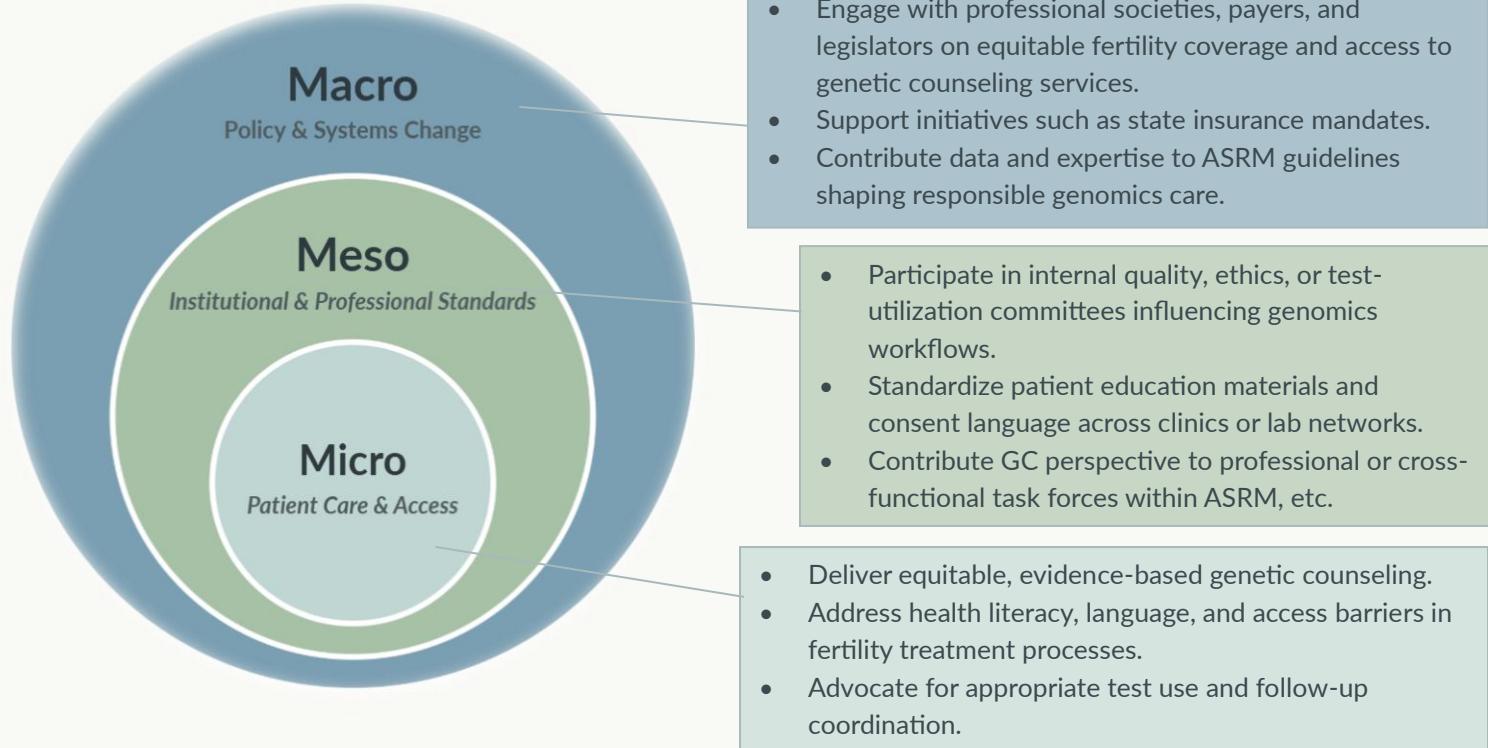


Advocacy in Action: Elevating the Genetic Counselor's Role

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Genetic counselors hold a dual responsibility in reproductive medicine: to translate complex genetic information into patient-centered guidance, and to advocate for systems that enable equitable access to that care. As integral members of the ASRM community, GCs apply evidence-based practice, ethical stewardship, and communication expertise to promote reproductive autonomy and informed decision-making. Advocacy is not an adjunct to our work; it is the expression of our professional obligation to patients and the field.



The pathway from individual advocacy to systems-level influence is well described in the literature:

- (1) Start with reflection and documentation:** Awareness of advocacy moments is the foundation. Documenting these experiences, even anecdotally, turns individual insight into data or narrative evidence that can subsequently inform meso or macro efforts.
- (2) Move from individual cases to shared learning:** Navon (2012) highlights collaborative reflection – sharing case trends or barriers within professional forums. This creates a bridge from personal advocacy to improvement within clinical practice and professional standards.
- (3) Translate observations into structured feedback:** The NSGC Code of Ethics (2020) and ABGC competencies (2022) call for advocating for access, equity, and responsible application of genomic technology. GCs can influence policy by reframing clinical stories into recommendations, briefs, or testimonies that describe patient impact for decision-makers.
- (4) Sustain momentum through professional infrastructure:** Austin (2016) emphasizes the need for collective leadership (in this context, coordinated advocacy work through societies like ASRM and NSGC) and interdisciplinary partnerships. Scaling advocacy requires leveraging established platforms so that individual experience can inform broader ethical, educational, and legislative agendas.

Navon, D. (2012). *Genetic counseling, activism, and "genotype-first" diagnosis of developmental disorders*. *Journal of Genetic Counseling*, 21(6), 770-776.

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