

Contribute of henrietta lacks in gene mapping

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Henrietta Lacks Cells taken from a young African American woman in 1951 helped scientists cure polio. Cells from the same woman contributed to scientific advantages in cancer, gene mapping, and even the atom bomb. The mother of five did not live to know her cells had such importance. She never knew, in fact, that they were being harvested. Today's medical advances are based on practices that people now consider unethical, whereas back when Henrietta live, they did not even think twice about ethics. Henrietta Lacks did not know the cells taken from her could possibly be used to develop a multimillion-dollar medical industry.

In an even crueler twist of fate, her descendants lived in poverty without access to affordable healthcare. The book *The Immortal Life of Henrietta Lacks* by Rebecca Skloot, tells the story of a women, Henrietta Lacks, and her family. Ms. Lacks was treated for cervical cancer at John's Hopkins Hospital in 1951. Her malignant cervical cells were harvested and distributed to become the first " immortal" cell line widely used for scientific research, including their use in the development of the polio vaccine. The story tells what happened after Ms.

Lacks' death to her family, a poor African American family living in Maryland. A family who, today, would be considered poor. The story brings up key ethical issues of biomedical research, which were evolving during that era (Skloot, Rebecca). Henrietta Lacks died of an aggressive cervical cancer that invaded virtually her entire body in 1951. A common practice at the time, samples of cancer cells were taken for study. Some cells were taken by a researcher who was attempting to develop immortal cell lines for scientific purposes.

In the 1950's, the practice of taking routine tissue samples without consent from patients was not uncommon, and anonymising the source wasn't a main concern. HeLa cells and the concerns that surrounded them touched on several issues in medicine. One was the issue of using tissue samples without consulting patients, many of whom would freely donate if asked. Changes in how such samples are taken and handled, and in the processes used to collect consent, have improved the use of informed consent in research.

Patients submitting biopsies for diagnostic purposes, for example, might be asked if they are willing to donate cells to research (Smith, S. E.). If a doctor wanted to diagnose, treat, experiment or keep body parts, that's what he did. Patients never questioned doctors they were trusted implicitly. Consent was conferred by the simple step of showing up in a doctor's office. Today, we know we need to understand and ask questions, and then our consent is necessary legally. Further, we understand the importance of withholding consent until we feel fully informed about the benefits and consequences of what that consent will mean.

There were not conformed consent laws until recently. Informed consent is more than simply getting a patient to sign a written consent form. It is a process of communication between a patient and physician that results in the patients' authorization or agreement to undergo a specific medical intervention (Informed Consent). Since everyone has different preferences, there will always be differences in the treatment of care among people. This becomes a problem when physicians have a bias against certain races and ethics.

As a physician, all treatment options should be discussed and equally available to patients, regardless of their race or ethnicity which results in informed consent on the patients' behalf. There was a lack of respect, or an inability to communicate, in both directions, between blacks and doctors back in the 1850's. Skin color, and the problems that can result from low income, lack of education, and illiteracy; the inability to read, and/or understand the English language also contributed to the mistreatment of blacks.

Patients overcome those challenges by finding a respectful doctor, or a supporter to help them. Back when Henrietta lived, that was not easy to find. Differences in healthcare outcomes can result from the history of different races too. Henrietta was treated with radiation, which left her body burned and blackened. She and her family asked themselves many times whether the treatment was really helping her - but they never considered asking the doctor to do something different, make a different recommendation, or even just to stop. Skloot, Rebecca) today, empowered patients know that they can insert themselves into all decision-making about their own medical care. They can and should discuss any and all protocols to make decisions as part of their own healthcare team. And, empowered patients know that if they want to, they can say, " No. " In conclusion, informed consent was not needed when Henrietta lived; therefore scientists took her cells without her knowing. A doctor did what HE wanted to do. But today, we now know that consent is legality.

Any treatments should be discussed with the patient regardless of their race or their illness. Henrietta was mistreated, her body was burned, but her and

her family did not want to question the doctor in fear of being looked down on. But today patients know that they have the right to know exactly what is being done to them, and can ask any questions they feel necessary. If it were not for the doctors and scientists that had taken Henrietta's cells, we today, would not have the advancements in healthcare that we do.