When you think of the term Personalized Medicine, does a DNA analysis spring to mind? I was recently surprised to learn that the term Personalized Medicine has been entirely co-opted by the genetic medicine industry. The sequencing of the human genome was a dramatic and quantum leap in a field that has been slowly redefining medical care for decades. The promise of understanding all of our genes and their roles in our illnesses and health has sparked the imaginations of researchers, clinicians and consumers alike. The problem is, we are not as far down that road as the personal genetic industry would have us believe.

Personalized care is exactly what Medical Consult and Advocacy Services aims to deliver: insight and guidance that is based on a patient’s particular biophysical as well as social and emotional context. As exciting as genetic medicine is—and as much potential as it holds, we believe that calling it personalized is a very narrow and misleading use of the term.

Genetic medicine, or personalized medicine, refers to knowing a patient’s individual genetic profile and applying it to target treatments more accurately. It is used both as an active therapy in acute treatment, and a predictive tool to help plan for and prevent disease. One way it is being used already is in choosing medicines based on a patient’s genetic susceptibilities or resistances to a particular drug. Eventually, that role alone will make medical care both safer and more effective. Using genetics to design chemotherapies which target specific tumors based on their particular molecular patterns is likely to increase survival and quality of life for many cancer patients too. However, most researchers concede that there’s a long learning curve ahead. The New York Times illustrated this beautifully in a recent series on Dr. Keith Flaherty, a brilliant oncologist and proponent of “targeted therapy” (therapy based on a tumor’s specific genetic and molecular profile).

Another way that genetic medicine is practiced today is as a tool to predict diseases and conditions a patient might develop. Commercial companies like 23 and Me are consumer-driven services that provide paying individuals with a lot of information about their genetic profile. However, even the most ardent genetic medicine enthusiasts admit that the hard part of genomics isn’t testing someone’s genes, but rather interpreting what they might mean. For instance, what does it mean that someone carries a gene that is highly associated with coronary artery disease, but the patient themselves have no risk factors or symptoms? Should aspirin and lipid lowering drugs be started anyway? The truth is, it will be many years and many gene sequencings paired with old-fashioned family histories and clinical observation before we fully understand the role that certain genes play in various diseases. One prominent researcher recently noted:

The challenge lies in knowing what do do with all that information. We’ve focused on establishing priorities that will be most helpful when a patient and a doctor are looking at the computer screen together.

That may be so, but looking at a computer screen of genetic banding patterns and probabilities of disease can’t take the place of knowing about a patient’s anxieties, relationships and personal habits. Private medical advocates take the time to know the whole you. While we are closely monitoring genetic medicine’s advances, we are also committed to knowing our client’s intimately. In our view, Personalized Medicine will always mean more than knowing your genetic profile.