fellowship being offered to doctoral level members of the ASHG. Concern over the eligibility of masters level professionals has been raised (*see letters at right*).

Dr. Hall promised to revisit this issue. I have just learned that ASHG has now opened this opportunity to *all* ASHG members. Dr. Hall invited me to serve on the fellowship selection committee; I have accepted her offer.

Future Opportunities

ASHG and NSGC plan to grow into the future as colleagues. Stay tuned for more to come!

Bonnie S. LeRoy, MS
NSGC President

■ *In December, ASHG announced a new fellowship program, jointly funded with the US Dept of Energy. Each year, an American Association for the Advancement of Science (AAAS) Fellow will work with federal congressional members and committees, learning about health policy development. The fellowship is only open to ASHG's MD and PhD members. At least two genetic counselors wrote to then-President Maimon Cohen, PhD, expressing their views:*

Dear Dr. Cohen:

I read with interest your letter announcing the ASHG co-sponsorship of an AAAS Fellowship. Congratulations on the addition of genetics to the Capitol Hill agenda.

Unfortunately, it was quite disappointing to note that only individuals holding doctorates could be considered for this position. Why is this AAAS fellowship being funded by ASHG and yet discriminating against a significant proportion of our own membership? I believe there are a number of individuals who meet all of the criteria for consideration except for the doctorate in genetics.

I suggest that this might serve as an opportunity for you to educate your colleagues at DOE and AAAS about the benefits of including masters' level genetics professionals in this proposal. I further suggest that ASHG strongly consider withdrawing from this agreement if the program cannot be amended to include other outstanding genetics professionals within our society.

Sincerely yours,

June Peters, MS
ASHG member since 1972

Dear Dr. Cohen,

It was with initial excitement and support that I read your letter about the AAAS Congressional Fellow Program. Continuing to read, I was dismayed to realize that a large percentage of full active ASHG members are excluded from this award — masters level trained Genetic Counselors. I feel it is inappropriate to use ASHG funds to support a program that is not open to *all* full ASHG members.

Looking over the ten selection criteria, Genetic Counselors would easily meet all but number two. I believe that the previous role of Genetic Counselors in the field of Human Genetics clearly highlights our unique qualifications for all of the remaining criteria. We clearly have a superior understanding of public knowledge and perceptions. Daily we are challenged with explaining the new findings in genetics to the public.

I feel that it is essential that in the five planned years of support, all areas of ASHG membership be represented. I hope there are Genetic Counselors on the ad hoc selection committee.

Sincerely,

Andrew Faucett, MS, CGC

14th Annual Education Conference Promises Opportunities for Education, Professional Growth and Networking

Conditions that affect Adults: Implications for Genetic Counseling, Testing & Public Policy

Registration: Plan ahead! Register by August 15 to avoid late charges. The NSGC Registration and Information brochure was mailed March 13. If you haven't received it by April 1, request another by calling NSGC voicemail.

Hotel Reservations: Important Reminder: Members planning to attend both NSGC and ASHG meetings must book hotel accommodations for each conference separately. NSGC registrants must contact the Minneapolis Marriott Center City directly for a reduced rate of $110/single or double during our conference. Call 1-800-228-9290 or 612-349-4000 and be sure to mention NSGC. ASHG registrants are urged to register early with the ASHG Citywide service. Request the Marriott if you do not want to relocate between meetings.

Program: Eight plenary sessions, 15 workshops and a choice of up to 10 practice-based symposia are scheduled to optimize your professional education. The intensive practice-based symposia are designed for discussion and exchange between colleagues working in similar work settings.

Special Event: This year's special event will be held at Windows of Minnesota, a skytop restaurant offering a stunning city-wide view. Plan to join us for a pre-dinner cocktail and hors d'oeuvres from 6:30 - 8:00 on Tuesday, October 31. Entertainment will help make this event truly special.

Abstracts: Postmark Deadline: Friday, April 21. If you have misplaced your abstract form, contact the Executive Office.

Ancillary Meetings: All meetings or receptions must be scheduled through the NSGC Executive Office. Request an Ancillary Meeting Reservation Form by July 1 to ensure space availability.

Dinner Anyone? Genetic counselors from Minneapolis will be available to escort registrants to their favorite dining spots on Sunday and Monday evenings. These networking dinners are a great way to mingle with colleagues, experience the culinary delights of Minneapolis, and introduce yourself if you're attending your first NSGC conference. Additional information and sign up sheets will be available at the registration area.

All Conference Related Requests: For additional information about any of the items above or other conference needs, contact the Executive Office.

Voicemail: 610-872-7608, Mailbox #6
Fax: 610-872-1192
E-mail: beansgc@aol.com

Conference Trivia: *Did you Know?*...that more than 75% of the experts invited to facilitate workshops or speak at plenary sessions at the 14th Annual Education Conference are members of NSGC.

Bulletin Board

Help Wanted...

M/NS/LD Counselor-type seeks creative volunteers to share the joys of conference organization. Must have sense of humor, intellectual curiosity, open mind, be slightly off the beaten path. Long-term professional relationship possible. No pets. Children OK.

In other words...planning has begun for the 1996 Education Conference in San Francisco. Volunteers are needed to serve on the Program, Workshop, Abstract, Communications, and Resource Center Committees. Creative, open minds are urged to apply!

☛ Contact Robert Resta, Conference Co-Chair, 206-386-2101.

Specimens Sought

The National Institute of General Medical Sciences' Human Genetic Mutant Cell Repository seeks blood from well-documented patients with genetic diseases to establish cell cultures for distribution to the scientific community. Conditions of interest include peroxisomal or mitochondrial disorders, chondrodystrophies, neurologic disorders involving expanded trinucleotide repeats, Angelman, Bloom, or Rett syndromes, muscular neuropathies, congenital adrenal hyperplasia, breast and colon cancer and many more.

☛ Contact Dr. Richard Mulivor, Coriell Cell Repositories, 401 Haddon Avenue, Camden NJ 08103; 609-757-4847.

Wanted: Your Exact Words

Professor Celeste Condit is studying changes in public and private discourse about genetics and medicine to understand how current attitudes about the use of genetics have evolved. She is interested in obtaining tapes or verbatim transcripts of genetic counseling sessions from the 1970s and early 80s. Materials are completely confidential—published work will address aggregates, not individual transcripts, and quoted examples will be carefully scrutinized so neither counselor nor client's identity is revealed.

☛ Celeste Condit, Dept of Speech Communication, Univ of Georgia, Athens GA 30602; 706-542-3262; e-mail ccondit@uga.cc.uga.edu.

Upcoming Meetings

April 26-27	American Cleft Palate-Craniofacial Association Meeting, Tampa FL. Preconference Symposium "Craniofacial Evolution, Development, and Syndromes." Contact: Nancy Smythe, ACPA, 412-481-1376; FAX 412-481-0847.
May 19-20	NSGC Region V Meeting, Santa Fe NM. Will include a cancer workshop. Contact: Amy Cronister, 505-438-2164.
May 21-25	The Genome Imperative: Ethical and Policy Implications in Clinical Medicine, Los Angeles CA. Contact: Bioethics Consultation Group, 510-486-0626.
June 16-18	FIRST National Conference, San Diego CA. Contact: Foundation for Ichthyosis & Related Skin Types: 800-545-3286.
July 21-23	2nd International CHARGE Syndrome Conference for Families and Professionals, Portland OR. Contact: CHARGE Syndrome Foundation, 800-442-7604.
July 23-28	Short Course on Molecular Diagnostics, Genetic Counseling, and the Human Genome Project, Ann Arbor MI. Contact: Amy VanSlambrook Pott, 313-747-1827.
July 28-30	Huntington's Disease Society of America Annual Convention, Philadelphia PA. Contact: Claudia Archimede, 212-242-1968.
October 17-20	Genetic Mechanisms of Cancer, Houston TX, Contact: 713-792-2222.

Nutrition Grant

Carrie McKenna received a March of Dimes grant to develop an educational program for a medically indigent population on the importance of nutrition and vitamin supplementation during pregnancy. Women attending a 45 minute lecture about nutrition get free prenatal vitamins. Carrie is available to those interested in setting up similar programs.

☛ Carrie McKenna, 516-365-3996.

Direct the Board!

The NSGC Board of Directors will meet the weekend of April 22-23 in Chicago. Contact your Regional Representative or other Board member with issues to address or ideas about future directions of the Society.

☛ Leave a message for the Board on NSGC Voicemail 610-872-7608, Mailbox #7.

Billing for Phone Counseling

Debbie Raymond, a counselor at the Dystonia Research Center at Columbia University, spends a great deal of uncompensated time talking and writing letters to patients who call from around the country. She is interested in billing for these services and would like to speak with other genetic counselors having experience in this area.

☛ Debbie Raymond, 212-305-5179 e-mail: RAYMOND@movdis.cis.columbia.edu

Breast Cancer Network

A multidisciplinary network is being started on breast cancer risk assessment. The group—composed primarily of genetic counselors, social workers and nurses—formed out of interest generated at the February course on Breast Cancer Risk Analysis and Screening taught by Patricia Kelly, PhD, and Carolyn Russell, LCSW.

☛ For more information or to receive a newsletter contact: Stephanie Cohen, 317-255-5014 or Angela Tutera, 803-779-4928 x270.

Be True to Your School

Considering purchasing a complete set of *Perspectives*—Volumes 1-16 plus printed binders—for the genetic counseling school of your choice. You will be notified of the cost prior to your final commitment. A limited number of extra binders will be available at the Executive Office.

☛ To order, leave your name and chosen school on NSGC voicemail: 610-872-7608, #8, by April 28.

☛ If you already returned your yellow postcard, you will receive an invoice by mid-April. Please help us process your order by responding within 30 days.

NSGC Deadlines

March 31	**Natalie Weissberger Paul National Achievement Award** honors a colleague for exemplary national achievement and volunteer activities.
March 31	**Regional Leadership Awards** recognize outstanding achievement and leadership on a regional level.
April 7	**NSGC Nominations** for President-Elect, Treasurer, and Region I, III, V Representatives.
April 21	**Abstracts** of posters and platform presentations for the Annual Education Conference in Minneapolis.
May 2	**Jane Engelberg Memorial Fellowship** of $25,000 will support a year of study, research, writing or exploration of new interests to enhance present skills, develop new skills, contribute to the body of knowledge in the genetic counseling field, or expand professional roles.
May 15	**Special Projects Fund** of up to $2000.
August 15	**14th Annual Education Conference** registration without late fee penalty for "Conditions that Affect Adults: Implications for Genetic Counseling, Testing and Public Policy," to be held October 29-November 1 in Minneapolis.

Contact the Executive Office for more information. 610-872-7608, mailbox #8.

Public Education Award

The Healthy Mothers, Healthy Babies Coalition is accepting nominations for National Achievement Awards recognizing outstanding programs or projects promoting maternal and infant health through public education and coalition building.

☛ For more information, phone Leslie Dunne 202-863-2458. Deadline April 28, 1995.

Aspiring Fellows

Do you need help turning an idea into a proposal for a Jane Engelberg Memorial Fellowship? The selection committee or past winners can guide you. Also available are copies of previously awarded fellowships.

☛ Contact the JEMF Committee: Audrey Heimler, Judith Benkendorf, Barbara Bernhardt, Barbara Biesecker, Joe McInerney.

Cancer Network Survey

The newly-formed interdisciplinary Familial Cancer Risk Counseling Alliance is compiling a comprehensive directory based on a survey to be mailed shortly. The directory will be distributed to all NSGC members and allied organizations by Summer 1995.

Where Shall We Meet?

Also in your mailbox soon will be a survey from the Education Committee to guide planning for future meetings. They want your views on short courses, CEUs and meeting with other organizations.

Correction

Barbara Bowles Biesecker, MS, authored "The Institute of Medicine Report: A Different Perspective" in the last issue. We apologize for inadvertently omitting her name.

Resources

■ Video ■

The Burden of Knowledge: Moral Dilemmas in Prenatal Diagnosis

Produced by: Media Inc, Media PA; 1994.

Length: 54 minutes; *Price:* $95

This film offers a layperson's view of the social and ethical implications of prenatal diagnosis. It confronts one of our basic assumptions: that prenatal diagnosis should be routinely offered to clients.

The subtitle's "moral debate" focuses on decisions about using prenatal diagnosis and terminating abnormal pregnancies. However, there are few formal arguments for and against the issues. Rather than a debate, this is a nicely edited series of sound bites and anecdotes.

Technically accurate

Generally, the facts presented are well researched, accurate and current. There are interviews with 11 well-qualified genetic professionals, 12 sets of parents, 3 authors, and a person with Down syndrome. Quotes from the health professionals are solely informational; others interviewed discuss personal feelings and opinions. Some participants are downright confrontational.

One client relates a horrifying tale—every counselor's nightmare of how we might be perceived—portraying her genetic counselor as an insensitive, overbearing ogre. This is not balanced by a positive story. Even the families supporting prenatal testing imply they rely on this technology because of a character weakness or selfish need.

The video is disturbing on several levels: its jerky hand-held camera style, some of the footage, and its intentionally provocative message. Many scenes are not for the medically uninitiated or squeamish—an anencephalic fetus, an amniocentesis needle being jabbed into an abdomen, physically handicapped protesters struggling unaided up city hall steps, and a long close-up sequence of a naked woman in childbirth.

Is ignorance bliss?

The video asks if the knowledge obtained from prenatal testing might be too onerous for a pregnant couple to bear. Unfortunately, the debate does not focus on individual decisions or moral dilemmas. Instead arguments are framed in terms of public policy or how testing serves society.

I object to the video's assertion that a main goal of prenatal technology is "prevention." We know nothing will ever *prevent* all birth defects—we help our clients make the best possible adjustment to adverse outcomes.

Aimed at broad audience

The producers state *The Burden of Knowledge* is for "all prospective parents, genetic counselors, reproductive health care professionals and developmental and disability professionals." It seems designed for broadcast on public or cable television. It is a thought-provoking piece appropriate for genetic counseling students or a college ethics class. This video is *not* for parents struggling with an abnormal amniocentesis result.

Susan A. Demsey, MS
Bellflower CA

■ Support Groups ■

National Parent to Parent Support Group & Information System

PO Box 907
Blue Ridge GA 30513
800-651-1151
706-632-8822
TDD available

Links families nationally whose children have special health care needs or rare disorders. Provides health care information, resources and referrals. Encourages families to participate in advocacy efforts, including health care reform.

MCAD Support Group

Contact: Deb Lee Gould
805 Montrose Drive
Greensboro NC 27410
910-547-8682

National support group for medium chain acyl-Coenzyme A dehydrogenase deficiency and other fat oxidation disorders; has about 40 members to date. Twice yearly newsletter.

Scapuloperoneal Muscular Dystrophy

Contact: Michael Curivan
201 Birchwood Road
Manchester NH 03104
603-644-4734

Member of a large SPD kindred wishes to communicate with other affected families.

National Fragile X Advocate

PO Box 17023
Chapel Hill NC 27516
800-434-0322

Upbeat informative newsletter geared to parents and professionals. $36/year for 6 issues.

■ Book ■

DNA IN THE COURTROOM: A TRIAL WATCHER'S GUIDE

By Howard Coleman and Eric Swenson. Edited by Dwight Holloway and Teresa Aulinskas.

Publisher: GeneLex Corporation, Seattle WA, 1995.

Length: 131 pages; *Price:* $12.95

Until recently, those seeking paternity identification, victims of sexual assault and prosecutors in homicide cases relied on scientific knowledge that did not conclusively resolve their issues. The great strides made by forensic DNA testing have led to far reaching implications of its use. This well-written, extensively investigated book is an important reference on forensic DNA testing and its use in the courtroom.

COMPLEX TECHNOLOGY EXPLAINED

The opening chapter discusses the legal implications of DNA technology—commercial development of forensic DNA testing, its legal application and the evolution of standards. Two technically oriented chapters follow, dealing with basic genetics and parentage testing. The chapter on basic genetics and DNA typing is particularly thorough, introducing this complex technology in terms most individuals can understand. The authors provide a detailed glossary of genetic terminology.

The chapter on parentage testing accurately describes DNA paternity testing and its applications: child support enforcement, criminal cases, identifying human remains and kinship analysis.

IS IT ADMISSIBLE?

The chapters on DNA use in the legal context focus on the nature of scientific evidence and the admissibility of testing in court proceedings. Admissibility is based on a court's evaluation of legal standards—by Fall 1994, only 11 states had statutes mandating the admissibility of DNA evidence.

Defense attorneys and experts often raise objections to DNA evidence, questioning the quality of laboratory work and statistical interpretation of data. Although most courts have allowed DNA evidence, the authors point out that the legal system will constantly be challenged as new DNA methodologies develop.

DNA evidence has helped bring justice for wrongly convicted criminals and victims of assault, rape and murder. An appendix on DNA decisions in the US highlights important legal decisions on a state-by-state basis.

DNA IN THE SIMPSON CASE

Finally, the OJ Simpson case is used to highlight various aspects of DNA as evidence in the courtroom. Providing excellent background on the case, it discusses possible strategies the prosecutors and defense attorneys will use throughout the trial.

The OJ Simpson case may highlight issues—such as jurors' difficulties comprehending DNA evidence—hampering the judicial system in evaluating and incorporating new technology. *DNA in the Courtroom* clearly affirms that society benefits from DNA testing and DNA's use as evidence should be encouraged for the sake of justice.

Joan Kegerize, MS, JD
Yonkers NY

Celebrating Ourselves

LGS/NSGC Award Winners

Congratulations to the recipients of the LGS/NSGC Speakers' Travel Fund Awards for the past quarter:

Chantelle Wolpert, MBA, PA/C, for her presentation, "Preconceptual and Prenatal Counseling: What Genetic Information Should be Gathered? Imparted?" Her presentation was delivered at The New Genetics and Health Care: Impact on the Practice of Nurse Midwives conference, sponsored by Brandeis University in Waltham MA last November.

Tillie Young, MS, and **Lorraine Suslak, MS,** for their presentations at the 1st European Conference on Fragile X Syndrome: Advances and Innovations in London, June 1995. Their presentation, one of 12 workshops at the two-day conference, will focus on genetic counseling for Fragile X.

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HGP Update

understanding of cystic fibrosis with African-Americans' knowledge about sickle cell disease.

■ The Genome Center provides a comprehensive overview of goals, accomplishments and resources—what's being done and where—in the Human Genome News, Vol. 6, No. 4, November, 1994. For a copy, write Betty Mansfield, HGMIB, Oak Ridge National Lab, 1060 Commerce Park MS6480, Oak Ridge TN 37830.

JoAnn Inserra, MS
Norwalk CT

Student Page

Response to an alarming article

■ *Misinformation about prenatal testing abounded in a recent* ***McCall's*** *magazine article. The genetic counseling training program at the University of Texas at Houston responded with this letter to the editor:*

Dear Ms. White,

We read with interest your article "Is the Baby Okay?" in January's issue. As genetic counselors, we found several points in the article misleading, vague and unnecessarily alarming and feel further clarification is essential.

It should be noted that amniocentesis is a highly accurate medical test. An average of 5 in 1000 amniocenteses will give ambiguous results, which may be resolved with further testing.

Amniocentesis and CVS routinely test for chromosome abnormalities, while amniocentesis additionally tests for neural tube defects. It should be made clear that other genetic disorders and birth defects, including hemophilia, are tested for only if there is a positive family history or other medical indication. A normal test result never guarantees a healthy baby since 1-2% of all newborns have birth defects undetectable by prenatal testing.

The statement regarding the detectability of Down Syndrome by ultrasound exam of facial features is very misleading. Although some physical features associated with Down Syndrome can be seen by ultrasound, the facial features of Down Syndrome in a fetus are relatively subtle and rarely detectable by ultrasound. Additionally, isolated findings of "unusual facial features" by ultrasound would not be diagnostic of Down Syndrome or any other specific genetic conditions.

There are concerns that CVS testing done prior to 10-11 weeks of pregnancy may be associated with abnormalities or loss of fingers or toes. However, there are multiple causes for such abnormalities, some of which indicate more serious medical conditions.

We found your presentation of prenatal diagnosis startling; as evidenced by the disturbing, inaccurate and altered picture of prenatal testing. Instead of the general population learning about these tests through misleading articles, women should be offered prenatal tests in a supportive environment by a genetic counselor who can provide accurate information regarding the risks and benefits of these procedures. Only in this setting can parents make informed decisions about their pregnancy.

Jacqueline Hecht, PhD
Angela Scheurle, MD
Fara Etzel, MS
Patricia Robbins-Furman, MPH
Marnie Rocklin, MS
Melanie Andrews-Casal
Heather Ferguson
CarolLynn Lochmiller
Sadie Ellen Maynard
Robin McKenney
Jill Sawyer
Patricia Zartman

New Training Program

The National Center for Human Genome Research announces an exciting new collaborative genetic counseling training program. In conjunction with the School of Hygiene & Public Health at the Johns Hopkins University, the JHU/NIH program will offer a broad curriculum culminating in a master's degree. The program will emphasize research in genetic counseling, advanced counseling skills and health education. Applications are now being accepted for Fall. Scholarship money will be available based on financial need.

For more information please contact Barbara B. Biesecker (NIH) at 301-496-3979, Don Hadley (NIH) at 301-496-3980, or Barbara Bernhardt (Johns Hopkins) at 410-955-7894.

Student Research Projects

The second year students at the Medical College of Virginia share their thesis projects. You may direct questions to them at 804-828-9632.

Beth Poling: Genetic Counseling: Patients' perceptions of directive or non-directive counseling.

Michelle Sardella: Factors influencing patient uptake of prenatal maternal serum screening.

Cecile Skrzynia: Counseling for Duchenne muscular dystrophy: A review.

Katie Teague: Genetic testing for cancer: An educational module for medical students.

■ EMPLOYMENT OPPORTUNITIES ■

■ *These classified listings represent the most recent additions to the NSGC JobConnection service. Members and students interested in complete or regional information may receive a computerized printout, at no charge, by calling 610-872-7608 Mailbox #2. Printouts are mailed on the first and third Monday of each month. This service is strictly confidential.*

LITTLE ROCK AR: Immediate opening for BC/BE Genetic Counselor.
RESPONSIBILITIES: Join multidisciplinary team serving pediatric & adult genetic populations; counsel & case mngmt in genrl genetics; wide range of specialty clinics; oppty for rsrch, tchg & community svc.
CONTACT: Susan Hassed, MS, Arkansas Children's Hospital, 800 Marshall St, Little Rock AR 72202; 501-320-2966. EOE/AA

FRESNO CA: Immediate opening for BC Genetic Counselor. Experience in PN & clin genetics preferred; bilingual a plus; excellent organizational, inter-personal & communication skills.
RESPONSIBILITIES: Join state-certified PBC, UCSF-affiliated ctr: coun & case mngmt of PN detection, medical genetics pts.
CONTACT: Human Resources/GC, Valley Childrens Hospital, 3151 N. Millbrook, Fresno CA 93703; 800-228-2231. EOE/AA.

OAKLAND CA: Immediate opening for part-time BC/BE Genetic Counselor; bilingual (Spanish) pref.
RESPONSIBILITIES: Join growing perinatal ctr w/ 4 perinatologists, 2 med geneticists, 2 GCs: CVS, amnio, AFP/multiple marker, abnorm U/S follow-up, teratology.
CONTACT: Dolores Madden, MS, Alta Bates Perinatal Center, 5730 Telegraph Ave, Oakland CA 94609; 510-204-1507. EOE/AA.

GAINESVILLE FL: Immediate opening for BC/BE Genetic Counselor/Coordinator, Clinical Programs. Masters in Genetic Counseling required.
RESPONSIBILITIES: Join active team of 3 clinical pediatric geneticists, 2 GCs & teratogen specialist on comprehensive ped/adult, multifaceted genetics svc: outreach clinics, in house clinical & consult svc, newborn scrng follow-up; community & professional educ.
CONTACT: Lisa Hodges, Human Resources, University of Florida, P.O. Box 115002 , Gainesville FL 32611-5002; 904-392-4104. (Refer to: LP#97969L) EOE/AA.

MIAMI FL: *See Framingham MA*

ATLANTA GA: *See Framingham MA*

ATLANTA GA: Immediate opening for BC Genetic Counselor; 2-3 yrs PN experience req.
RESPONSIBILITIES: Provide PN coun, follow-up, phone coverage and GC coverage in regional outreach univ-affiliated centers and private practice perinatal ctrs based in Atlanta. Team includes 8 BC GCs, 3 med geneticists, 3 lab directors providing clinical, cytogenetic, biochem & molecular genetic svcs in academic environ.
CONTACT: Paul M. Fernhoff, MD, Medical Director, Emory Genetics Laboratory, 2711 Irvin Way, STE 111, Decatur GA 30030; 404-297-1500 or 800-366-1502.. EOE/AA.

FRAMINGHAM MA: Immediate openings for 3 Genetic Counselors: *Atlanta GA:* BC/BE. *Framingham MA & Miami FL:* Client Service Supervisors w/ min BC, 5+ yrs PN, managerial exp & excellent organizational/ commun skills.
RESPONSIBILITIES: *Atlanta:* Participate in all aspects of GC and client service programs in commercial lab setting: GC & follow-up in large PNDx prog; technical supt to client physicians re: cytogenetics, DNA & triple marker scrng; educate non-technical staff, provide insvc in physicians' offices.
Miami & Framingham: Coordinate all client svcs: accessioning, telephone, counseling, reporting lab results, interact w/ sales team to develop optimal svc in addition responsibilities outlined in Atlanta position.
CONTACT: Markey Burke, Human Resources Dept, Integrated Genetics, One Mountain Rd, Framingham MA 01701-9322; 508-872-8400x2266. EOE/AA.

ST. LOUIS MO: July 1 opening for BC/BE Genetic Counselor.
RESPONSIBILITIES: Broad range of pediatric & adult GC in high volume, multidisciplinary ctr: involvement in cancer genetics prog; participate in professional education available.
CONTACT: S. Bruce Dowton, MD, Director, Div Medical Genetics, Washington University School of Medicine, One Children's Place, St. Louis MO 63110; 314-454-6093. EOE/AA.

NEWARK NJ: Immediate opening for BC/BE Genetic Counselor. Spanish highly desirable.
RESPONSIBILITIES: PN, pediatric, adult GC & outreach to satellite clin in busy, university-based, inner city medical ctr. Oppty for rsrch, educ, clin svc developmt. Team incl: 4 clin geneticists, 5 GCs, 4 PhD geneticists.
CONTACT: Lorraine Suslak, MS, UMDNJ / NJ Medical School Center for Human and Molecular Genetics, Ste 5400, Newark NJ 07103; 201-982-3300. EOE/AA.

NEW YORK NY: Immediate opening for BC/BE Genetic Counselor. Exp pref; familiarity w/ molecular technology a plus.
RESPONSIBILITIES: All aspects of coun/case mngmt for family hx of cancer; coord molecular tstg; partic in research protocols in genetic epidem; some admin. Oppty for tchg & rsrch, dev of multidisc strategies for CA risk assessmt. Atmosphere conducive to professional development.
CONTACT: Karen Brown, MS, Program Coordinator, Memorial

Continued on next page

national society
of genetic
counselors, inc.

nsgc

233 Canterbury Drive
Wallingford, PA 19086-6617

Virginia CORSON MS
Johns Hopkins Hospital
CMSC 1001
Baltimore MD 21287-3914

from previous page

■ Employment Opportunities ■

Sloan-Kettering Cancer Ctr, 1275 York Ave Box 559, New York NY 10021; 212-639-6760. EOE/AA.

Riverhead NY: Immediate opening for part-time BC/BE Genetic Counselor (3-days/week w/ potential for full-time). Exp, masters from GC training prog, Spanish & interest in cancer genetics desirable; excellent interpersonal skills; ability to work independently essential. Responsibilities: Risk assessment, coun & educ in genetic outreach prog supervised by Drs. Jessica Davis & Philip Giampietro based at commun hosp in Suffolk Co (Long Island); train at Strang Cancer Prevention Ctr in NYC. Contact: Barbara Miller, MS, Cornell University Medical College, Regional Genetics & Sickle Cell, Central Suffolk Hospital, 1300 Roanoke Ave, Riverhead NY 11901; 516-548-6866. EOE/AA.

Greenville NC: Immediate opening for BC/BE Community Outreach Genetic Counselor. Exp pref. Responsibilities: Interact w/ public health & med genetics ctr staff in public health setting; coord satellite clinical system; counsel ped & PN pts; educate prof & community grps; participate in overall planning & implementation. Contact: Elizabeth Moore, MSW, MCH, Genetic Health Care Unit, Box 27687, Raleigh NC 27611-7687; 919-715-3420. EOE/AA.

Houston TX: Immediate opening for Genetic Counselor with MS & 3 yrs exp as GC *or* MS + BC and 2 yrs exp; Experience must include risk assessment & coun for adult onset diseases.
Responsibilities: Design, implement & provide GC svcs for all assigned pt & at-risk individuals. Contact: Kelly Fitzpatrick, Human Resources, University of Texas M.D. Anderson Cancer Center, 1515 Holcombe Box 205, Houston TX 77030; 800-25-UTMDA. EOE/AA.