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It is true that both genomics and genetics are. According to Christensen et al. (2014), simply because genetics is all about the study of genes and inheritance with respect to DNA, it is probable that if such a study thrives, there will emerge preventive health measures for the affected families. One of the realities surrounding the health care today is that much of the attention is diverted towards caring for patients and most importantly investing in drug prescriptions without developing new channels that can serve to contain the ailments forever. A good example in such a case entails patient from the same family who die from cancer. One fails to understand the extent upon which genetics has been underrated in the healthcare setting such that all family members can succumb to cancer without any efforts by caregivers to halt it. In other words, with the investment in genetics, there will be new healthcare means of tracing the genetic makeup of the patients and their family members so that lives can be saved. Conversely, genomics implies the study of the organisms that make up the genes. The condition of the healthcare services offered to the genetically ailing patients will change in that once there is a determination of the condition of the chromosomes, new means of correcting them will prevail to promise patients a fruitful future.

 Genomics and genetics will obviously facilitate increased healthcare expenditure in chronic disease population especially delving into the fact that genomics is a sort of new study in today’s healthcare. The research carried out on genomics and genetics studies demands high capital after which everything changes for the better (Pugach & Stoneking, 2015). For instance, curbing congestive heart failure is not an easy task since many patients end up losing their lives. Giving maximum attention towards genomics and genetics will simplify ways of containing chronic heart diseases in later stages where patients will be paying less money because the means of confronting such conditions will be effective enough.

**References**

Christensen, K. D., Dukhovny, D., Siebert, U., & Green, R. C. (2015). Assessing the costs and cost-effectiveness of genomic sequencing. *Journal of Personalized Medicine*, *5*(4), 470-486.

Pugach, I., & Stoneking, M. (2015). Genome-wide insights into the genetic history of human populations. *Investigative Genetics*, *6*(1), 6.