PERSPECTIVES
in Genetic Counseling

newsletter of the National Society of Genetic Counselors, Inc.

Vol. 9 No. 4 Winter 1987

Call for Nominations

A mailing will be sent to the entire membership in early January calling for nominations for the following offices: President Elect, Secretary and Regional Representatives II, IV, VI.

"Nominating your colleagues is an excellent opportunity to recognize those members you think can contribute their leadership skills to NSGC," said Beth Fine, Nominating Comittee Chairperson.

"New and fresh ideas and perspectives are what has made us the dynamic organization we are. I hope everyone will begin to think of names of members to add to our ranks and follow through by respond to the mailing."

Please send your nominations by February 15,1988 to: Elizabeth Gettig, West Pennsylvania Hospital, 4800 Friendship Avenue, Pittsburgh, PA 15224; (412) 578-7359.

on the inside

The Professional as a Person

Linda Whipperman and Marcia Perlstein were co-organizers of a plenary session on "The Professional as a Person: Enhancing the Former by Supporting the Latter" at the recent NSGC national conference. The following articles are a response to comments made after the session that "a year is a long time to wait" to repeat this type of support.

Elements of Local Social Support

by Linda Whipperman, M.S., Stanford, CA

Social support at work has been negatively correlated with burnout.[1] We are in a profession which poses significant risks for burnout, yet it can be difficult for us to find and use each other for support. Therefore, since this session was a follow-up to Ayala Pines' session on burnout, a key element of its design was small group discussion and support. This article explores what can be learned from the session and what can be done to assure that support is available locally.

At the conference, each participant joined one of 17 groups. Each group had one topic and consisted of 5 - 22 participants and was led by a (genetic counselor) process facilitator. The groups' purposes were to network; to clarify how the personal and the professional affect each other; to provide support; to share feelings, information and coping techniques and to gain perspective. The focus was on the personal and how we can help ourselves.

Some topics focused on personal issues that also are "genetic counseling issues" e.g. being childless, being parents, dealing with chronic illness, spiritual identity, loss, etc. Others dealt with aspects of the job or career that present personal challenges, e.g. being the "new kid,", staying fresh after becoming a "veteran," working with others, difficult cases, isolation, overcoming resistance to change, superperson pressures, working parttime or job sharing, incorporating new dreams or relationship pressures.

The facilitators were asked to evaluate their groups and pinpoint the high points; many of those valued qualities could be replicated in local groups. Often mentioned were the empathic quality of sharing feelings, experiences and strategies, the positive focus of the groups and "meeting positive people," creative thinking, finding others with similar concerns and viewpoints, openness in discussing taboo issues, the availability of strong mutual support and networking.

To establish a viable local support group, trust is essential. Sometimes that hurdle may seem insurmountable. Having a facilitator who keeps an eye on group process helps. Stated goals and clear ground rules for participants regarding issues such as confidentiality and nonjudgmental behavior are also advisable. The group may need to focus on a common concern to help group members cross such hurdles together.

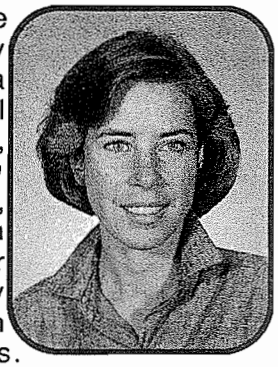
Personal and Group Mental Health Tools

by Marcia Perlstein, M.A., M.F.C.C. The Berkeley Therapy Institute, Berkeley, CA

Any person in a human service or helping profession needs ways to prevent and/or manage burn-out and reduce stress. Physical exercise, diet, rest and

continued on p. 6

Corner Thoughts



I have recently finished a book by Beryl Markham, *West With The Night*, which chronicles her life in the early 1900's in Africa. Ms. Markham states, "you can live a lifetime and, at the end of it, know more about other people than you know about yourself. You learn to watch other people, but you never watch yourself." Therein lies a theme for genetic counselors.

A particular aspect that is interesting to consider has to do with our own risk-taking—the risk-taking of professionals who have a primary function in communicating with others about genetic risks. To a degree, we are volitional risk-takers. We took risks to come into this field. We are somewhat self-selective with regard to such traits as our interest in science, our belief in individuality and autonomy, and how these are preserved and protected in the utilization of genetic technology. However, it is my sense that our profession tends toward a safe ground in plying our trade, and with good reason. The nature of our work is such that we are susceptible to being misunderstood, misquoted or even sued. So we are cautious, and this is sensible behavior.

We practice in diverse circumstances and apply our training in different ways. And we work in a field that is replete with risks and with a science and a technology that are complex and controversial. The work we do is provocative and these factors present a new challenge for us...a challenge beyond being competent, compassionate and informed. A challenge to be *visionary*.

I think that challenge encompasses a coalescing of our training, our experience and our interpretation of the utilization of this technology—and a challenge to look at our own interpretation of the present social, medical, technical, ethical and legal parameters and to be willing to apply this interpretation to our work. We must continue to be solidly grounded in our basic skills but to then infuse from that base with our vision. We must be willing to be interviewed, to speak out publicly, and to undertake political action both as individuals and as professionals. In addition, we can be visionary in the type of work we do.

We will continue to be a mainstay in the challenging field of clinical genetics. However, it is likely that we will also become involved in such activities as writing an investment prospectus for a biotechnology firm, doing marketing research for the application of a new genetic marker, designing genetic components for national education programs in childbirth preparation, working with corporate health maintenance programs on genetic risk factors and employee benefit plans and writing more in the scientific and lay press. In addition, I believe there will continue to be an expansion of private practice opportunities for genetic counselors.

The French writer and poet Guillaume Apollinaire authored a poem which addresses some of the challenges that I feel are ahead for us. The poem, as best I can recall, is:

"Come to the edge," he said.
"We can't, we're afraid."
"Come to the edge," he said.
"We can't, we might fall."
"Come to the edge," he said.
And they did.
And he pushed them.
And they flew.

I look forward to the upcoming year and to serving as the President of the National Society of Genetic Counselors. I want to give a very strong thanks to Beth Fine for the advice and guidance she has provided me, and to say that although it is unlikely I will be able to match Beth's level of productivity, energy and insight, I will strive to do so.

Diane L. Baker

Diane L. Baker
President

EdNotes

The positive response that the new look of *Perspectives* received in San Diego was much appreciated by all of the Editorial Board. Many of you had suggestions and offered to submit articles for this or future issues. As always, submissions are running somewhat behind intentions. If you have an idea for an article, a series, an interview, or a guest editorial, let one of the Editorial Board members know. Our names and addresses are found in every issue on page 6. We have come up with a few suggestions for your consideration:

Regional News: Each Regional Representative has been asked to encourage the submission of at least one substantive article from their region for each issue. Presumably the Reps know what's going on in their region, who in their region has an important point to make, what interesting work is in progress, and what issues are being discussed. If you have a contribution, please contact: Region I-Andrea Gainey; Region II-Joanne Malin; Region III-Ron Cadle; Region IV-Seth Marcus; Region V-Jane Congleton or Region VI-Linda Burney.

Case reports: Undoubtedly, dozens if not hundreds of interesting cases were discussed over lunches, breaks, and trips to the beach in San Diego, yet few will be written up for submission. It occurred to the Editorial Board that some members may feel uncomfortable submitting certain cases. We feel that case reports are an important part of *Perspectives*. Therefore, beginning with Vol. 10, authors' names will be withheld, upon request. Our policy will still require that your submissions be accompanied with your name and affiliation.

Letters to the Editor: Feedback is important to *Perspectives* and the people who write for it. If an article, letter, or review is interesting, disturbing, helpful, or otherwise thought provoking, let us know.

To get you started thinking about your contribution to *Perspectives*, the theme of the Spring issue will be "Genetic Counseling in Other Countries."

Ed Kloza

CASE #9: DIAGNOSIS OF A GENETIC DISORDER IN A HEALTHY YOUNG ADULT

by Robert Wallerstein, M.S. and Donna Fleming, M.S., Columbia, SC

We often work with parents of young children with obvious disabilities and with parents who are fearful of such an occurrence. The following case differs in that it describes a young adult and his family, all unaware that a life threatening genetic problem exists.

RG, a 17-year-old black male, is an all-state high school basketball player. Each season, he had been certified to play following a physical examination from his high school staff physician. This year, RG was given a physical at the local health department by a Maternal and Child Health nurse who had attended a recent Genetics Inservice given by our unit.

The nurse noted tall stature (6'11"), unusually long fingers and toes and an asymmetric chest. She also noted that RG's father reportedly died at age 42 of a heart attack. The public health nurse suggested to RG and his mother that they seek genetic counseling at our outreach clinic.

At the genetic counseling session three weeks later, Mrs G stated that she wanted to find out if RG had "that disease." We told her that RG had some of the features of Marfan syndrome,[2] but we could not be certain until the medical geneticist examined him. Mrs. G was very concerned and made an appointment for the next genetics clinic, 2 1/2 weeks later.

RG, his mother, stepfather and sister came for the genetics evaluation. They informed me that they were anxious to get home in time for RG's basketball game that night.

The medical geneticist (CR), a genetic counselor and a genetic counseling student reviewed the family history and the autopsy report of RG's father, which revealed that he had died of a ruptured aorta, a finding consistent with Marfan syndrome. When CR took RG out of the room for his examination, the family talked about how they hoped the college coaches at that night's game would offer him scholarships, which they perceived to be RG's ticket to a brighter future.

CR told the family that he found many features of Marfan syndrome in RG and that a cardiac evaluation was needed as soon as possible. There was no resistance. When CR added that RG should not play basketball until he had seen a cardiologist, and that RG might have to give up the sport, the previously cordial atmosphere changed to one of disbelief and anger. Mrs. G said, "He has to play, especially tonight!" CR reminded them that the cardiac implications of Marfan syndrome probably lead to RG's father's death. Mrs. G was very emotional and denied the diagnosis.

Concerned that they would not follow through on their own, we arranged for a cardiologist to see RG that day. The echocardiogram confirmed the diagnosis, along with mitral valve prolapse and aortic enlargement. RG was told to stop playing basketball immediately and to begin beta-blocker therapy the next week.

When RG and his family returned, his mother and sister were crying. RG asked, "Why can't I just play tonight?" CR pointed out that aortic enlargement could result in serious problems during strenuous physical activity. We acknowledged their disappointment but reminded them that perhaps we saved RG's life. We then discussed alternatives for RG, such as coaching. While RG's family somberly listened and agreed, it did not seem to offer much solace.

Mrs. G used a neighbor's phone to call us a few days later. RG had not played in the game. She was distraught and had urged RG to seek mental health counseling and was afraid he might harm himself if left alone. Later we heard that RG had missed his cardiology appointment, which has not been rescheduled.

This case provides an example of how genetic disorders can be identified in the general population by public health workers motivated by education.[3,4,5] Another interesting aspect is that while RG had been examined on many occasions by physicians, it was an informed public health nurse who first suspected the diagnosis and referred the family to genetic services.

The diagnosis of a serious genetic condition in a seemingly healthy young adult presents an incongruous situation, as evidenced by the denial exhibited by RG's family. As observed with cystic fibrosis, behaviors suggestive of denial appear more frequently in youngsters who have a mild course of disease.[1]

The true counseling challenge involves providing follow-up for the family. A number of issues have not yet been discussed with this family, including the inheritance of this condition and approaches to help RG cope with the diagnosis and the implications for his future.

Short of making a home visit, we have made ourselves available to this family and have stressed our willingness to help. While we are not sure how he will choose to ultimately deal with his condition, we know that RG is not playing basketball. We feel that this family needs additional time to process the information and to come to terms with their situation.

We would like to hear how other genetic counselors have handled similar situations relate to chronic illness and compliance.

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1 Fischman, S. "Psychological Issues in the Genetic Counseling of Cystic Fibrosis." *Genetic Counseling: Psychological Dimensions*, S. Kessler, ed., Academic Press, 1979.

2 Goodman, R and Gorlin, R. "Marfan Syndrome." *The Malformed Infant and Child*, Oxford University Press, 1983

3 Harrod, MJE. "Genetic Counseling." The Parkland Memorial Hospital Obstetrics/Genetics Clinic, Southern Genetics Group, 9th Summer Meeting, Navarre Beach, 1986.

4 Huffstutler, J, et al. "The Linkage of Educational Programs with the Growth of Genetics Services." Southern Genetics Group, 9th Summer Meeting, Navarre Beach, 1986.

5 Superneau D, et al. "A Genetics Services Database (1975-1984) Experience and Trends." Proceedings of the Greenwood Genetic Center, 1986, 5:180.

Expanded Roles Report Ready

A report from the *ad hoc* Committee on Expanded Roles of Genetic Counselors in both traditional and innovative settings was included in the registration materials of the annual education conference in San Diego.

Topics addressed in the report include: • aspects of current and previous jobs • areas of role expansion • professional challenges and rewards • problems and • future plans.

For members who did not attend the San Diego conference, a copy of this 17-page report is available by contacting me at: Johns Hopkins Hospital, CMSC 1001, Baltimore, MD 21205; 301-955-3091.

Virginia Corson,
***Ad Hoc* Committee Chair**

New Membership Directory to be Published this Spring

An updated membership directory will be published this spring. By request, it will include both preferred and alternate address listings as well as a city-by-city listing of members.

If you have specific suggestions or if you do *not* want your home address or telephone to be listed, please contact Bea Leopold or me *no later than March 1.*

Luna E. Okada, Membership Chair

1986 Proceedings Now Available

I am pleased to announce that Human Sciences Press has agreed to publish the proceedings of our 1986 and 1987 Annual Educational Conferences.

Please send your orders for *Proceedings In Genetic Counseling: The Challenge Of The Future* to Bea Leopold by January 10. The price has been set at $20.00 until May, when it will be raised to $29.95.

You will be notified when the 1987 proceedings are available.

Beth A. Fine, Liaison to HSP

New Prices Set for Advertisers and Subscribers to Perspectives

Effective January 1, job listings in *Perspectives* and the Jobs Hotline will be combined.

The new policy has been established by the Editorial Board and Executive Office in an attempt to streamline the system and offer the best service to our members.

New prices are set as follows:

- Job Listing up to150 words, including 3 months on the Jobs Hotline $ 60.
- Commercial Advertisements
  - Full Page $200.
  - 1/2 Page $125.
  - 1/4 Page $ 75.
  - 1/8 Page $ 40.
- Subscription Rates for Vol. 10
  - Individual $ 20.
  - Institutional $ 25.

Ed Kloza, Editor

Mountain Site Selected for Spring Regional Conference

The next Region II Educational Conference will be held on May 19-20 at the Split Rock Resort and Conference Center in Lake Harmony, PA, in the Poconos. Registration materials will be sent later this winter.

Members from outside Region II are welcome to attend and should contact Laura Child, Perinatal Center, Suite 115, 725 Irving Avenue, Syracuse, NY 13210; 315-473-4458.

Joanne Malin, M.S., Region II Rep

Now Forming: Network of Family Therapy Counselors

I am interested in networking with genetic counselors who have specialized training and are working as marriage, family and child counselors or general psychotherapists. Judging from the enthusiastic participation in Mary Hand-Mauser's workshop on systematic family therapy in San Diego, there may be more of us than originally suspected.

The immediate purpose of establishing a network would be to identify ourselves to each other for professional support and exchange. Eventually, we may be able to submit regularly to *Perspectives* and perhaps sponsor NSGC workshops. In the meantime, however, I would be happy to act as a contact person.

If you are interested, please call or write to me at Division of Medical Genetics, Department of Pediatrics, Loma Linda University Medical Center, Loma Linda, CA 92350; 714-796-7311.

June Peters, MS

Home Care Book for Tay Sachs In Exploratory Stages

The National Tay-Sachs & Allied Diseases Association (NTSAD) is exploring the feasibility of developing a home care manual for parents. We are seeking answers to the following questions:

1) Are you aware of any existing published material that provides specific and practical information on the home care of Tay-Sachs children?

2) Would you find the proposed care manual useful in helping the families you serve?

3) Are you aware of resources we could contact as we gather information for this project?

4) Are you interested in contributing your professional expertise to the publication of this manual?

Please direct responses to me c/o: NTSAD, 385 Elliot Street, Newton, MA 02164; 617-964-5508.

Sedra Schiffman, President

Corrections & Updates

- We have been informed by Richard M. Goodman, author of *Planning for a Healthy Baby: A Guide to Genetic and Environmental Risks,* that the book is no longer available in hardback. The book may now be purchased in paperback at $7.95. *Planning* was reviewed in *Perspectives*, Vol. 9, No. 3, Fall 1987.
- The Honorable James Thompson, the Governor of Illinois, vetoed HB 1415, The Right of Consciousness Act. (See Legislative Briefs and Letters to the Editor, Vol. 9, No. 3.) In an attempt to extend its life, proponents unsuccessfully tried to override Governor Thompson's decision, causing the Act to (narrowly) fail in a second defeat.
- Due to an editing error, Melonie Krebs was listed as the reviewer of *How to Have the Healthiest Baby You Can* in *Perspectives* Vol.9, No.3. The book, in fact, was reviewed by Kathie Tross, M.S.

Books

Babies With Down Syndrome: A New Parents Guide
editor: Karen Stray-Gundersen
publisher: Woodbine House, Kensington, Maryland 1986, 337pp.
price: $9.95
audience: Parents of young children with Down syndrome; Professionals
reviewed by: Susan Tomc, M.S.

Parents of children with Down syndrome often express a desire for information as they struggle to overcome the confusion and shock precipitated by the birth of their baby. This book is a comprehensive guide written in a compassionate manner which may begin to satisfy factual as well as emotional needs of the family.

The book covers a broad range of topics including: a general discussion of Down syndrome, emotional reactions, medical concerns, day-to-day care, family living, child development and the impact of Down syndrome on development, early intervention, teaching strategies and legal rights. Representative chapters are written by parents and various professionals such as doctors, nurses, educators and lawyers who may play a major role in the family life. Extra features include a detailed, readable glossary and index, a chapter-by-chapter reading list for further information and a state-by-state resource guide.

The positive tone of the text is kept in perspective though by the inclusion of actual parent comments at the end of each chapter. These comments reflect both the rewarding and frustrating aspects of parenting a child with Down syndrome and appear to be quite realistic.

The book's length may be intimidating to some parents but the chapters can be read individually as needed. Little information is presented regarding concerns about the older child and adult with Down syndrome, but this is beyond the stated scope of the book.

There are a few shortcomings in content. The genetics explanation may be confusing for parents as presented. Two misleading comments also caught my attention. First, mention was made of female fertility, but not that it might be decreased. Second, the risk of pregnancy loss associated with amniocentesis was given as 1 in 800. Many institutions use a figure of 1 in 200.

These shortcomings seem almost trivial in comparison to the wealth of information provided by the text. Its completeness and hopefulness make it an excellent resource for new parents.

Audio-Visuals

Ultrasound: A Window to the Womb
by: Vickie Venne and Charles B. Cox
produced by: University of California at San Diego, 1986.
running time: 13 minutes
price: $200 (preview available)
audience: Advanced high school students; Childbirth education classes; Genetic counseling patients
reviewed by: Paula K. Haddow, M.A.T.

Vickie Venne and her colleagues at the Center for Genetics Education, University of California at San Diego, are to be congratulated for producing a video tape of the high quality and potentially wide interdisciplinary usefulness of "Ultrasound: A Window to the Womb."

The tape opens with the concept that pregnancies differ from person to person and that although the vast majority result in normal births, there are times when fetal progress should be monitored by special techniques. A brief explanation of ultrasonography follows. Ultrasound studies are then shown being performed on and interpreted for three women, each in different trimesters of pregnancy.

With each example, indications for ultrasonography in that particular trimester are discussed, as are significant physical findings in the fetus. Included in the discussions are: fetal measurements for gestational age, placental location, fetal anatomy and behavior (e.g. thumb sucking, hiccups, chewing, yawning) and twins. All three women who are featured delivered normal babies but ultrasound studies from other pregnancies demonstrate fetal meningomyelocele and hydrocephalus. There is also frequent referral to the use of ultrasound to help in the diagnosis of certain genetic disorders. The tape ends with a discussion of the benefits and limitations of ultrasound.

Ultrasound is a highly professional production...technically, medically and educationally. The narration is conversational, explaining the medical and biological principles and maintains the viewer's interest. At all times the text and visual materials are clearly presented and convey a caring attitude about the pregnant woman and her unborn baby.

For the patient receiving genetic counseling that may involve referral for ultrasound, this tape would be an excellent source of background information about fetal development and the reasons for having the procedure, but it should be used when a counselor is present to answer questions that might arise and to link the patient's situation to the use of ultrasound.

A teacher's guide accompanies the tape. This would be an appropriate resource for more sophisticated patients.

Organizations

The National Neurofibromatosis Foundation has been growing rapidly in members and scope since its inception in 1978. Today there is a national network of state chapters which disseminates numerous publications, including a general and research newsletter and an introductory booklet for families, *Neurofibromatosis, Information for Patients and Families.*

Two noteworthy illustrated booklets which were written with input from children with NF and their families are *Neurofibromatosis: A Booklet For Kids,* and *Neurofibromatosis: A Handbook for Parents.*

The Foundation may be reached at: 141 Fifth Avenue, Suite 7-S, New York, NY 10010; 1-800-323-7928 or 212-460-8980 (New York State).

The Professional as a Person from p. 1

relaxation are the basics of any plan. Additionally, some focused attention on mental health can have benefits in terms of working through feelings and dispensing with the issues that deplete our energy.

The following are suggested:

1) Set aside personal time as an appointment with yourself to look at your own situation. Do this at least on a weekly basis. Treat it with the same seriousness as you would an appointment with a client or treasured friend. You may want to utilize Strayhorn's Psychological Health Skills Axis.[2]

2) If you are in acute crisis, to the point where it is making functioning especially difficult, seek professional help, even if only short term. Try to find a therapist with some knowledge of the special stresses on people in service professions.

3) Continue networking with others from your small group from the San Diego conference: phone call, letter, regional meetings, etc.

4) Form a group in your own community. We present four possible models: a) *Peer consultation:* Meet with other genetic counselors (or other counselors and/or nurses) to discuss troublesome cases from the perspective of both the case and your personal difficulties with it. b) *Multi-theme discussion group:* Select some topics which were choices at the San Diego conference ("When the genetic counselor experiences personal loss"...). Utilize these, each at a different meeting of the group. Either of the above can utilize a leaderless group, if structured carefully, perhaps rotating leadership at each meeting. Be sure the goals and parameters of the group are agreed upon in advance, establish ground rules[3] and arrange parallel process plans for each meeting (ways of beginning, establishing agendas and closing). c) *Theme group*: Meet with a single focus for a specified length of time, e.g. a group on personal loss agrees to meet weekly for three months, then assess whether to close, continue, meet less frequently or change focus. d) *Personal issues group:* Work on personal issues, different for each person, e.g. one person may want to deal with an impending divorce and how it is making working with couples more difficult; another may need to focus on lack of professional confidence. For these options, you may want to consider hiring a leader—someone with expertise in process, in helping helpers, and who has sound clinical skills.

As many people who participated in the groups at the conference indicated, focusing on the personal not only relieves tension and provides fresh ideas, but also brings energy, enrichment and a sense of contact and belonging to us as people and as practitioners.

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[1] Pines, A. "Burnout: A Current Problem in Pediatrics," *Current Problems in Pediatrics*, Vol. XI No. 7, May 1981.

[2] Strayhorn, Joseph M. *American Journal of Orthopsychiatry*, 1983. 53(4):677-696. The "axis" is also in the conference binder.

[3] As per conference handout and coming proceedings book.

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Perspectives in Genetic Counseling is published quarterly by the National Society of Genetic Counselors, Inc.

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Send case reports, resources, materials and books for review to appropriate editors; address changes, subscription inquiries and advertisements to Executive Director; all manuscripts and correspondence to Editor.

Publication Date for Next Issue: March 15

Deadline: February 9

Book Bag

Ethical Issues in Nursing by Peggy Chin, a collection of essays and articles from nursing, philosophy and education, is intended to be a text but may be more useful as a resource for graduate students, instructors and staff development educators. Ms. Chin has compiled an impressive and timely collection of concerns impacting nursing, the health care field and consumers. While this book addresses current philosophical nursing concerns, the reader is left to distinguish ethical problems from moral dilemmas and to consider if the terms are synonymous. The 18 sections are well organized and highlighted with quotes and headings that capture attention.

The chapters evolve slowly from a review of basic constructs of autonomy, beneficence and justice to an analysis of values, conflicts and proposed resolutions to human dilemmas. They address ethical practices and challenge nursing to create autonomy for itself and its patients (Fromer) and to care for both (Omery). One chapter asks if the nurse can be ethical (Yarling); another questions whether the nurse is free to be moral (McElmurry). The authors offer provocative approaches to help answer these questions.

The collection does not include a survey of nursing ethics courses available, so it is not clear which methodologies would be helpful to the nurse facing typical ethical dilemmas. Chin also fails to offer perspective to the staff nurse about the dilemmas discussed, a serious omission.

Nursing has matured, as surmised from this collection, and now is able to include both bedside caring and a universality of concern for the human dilemmas of a modern world. This book is timely, appropriate and challenging.

Maureen H. Clark, RN., MS

Wanted...

...Are you willing to review books for this publication? You will be notified in advance of books available for review. As a bonus, following the submission of your review, the book becomes yours. To place your name on the list, contact Joan FitzGerald.

Classified • Classified • Classified

Fresno, CA: Central Valley Regional Center (CVRC) in central California has a genetic counselor opening. This diversified position in a community-based private nonprofit organization serves persons with developmental disabilities and persons at risk.

The position involves: counseling families identified through the intake process; general prenatal counseling; participation in genetic clinics and public and professional education and is affiliated with Valley Children's Hospital Genetic Program serving central California. Masters degree and BC/BE required.

Submit CV to: Susan Snyder, CVRC, 4747 North First Street, Suite 195, Fresno, CA 93726; 209-228-3061. CVRC is an EEO/AA Employer.

New Haven, CT: Genetic counselor position available in the Fetal Diagnosis Unit of the Department of Human Genetics at Yale Medical School.

Initially, the primary responsibility will be coordinating an ongoing national investigation of the safety and accuracy of CVS, including: identifying appropriate amniocentesis and CVS patients for participation in the study; prenatal counseling; coordinating follow-up care; maintaining study records and communication with the centralized data collection center. Additional responsibilities: amniocentesis; CVS and fetal blood sampling; reporting and interpreting abnormal maternal serum AFP levels to obstetricians and arranging follow-up care when indicated. Participation in the research efforts of the Fetal Diagnostic Unit is also required.

For more information, call Miriam Schoenfeld DiMaio, MSW, 203-785-2661.

Gainesville, FL: Assistant/Associate in Pediatrics sought in Division of Genetics, Department of Pediatrics, University of Florida. Masters degree in genetic counseling; BC/BE required. Responsibilities include: participation in prenatal diagnosis; educational duties in satellite and specialty clinic.

Please apply by April 30 for start date on May 30.

Send CV to: Charles Williams, M.D., Associate Professor and Interim Chief, Division of Genetics, Box J-296, JHMHC, University of Florida, Gainesville, FL 32610; or call Shearon Roberts, M.S. or Jill Hendrickson, M.S. at 904-392-4104. UF is an EEO/AA Employer.

Chicago, IL: Certified doctoral-level clinical cytogeneticist sought. Responsibilities include assisting in directing a large clinical and research laboratory with approximately 400 CVS, 1000 amniotic fluid, 300 blood and 200 abortus specimens per year.

The downtown Chicago facilities, part of a full-service Section of Human Genetics in an Obstetrics Department, are excellent and the laboratory is extremely well equipped. Research is an integral part of the laboratory and the applicant's own research is encouraged.

At least 2 years experience in administrative position with clinical cytogenetics laboratory and molecular cytogenetics is preferred.

...Also: Genetic counselor position available in cytogenetics and molecular genetics laboratory for professional with experience in prenatal diagnosis, including CVS and maternal serum AFP. The professional is part of a team of MDs, Ph.D.s and supportive staff. Approximately 1700 patients seen per year. Full or part time considered.

Contact: Alice O. Martin, Ph.D., Director, Laboratory of Cytogenetics and Professor of Obstetrics and Gynecology, Northwestern University Medical School, 333 E. Superior St., Suite 1176, Chicago, IL 60611; 312-908-7442.

Waltham, MA: Coordinator of program in clinical genetics for nurses. Position requires a masters degree in nursing and expertise in genetics to develop the clinical component of a newly-designed program at the Shriver Center, a University-affiliated facility. Students will be enrolled in an academic program for a master of science degree in nursing.

Responsibilities include: didactic and seminar teaching; selection and supervision of students in genetic clinics; participation on interdisciplinary genetics team; and continuing education teaching projects.

For further information, please contact: Mary S. Challela, D.N.Sc., R.N., Director of Nursing, Shriver Center, 200 Trapelo Road, Waltham, MA 02254; 617-642-0268/0261.

Ann Arbor, MI: The Pediatric Genetics Section of the University of Michigan, has a new, 3/4 - full time position for a BC/BE genetic counselor ready to begin in January.

Duties include both Pediatric Genetics and involvement in the Michigan Newborn Screening Program. Approximately 2/3 time includes: clinic coordination, patient counseling, assisting with educational programs and training other health professionals, including genetic counseling students within the University Hospital and Genetics Clinic. Remaining 1/3 time involves being a resource for regional hospitals regarding newborn screening. Salary is dependent on experience.

Please send resume to: Dr. Robert P. Erickson, Director, Pediatric Genetics, University of Michigan Medical Center, D1225 MPB, Ann Arbor, MI 48109; 313-764-0579.

Royal Oak, MI: The Reproductive Genetics Program at William Beaumont Hospital in Royal Oak is seeking a second genetic counselor to assist in coordinating this multidisciplinary program. This 934-bed, private teaching hospital is located in Southeastern Michigan and is affiliated with the University of Michigan.

The program coordinates services among pediatric genetics, maternal-fetal medicine, obstetrical ultrasound, cytogenetics and clinical pathology, providing counseling and testing to high risk pregnancies and children with genetic diseases. Counselor will also participate in State Newborn Screening Program. Opportunities exist for participation in health professional and public conferences.

Masters degree, BC/BE required. Salary is competitive.

Send CV to: Robert P. Lorenz, MD,

continued on p. 8

Director, Maternal-Fetal Medicine, William Beaumont Hospital, 3601 W. 13 Mile Road, Royal Oak, MI 48072; or call Cheryl Harper, MS, 313-288-8477.

Central New Jersey: Immediate opening for full-time genetic associate at the University of Medicine and Dentistry in New Jersey (UMDNJ), Robert Wood Johnson University Hospital, in the prenatal diagnosis program. BC/BE desired.

To apply, send resume or contact Emilie Cummings, MS, UMDNJ, Cytology/Prenatal Diagnosis, Robert Wood Johnson University Hospital, 1 Robert Wood Johnson Place, New Brunswick, NJ 08901; 201-937-8790.

East Meadow, NY: Nassau County Medical Center, a major affiliate of the State University of New York at Stony Brook, Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, is seeking a full-time BC/BE genetic counselor to coordinate the prenatal genetic service.

The position involves counseling patients for amniocentesis, fetal anomalies and inherited disorders. It also involves counseling and coordinating patients referred for abnormal AFP levels. Counselor will work primarily with the Director of Prenatal Diagnosis, Division of Maternal-Fetal Medicine and with the Pediatric Genetics/Metabolic Service. Position involves instruction and teaching of fellows, residents and medical students. Bilingual preferred.

For further information, contact: Dr. Nergesh Tejani, Department of Obstetrics and Gynecology, Nassau County Medical Center, 2201 Hempstead Turnpike, East Meadow, NY 11554; 516-542-0123.

Memphis, TN: University of Tennessee at Memphis Health Science Center has a vacancy for a genetic counselor. Individual must have a masters degree in Human Genetics/Genetic Counseling, or the equivalent. BC/BE preferred.

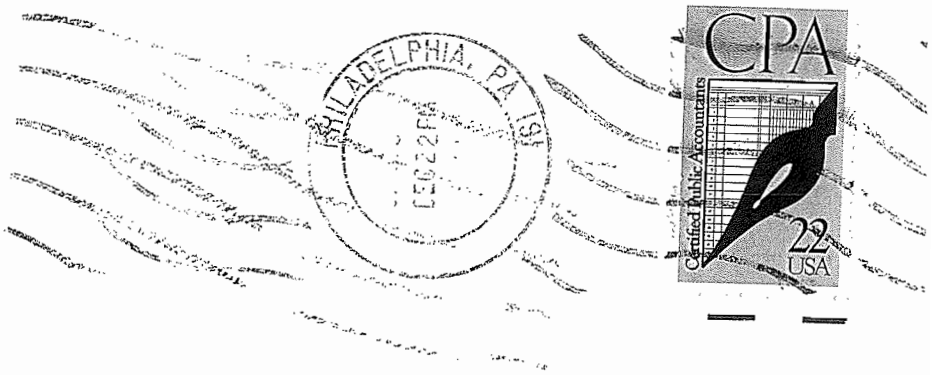
Duties involve 75% direct patient related activities: general genetics, neonatal, pediatric, metabolic and prenatal; 25% independent research, teaching, conferences and staff/clinical meetings.

Send CV and inquires to: Dr. R.S. Wilroy, Chief, Genetics Section or Dr. J.C. Ward, Director, Inborn Errors Laboratory, Department of Pediatrics, University of Tennessee, 711 Jefferson, Memphis, TN 38163; (901) 528-6595. An EOE/AA Employer.

Seattle, WA: The Medical Genetics Department at Children's Hospital and Medical Center is looking for a qualified BC/BE genetic counselor for a part-time (60%) position in a busy pediatric genetics service.

The genetic service includes a pediatric genetics clinic, specialty clinics, DNA marker testing, clinical research and community education. Salary depends on experience. Excellent employee benefits included.

Please send resume to Melanie Pepin, M.S., Medical Genetics, Children's Hospital and Medical Center, P.O. Box C5371, Seattle, WA 98105; 206-526-2056.



Perspectives in Genetic Counseling
Vol. 9 No. 4 Winter 1987
a publication of the
National Society of Genetic Counselors, Inc.
Executive Office
233 Canterbury Drive
Wallingford, PA 19086