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Closed-door talks on health care leave Rx&D out in the cold

Research-based pharma companies eager to help with national strategy

By Russell Williams/P>

When Prime Minister Paul Martin and the First Ministers agreed in September 2004 to establish a ministerial task force to consider a national pharmaceutical strategy, Canada's research-based pharmaceutical community greeted the news with optimism.

It marked a unique opportunity to engage governments and health-care stakeholders in joint discussions to make recommendations on how to address and hopefully remedy many of the challenges facing patients and our health-care system, such as wait times and patient access to new and improved medicines, just to name a few.

If Canada is to have an effective national pharmaceutical strategy that encompasses the health-care needs of patients, it must not turn a blind eye to what Canadians are saying and what they expect from our politicians.

Fewer than one-third of new medicines approved in Canada between June 2002 and May 2004 are listed on public insurance plans. In other words, patients are being denied access to two-thirds of the new products that could provide a better quality of life, prevent a possible cardiac event or help prevent bones from thinning.

A recent poll conducted by SES Canada Research suggests 83% of Canadians believe all new drugs approved by Health Canada should be made available under provincial drug plans. Better access to new medicines can save lives, improve quality and reduce waiting lists, making them an integral part of the solution to the issues premiers want addressed.

Instead of having an open process that invites all health-care partners to participate in the development of a national pharmaceutical strategy, federal and provincial deputy ministers continue to meet behind closed doors. Their most recent meeting would have been an opportune time to include Canada's health-care stakeholders as part of this initiative.

At a time when the public is demanding transparency and integrity in all we do, the task force's decision to build a national pharmaceutical strategy behind closed doors is not only a step backward but is, in the final analysis, detrimental to Canada's future health care. This approach raises justifiable suspicions among health-care stakeholders that governments are more interested in cost-cutting than building a comprehensive strategy that puts patient outcomes first.

The value prescription medicines bring to our health system is phenomenal. A recent study by the

Analysis Group Ltd. of Montreal found that provinces could save \$1.35 billion each year in health spending if they increased per capita drug spending, as Quebec has done since 1980. Thanks to innovative new medicines, patients spend less time in hospitals, avoid surgery and enjoy more active lifestyles.

No one understands this better than the research-based pharmaceutical community and patients. This is why we and other key stakeholders should be full partners in talks by the ministerial task force regarding a new pharmaceutical strategy for Canada. Without all the partners at the table, sharing their knowledge and experience, how can we possibly ensure a win-win strategy that meets the health-care needs of all Canadians?

A national pharmaceutical strategy should improve patient access, allow physicians the latitude they need to prescribe the best medicines possible, and foster the growth of medical research and development in Canada. The strategy should not be a mechanism for wringing short-term savings out of the system while sacrificing the long-term benefits that innovative medicines provide.

Canada's research-based pharmaceutical community is eager to work with its health-care partners and governments to develop a national pharmaceutical strategy that will be patient focused. To accomplish this, a seat at the table, not outside closed doors, is needed.

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