VIDEO TRANSCRIPT

Mike Talking About Family, Genetic Testing, and Healthcare

Link to video.

[**Mike**]: My wife as a result of an accident, car accident that she had been in 15 years ago, had developed severe arthritis in one hip and was going to need a total hip replacement. So, she had an appointment to see the orthopedic surgeon who came highly recommended.

They planned to put her preoperatively on anticoagulant drugs and then they would be maintained for a couple of months post op. So, one of the questions I had was do you routinely do the genetic test for warfarin dosing?

And he said, well, I don't really know about these tests. Can you say a little more about it?

And initially, he was very curious. And so, as he became curious, I became a little bit more detailed. I said that there's these genes - CYP2C9, VKORC1 - and they can predispose to either fast or slow metabolizing of the anticoagulants. And it's highly recommended now that people have the genetic test so that the dosing can be much more logically prescribed in the first place, rather than simply using the traditional method, which is frequent blood testing to see whether or not there are clotting problems and the dose is correct.

As I started getting more into the explanation, he became visibly uncomfortable and then eventually frustrated. And at that point, he just sort of said, gruffly: “Well, I don't have any objection to this, but I don't see what good it would do.”

This is a doc, an orthopedic surgeon, who's prescribing anticoagulants to every single one of his patients and was unaware of the existence, in fact, the recommendation even in his own discipline, that genetic testing be routine for prescribing anticoagulants of certain classes.

So that's pretty much my story of a health care system that is not ready to incorporate even the first of the well-accepted pharmacogenetic tests, and what we've got coming down the road is much more complex than simple tests for anticoagulant dosing.