

Poster Abstract

Differences in Opinion on Direct Access and Direct to Consumer Testing

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The purpose of this study was to investigate the opinions of different healthcare professionals from different settings regarding direct access testing (DAT) and direct to consumer testing (DTC) as well as the opinions of non-healthcare professionals considered potential consumers. A total of 39 individuals consented to an interview regarding direct access testing including ten physicians spanning five specialties, six laboratories professionals, seven nurses, two medical office managers, and eleven individuals that were not employed in the medical field. Interviews were conducted either in person or via social media platforms. Of the ten physicians interviewed, none of them were in support of unlimited DAT although half were support of DAT with a limited testing menu. All other physicians were adamantly against any DAT. All ten physicians responded against all DTC genetic testing. Within the non-physician medical professionals, three were in favor of unlimited DAT and the other ten agree with DAT with a limited test menu. Of the eleven non-medical individuals interviewed one was against all DAT, one was in favor of DAT with a limited test menu, and all of the remaining nine wished for unlimited DAT. Of the non-physician medical professionals, three were in favor of DTC genetic testing full access, three nurses were in favor of limited access, and the





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remaining thirteen were against. Only one non-medical professional was against any access of genetic tests and the other ten non-medical professional were in favor of complete access to all genetic tests available. Open responses indicated that medical professionals were more likely to be concerned about liability regarding both DAT and DTC testing and accuracy of testing, whereas non-medical professionals cited their right to know their medical information. As more DAT and DTC is made available, this investigation concludes that public safety and physician liability issues should be addressed.