

Posted AT 3:24 AM EST ON 21/11/06

Creation of drug program imperative: Romanow

LISA PRIEST AND UNNATI GANDHI AND ALEX DOBROTA
FROM TUESDAY'S GLOBE AND MAIL

TORONTO, OTTAWA — The federal government must create a national catastrophic drug program to ensure that cancer patients don't have to worry about financial ruin while fighting for their health, says Roy Romanow, who headed a royal commission that called for such a plan years ago.

The strong warning follows a Globe and Mail story that showed how cancer patients in Atlantic Canada are taking out loans, racking up credit-card debt and rationing pills in an effort to afford crucial, costly prescriptions.

"We're talking about people losing their life savings or going without care," Mr. Romanow said. "It's outrageous.

"If we don't do it, I think, it just leads to a rallying cry for what I think would be a disaster for Canada, and that is the dismantling of the principles of the current structure."

Related to this article



Former Saskatchewan Premier Roy Romanow, author of a report on the state Canada's health care system. *(File)*

Articles

- Our national shame: The killing cost of drug treatment
- Province-by-province: One family, 10 outcomes
- Globe editorial: What happened to that catastrophic drug plan?
- Federal-provincial vow broken on cancer wait times
- Many provinces struggle but Manitoba bucks the trend

- Timely native prenatal care guaranteed



Internet Links

- Globe special report: Confronting cancer

Latest Comments

- #20 - Billy Bob, Further to your post, the clawback is at around...
- My husband has lymphoma and needs to be treated with Rituxin...
- A national drug plan would bankrupt this country. Another socialist...
- I have read with interest the articles by Lisa Priest re: the...
- 31 reader comments | Join the conversation

Follow this writer

- Add LISA PRIEST to my e-mail alerts 
- Add UNNATI GANDHI AND ALEX DOBROTA to my e-mail alerts 



The Globe report looked at the case of one Newfoundland cancer patient -- Rhonda Morey, a young mother of two -- who rationed her anti-nausea drugs because at \$30 a pill, they were too costly. She still owes \$4,000 of the \$10,000 she spent on cancer treatment, including prescriptions, on her credit card.

"It's a crying shame that there hasn't been more exhibited political will here to act when, regardless of who the authors are, the evidence seems to be abundantly clear that it's affordable and it's the right thing to do," Mr. Romanow said.

An estimated 3.5 million Canadians have inadequate public or private insurance protection against the risk of catastrophic drug expenses.

But nowhere is the situation worse than in Atlantic Canada, where 600,000 people -- about 24 per cent of the population -- have no coverage. That is because cancer patients on the East Coast are victims of geography, living in provinces where the social safety net does not include significant pharmacare coverage.

As head of the Commission on the Future of Health Care in Canada, Mr. Romanow proposed in 2002 that the federal government reimburse 50 per cent of public drug-benefit plans above an annual personal threshold of \$1,500.

That same year, Senator Michael Kirby also proposed in his Senate committee report on health care a plan to deal with catastrophic drug costs that would see individual spending on drugs capped at 2 per cent of income. The cost at the time was calculated at \$600-million a year.

Yesterday, Mr. Romanow said a catastrophic drug program, which he described as economical, affordable and doable, could be developed in a few months and implemented soon after that.

He was one of many calling for prompt federal action on a catastrophic drug program, something that has been exhaustively studied and recommended.

In fact, the call for a national pharmacare program can be traced back 42 years to a Royal Commission on Health Services report. A national pharmacare program was also recommended by the National Forum on Health in 1997 and in the Liberal Red Book that same year.

Tom Osborne, Minister of Health and Community Services for Newfoundland and Labrador, said such a program would cost only \$2-billion annually to fund across Canada.

"The federal government has to come onside here. Forty-six cents out of every dollar budgeted in this province is spent on health," Mr. Osborne said. "We are doing what we can afford to do. We recognize people need accessible and affordable drugs and we're prepared to do more if the federal government is prepared to partner, join with the provinces in providing a catastrophic drug program."

What Newfoundland and Labrador can afford is the expansion of its drug program to an additional 100,000 low-income residents this January. However, co-payments are required.

"What we're asking the federal government is very affordable, very achievable," Mr. Osborne said. "It would give all Canadians equal access to affordable drugs."

However, Mr. Osborne said he is not encouraged by what he has heard so far. When he met federal Health Minister Tony Clement in September, he said, there was no interest in a catastrophic drug plan.

"His comments were that he had neither the money nor the mandate to negotiate catastrophic drug coverage," Mr. Osborne said. "It was disheartening."

Yesterday, at a waiting-times conference in Toronto, Mr. Clement described work on a catastrophic drug plan as "ongoing" and said he expected it to be a topic of conversation at a meeting of federal, provincial and territorial health ministers next month in Moncton.

But in Ottawa yesterday, Liberal health critic Ruby Dhalla accused Mr. Clement of turning a deaf ear to calls for a catastrophic drug program.

And she lamented what she termed "tremendous resistance" from Conservative Party MPs to study plans for a catastrophic drug program at meetings of the House of Commons health committee.

"I think it just continues to show that health-care reform and pharmaceutical strategy has completely fallen off their priority list," Ms. Dhalla said.

Sharon Sholzberg-Gray, president and chief executive officer of the Canadian Healthcare Association, a federation of provincial and territorial health-care associations, said a catastrophic drug plan is needed now more than ever because people are spending more time recovering at home than they are in hospitals.

"When people used to stay in hospitals for long periods of time, it wasn't so much of an issue. But with new technologies allowing people to go home and come to the hospital for one day, it has

automatically reduced drug coverage," she said.

Creating such a program would be a complex process. Federal and provincial governments would have to agree on how much of the costs each would share, what drugs would be part of the formulary and establish who would be eligible for coverage.

"There are families who are facing very high costs that they can't afford and they're in life crises," Ms. Sholzberg-Gray said. "So we've got to really move on it."

Geoff Eaton, who is on the board of directors for the Cancer Advocacy Coalition of Canada, said he could find no insurance when he suffered a relapse of acute myeloid leukemia, a cancer of the blood and bone marrow.

Diagnosed at 22, Mr. Eaton was covered under his parents' insurance because he was a university student. At age 25, however, he was dropped -- the same year he had a relapse.

Consequently, he racked up \$9,400 in travel, accommodation and drugs associated with cancer care. When he claimed it on his income tax return, he received a \$2,200 tax credit.

"The issue I have is what I'd call the Canadian myth of our health-care system," Mr. Eaton said. "There's massive disparity from province to province."

At 31, he now has insurance through his wife, who is a teacher.

As for Mr. Romanow, he says a catastrophic drug plan is imminently possible, if there is the will.

"It is economically the right way to go, to pool our resources, to work with the big pharmas [drug companies] and have a targeted plan for catastrophic drugs," he said.

"The point is the blueprint is already there . . . and it's all very doable."

With a report from Alex Dobrota in Ottawa

Series schedule

Monday Drugs and dollars:

The pressure of high costs on care

Today So tired of waiting:

Treatment is still taking too long

Tomorrow Canada's research chasm: A nation falls behind

Thursday PET scan scandal: High tech sits idle

Friday Screen test: Beating the

colorectal killer

Next weekend in Focus

English lessons: The quest for

a national strategy

Next weekend in NewsThe science of stem cells: A new way of looking at cancer

Tuesday, Nov. 28 The end of chemo: There must be a better way

Thursday, Nov. 30 Can a shot of the flu cure cancer?

Saturday, Dec. 2 In his shoes:

Eight-year-old Spencer fights to live

Wednesday, Dec. 6 It's everywhere: Is the environment killing people?

Saturday, Dec. 9 "C-type" mentality:

The psychology of survival

globeandmail.com/cancer

Shelby's life -- and death at age 3: Rebecca Gagne narrates a photo story of her daughter's battle against cancer and the legacy that young Shelby left their family.

Share your stories: Has your life been affected by cancer? Your friends? Your family? Send us your stories and photos. We will publish your submissions on the Web and some of them may also be used for future articles in The Globe.

Missed one of our cancer articles? The full series can be read online.

Need more information? Want to help? We have an extensive list of charities accepting donations for the fight against cancer, as well as information on the various types of cancer and where to seek help across the nation or in your own province.

© Copyright 2006 Bell Globemedia Publishing Inc. All Rights Reserved.



globeandmail.com and The Globe and Mail are divisions of Bell Globemedia Publishing Inc., 444 Front St. W., Toronto, Canada M5V 2S9
Phillip Crawley, Publisher