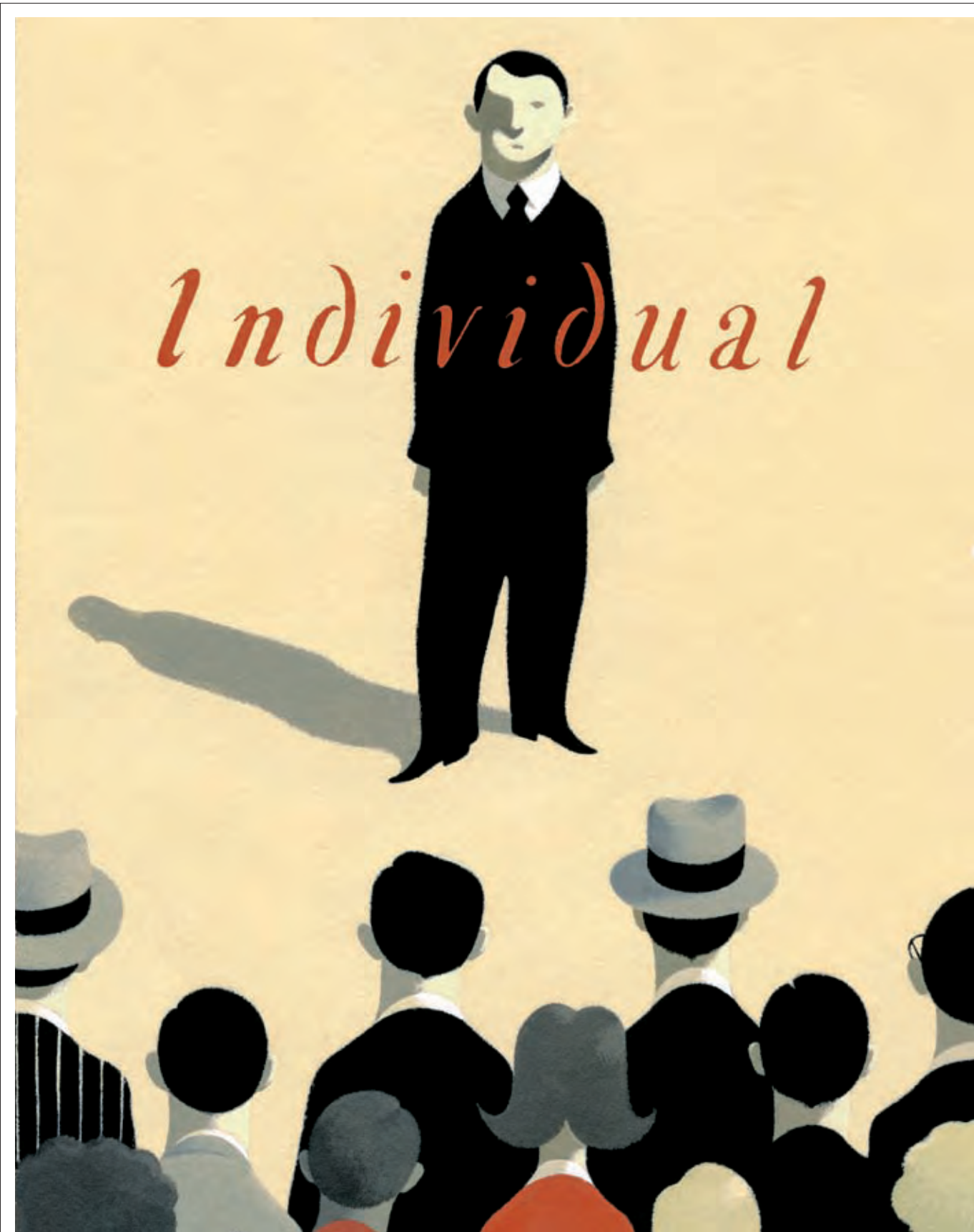


TREAT ME, TREAT MY DNA?

By Stuart Finder, PhD, Director, Center for Healthcare Ethics, Cedars-Sinai Medical Center



If given a choice between receiving a treatment that is tailor-made for me based on my DNA or receiving a treatment based on my fitting into a group—a group that has been defined through large clinical trials that determine what has worked most of the time for most of the people—which should I choose? What would *you* choose? And why?



This may seem like an esoteric question, but it reflects an interesting set of ethical issues which are deeply embedded within the developing concept of personalized medicine. At the core are considerations about what it means to be an individual and to be cared for when ill. There is also deep irony.

The idea that my DNA serves as the best basis to shape the most fitting treatment for me seemingly refocuses the understanding of medical “care” away from the simple, humanistic advice given in 1927 by Francis W. Peabody, MD, that “the secret of the care of the patient is in caring for the patient.”

After all, at the core of a genetics-based approach to personalized medicine—what my physician needs to focus on—is my DNA. I am, then, seemingly reduced to my genetic code. Thus, while the care I receive may be tailor-made to me in view of my unique genetic characteristics, the unique genetic “me” that is cared for is quite different from how I typically understand myself as the unique “me” going about my daily life (I am the third son of my parents, married with children, 48 years old, a philosopher, the director of Cedars-Sinai’s Center for Healthcare Ethics).

On the other hand, as matters now stand, best medical practice is determined by what works best for most of the people most of the time. The real art of medicine, from this perspective, is figuring out which general group I am most like, and to then give me the medicine that has

been shown to work best for those who are of that group. Here, too, then I am treated not in terms of what is unique to me, but in terms of what makes me most like others in that group.

And yet, much of what makes me similar to others are the very unique characteristics I use when thinking about who I am as I go about my daily life: my age, gender, socioeconomic status, education, and ethnic background.

So which kind of self-understanding should I embrace, the one which reduces me to some unique configuration of adenine, thymidine, cytosine, and guanine (the basic elements that constitute DNA) but which allows the medicines I take to “work better” biophysically? Or do I hold tight to the broader and multi-dimensional conception of myself and thereby allow myself to be treated more humanistically (in Peabody’s sense) but also merely as a member of a group?

As personalized medicine develops, of course, it is not going to be an “either/or” choice between these two options. But we all should rest assured that along with the growth of personalized medicine will be more questions about how we want to be understood as individuals and what kind of care (as distinct from mere cure) we desire from the medical community. (O)

Stuart Finder, PhD, is the director of the Center for Healthcare Ethics at Cedars-Sinai. Established in 1995, the Center serves as the hub for various clinical, educational, and research-related activities directed towards recognizing and addressing ethical issues at Cedars-Sinai Medical Center. The central orientation of all its programming is to address ethical issues as they are encountered within real clinical and research contexts.

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Francis W. Peabody, MD, 1927