What do women say about genetic counseling?

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The advancement of molecular biology guides the affiliation and inheritance of a disease with the intention linked to the issue of prevention or early detection. In addition, it can produce a symbolic status capable of engendering and mediating meanings to speak of body, family and life. When it comes to cancer, which involves not only a multiplicity of genes, but also environmental variables, history and lifestyle, illness is fraught with representations and meanings. For this, oncogenetics evaluates the possibilities of risk and probabilities, and may encounter the subjectivity inherent in clinical practice. In genetic counseling, there is the encounter with the patient, what he or she has to be unique, what he needs and what can be offered, his or hers uniqueness, needs, vulnerability or helplessness and what can be offered in these situations, whether or not they can find exits.

OBJECTIVES

To know the women in follow-up or control for breast and/or ovary cancer who undergo molecular evaluation of the BRCA1 and BRCA2 genes.

METHODOLOGY

The research, with registration CAAE 50164715.3.0000.5274, was approved by the Research Ethics Committee (CEP). It has a qualitative and quantitative reference, of the exploratory type, that takes place at the National Cancer Institute José Alencar Gomes da Silva. The scenario is the breast cancer outpatient clinic of the Genetics Program located at Hospital do Câncer III (HCIII), a unit specialized in the treatment of breast neoplasms. The research participants are follow-up patients in the outpatient clinic. Through semi-structured interviews with guiding questions, we seek to listen in their speeches, their expectations, to know the impact of testing on family ties and to describe the effects in life.

RESULTS

The research started in August 2016 and in force, points to ambiguities, uncertainties and fantasies, allied to the fear of recurrence of the disease and sustained by the discourse of risk. The possibility of undergoing the genetic test appears as an attempt to control a recurrence that confronts it with the repercussions of a treatment. The search for the cause of illness is prevalent and the notion of heredity is mistaken for genetics. Family ties can be reaffirmed and the care can be anchored it can also be by scientific knowledge, can be intensified and extended to family members through the search for periodic examinations. Genetic counseling can be a guideline for preventive and interventional measures in the body through the performance of prophylactic surgeries that come up against a health system that has not yet been prepared to meet these demands. Nevertheless, follow-up supported by the genetic counseling service can be an important resource for dealing with helplessness which can be experienced in this time of withdrawal from an intensive care routine in cancer treatment.

CONCLUSION

The advancement of science does not eliminate the limits, in an ethical exercise, we beckon for the evidence of the subject as an exception to the universal in favor of the individual. This perspective points us to the case-by-case evidence of patients in whom the risk of an inherited disease and vulnerability are incorporated and contextualized within a psychic, historical and social horizon, in relation to clinical deliberations.

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