

Genetic Testing of Children for Adult-Onset Diseases developed

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Abstract (600 words):

The importance of family interests in medical decision-making has received a lot of attention. Although the correct role of family interests in medical decision-making is still debated, it is widely acknowledged that families routinely make decisions that take into account both communal and individual family interests. Physicians feel that for incompetent patients, families routinely incorporate family interests into medical decision-making, and that family interests should play an essential part in medical decision-making. Physicians, it has been claimed, should have a bigger role in fostering and supporting family-centered decision-making, or at the very least avoid discouraging it. Ross advocated "limited parental autonomy" as a criterion for paediatric medical decision-making to recognise that parents frequently and correctly consider the interests of other family members and the family as a whole when making decisions for their children. Although there is no clear cut limit to this autonomy, generic guidelines have been provided that aim to define clear-cut infringements on children's rights. It appears that there is a growing consensus that family members' interests should be considered when making medical decisions. Now we must figure out how

they should be counted in medical encounters between doctors, patients, and their families. Recently, family interests have been invoked to support genetic testing of children for adult-onset disorders, at least in part. Recommending that these findings be made public is a substantial policy move that has sparked much debate.

Importance of Research (200 words):

The ACMG recommendations cover adult and paediatric genetic testing, and they are relevant to the families of both adults and children, although a discussion of adult genomic testing is outside the scope of this article. The ACMG recommendations take the family into account when evaluating children for adult-onset genetic diseases, although they do so differently than the AAP. They, like the AAP, appeal to the child's best interests in a variety of ways. They argue that testing is in the best interests of the child's health because they may never be checked for these disorders again, putting them at risk and unprepared for sickness in maturity.

Biography (200 words):

George Chung is the Department of Pediatrics, Columbia University, New York. He has lectured nationally and internationally and has published on many aspects of pediatrics care. He attended medical school and completed his surgical residency in Columbia University, and completed a surgical pediatrics fellowship in New York. He has been named to the Top Docs list and has won awards for the development of multidisciplinary pediatric care programs.

Information of Institute (200 words):

Columbia University is a private Ivy League research university in New York City. Established in 1754 as King's College on the grounds of Trinity Church in Manhattan, Columbia is the oldest institution of higher education in New York and the fifth-oldest institution of higher learning in the United States. It is one of nine colonial colleges founded prior to the Declaration of Independence, seven of which belong to the Ivy League. Columbia is ranked among the top universities in the world by major education publications

Institution:



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