

HARP PLUCKS HEARTSTRINGS

Play me another good tune. I'm 73 and I know them all," a smiling patient says to volunteer harpist Margaret Stephens. Stephens (below), a certified harp practitioner, plays a small, 23-string Celtic harp for patients and their families two days a week at Dartmouth's Norris Cotton Cancer Center.



"I feel really privileged to have a little peep into people's lives and to be able to give something to them," she says. "It's soothing—there's something about the physics of sound of a plucked harp string that's a very pure tone."

Stephens's repertoire ranges from operatic arias to Irish ballads to country-and-western tunes. She creates an individualized "cradle of

sound"—for example, gradually slowing down the tempo to help reduce a patient's breathing rate or choosing pitches and keys that resonate with the listener. "When the music starts," says Deborah Steele, coordinator of patient services, "it's as if a new environment is created, a bubble of protection and healing." See http://dartmed.dartmouth.edu/fall06/html/vs_harp_we.php for some

WEB EXTRAS

about Stephens and her harp.

M.C.W.

TEATIME BREWS TEAMWORK

If you caffeinate them, they will come: That appeal works Monday through Thursday at 3:00 p.m. at Dartmouth's Norris Cotton Cancer Center. The sixth-floor atrium starts buzzing as doctors, researchers, and students emerge from their labs and offices to partake of coffee, tea, cookies, and conversation.

When people from different labs get to know each other in an informal setting, they are more apt to find ways to team up—to share equipment, supplies, and ideas—says the Cancer Center's director, Dr. Mark Israel. The interlude is a valuable place to network for novice researchers and seasoned investigators alike.

The turnout at the teas has been consistent since they began three years ago, says Israel. People "exchange ideas informally with others who work in related but oftentimes different disciplines," he says. The Cancer Center facility was actually designed to foster collaboration, with open labs, glass-walled meeting rooms, and atriums. "When scientists working on different aspects of the cancer problem relax together . . . sparks just naturally fly," Israel adds. "Minds open, new ideas tumble forth, new research pathways and collaborations emerge." L.E.



Genetic testing may reveal a quagmire of complex questions

The test results are in: You carry the gene for a hereditary liver disease, hemochromatosis, in which the body absorbs too much iron.

And so are the questions: Does having the gene mean that you will develop the disease? Since the disease is hereditary, do you or your doctor have a duty to warn your family members? Will you have to disclose this information the next time you apply for health insurance?

Realms: There are often more questions than answers when it comes to genetic testing, and the questions span the scientific, legal, social, and ethical realms. That's why "people need to have a very clear understanding of what purpose a test serves" before ordering it, says Dr. Dirk van Leeuwen, a liver specialist at DHMC. Van Leeuwen has coauthored a paper on the implications of genetic testing for *Hepatology*, the journal of the American Association for the Study of Liver Disease (AASLD).

Genetic testing has become increasingly common in hepatology and in medicine in general. Yet, as van Leeuwen discovered—with the assistance of his coauthor, Dr. James Bernat, a DHMC ethicist and neurologist—he and his colleagues were "only to a limited extent educated to really oversee the implications of all this genetic testing." So van Leeuwen and Bernat made several recommendations



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Van Leeuwen looked into the many questions raised by genetic testing.

to the AASLD. They suggested the creation of guidelines for the use of genetic testing in clinical and research settings. And they called for better professional education in how to provide pre- and post-testing counseling, how to understand test results, and how to address privacy concerns.

There are many benefits from genetic testing and research for both individuals and society, but also many ethical and social concerns. For example, 21% of people surveyed by the Centers for Disease Control and Prevention said they were "unwilling under any circumstances to allow donation or storage of blood or tissue samples for current or future research," point out van Leeuwen and Bernat.

Research scandals such as the federally funded Tuskegee study, in which poor black males were denied effective treatment in order to study the natural history of syphilis, diminished public trust. And recent misuse of genetic tests by employers added to fears. Scientists, clinicians, and policy-makers must address society's concerns, says van Leeuwen, if the benefits of genetic testing are to be fully realized.

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