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How do financial concerns shape the delivery and take-up of genome-based medicine?

Clarise Chia-Yee Ong
Nanyang Technological University, Singapore

The recent advancement of genome-based medicine has rapidly altered Singapore's healthcare system. Existing literature have mainly considered the financial barriers preventing patient access, paying relatively little attention to various social actors' interpretations of treatment cost. Drawing on existing studies of genetic testing and genome-based medicine related spending, this review indicates that the state-subsidizing of selected predictive genetic tests is based on projected healthcare expenditure savings as targeted surveillance for seemingly high-risk patients eliminates the cost of unnecessarily monitoring the general population. The implementation of genotyping for selected alleles prior to drug prescription has also been to minimize potential care costs associated with adverse drug reactions, notably in compulsory testing for the HLA-B*1502 allele prior to Carbamazepine prescription. The perception of savings, however, differs in patients as patients base their decisions on factors such as if testing requires out-of-pocket funding or for more financially conscious patients, whether spending money on testing is prudent when treatment course is unlikely to change, the singular dollar value thus serving as a poor indicator of patient compliance. Finally, patients assessment of prospective costs, namely concerns over disqualification from insurance coverage due to lack of legal protection if given unfavorable results, may overshadow genetic test subsidies or test price reduction. This project not only displays the multiplicity of genomic medicine's financial components, but also explores the related issues of data protection in order to raise patients' confidence in such medical advancement.

clariseong.2015@alumni.sota.edu.sg