

**TIMES  COLONIST****Rebates support needed pharmacy services; B.C. taxpayers and consumers are not being 'gouged on drugs'**

Times Colonist (Victoria)  
Wed 17 Sep 2008  
Page: A13  
Section: Comment  
Byline: Marnie Mitchell  
Source: Times Colonist

The unbalanced editorial in the Times Colonist headlined "Taxpayers, consumers gouged on drugs" (Sept. 14) has deeply concerned the B.C. **Pharmacy Association**.

B.C. community **pharmacies** are private businesses. This model has led **pharmacists** to be the most accessible, the most efficient and among the most trusted health-care providers in the province.

At almost any time of day or night you can walk into your neighbourhood **pharmacy** for a health consultation with a **pharmacist** who knows your family history and your health concerns. Your personalized care is provided quickly and, unless a prescription is filled, a **pharmacist** receives nothing.

There are approximately 1,000 **pharmacies** in communities throughout B.C. In places where hospitals or clinics do not exist, there are **pharmacies**. In places where a nurse might visit twice a month, **pharmacists** deliver medications throughout the week.

Market pressures on private businesses to succeed and be viable have led **pharmacies** to be in almost every neighbourhood, to be open for extended hours -- some even 24 hours a day -- and to provide innumerable health services without compensation.

These market conditions have kept fees low.

They have given the public the choice to receive their services from a variety of outlets and the ability to change **pharmacies** to get the best level of service.

If a patient requires medication or a **pharmacist** consultation, there are no wait lists.

No other health-care provider empowers citizens to take control of their health and make proactive decisions on their treatment, while giving the flexibility to access advice and treatment without an appointment, whenever they need it and, more often than not, without compensating for the services.

The current maximum dispensing fee of \$8.60 per prescription has been frozen for five years and increased only 14 per cent in the past 14 years -- about half the rate of inflation for the same period.

Over this same period, government has been prepared to offer considerably more than 14 per cent increases in compensation to the other health professions it funds through salaries and fee payments.

Nurses, for example, received more than a 30 per cent increase in salaries (plus a lot more when reclassifications and other add-ons are considered) between 1996 and 2007.

For **pharmacists**, dispensing fees are the same regardless of the complexity of counselling or delivery method. The dispensing fee paid by your neighbour helped fund the 20 minutes the **pharmacist** can spend counselling you on quitting smoking, for which you pay nothing.

Allowances from generic manufactures subsidize these **pharmacy** services and countless others that fees clearly do not cover and that result in better health outcomes for both public and private dollars spent on drugs.

In 2006, a study investigating the costs of providing **pharmacy** services, jointly funded by the Ministry of Health, found that the

actual cost of dispensing is \$13.60. These services are important to the health of British Columbians; **pharmacists** deserve to be compensated for providing them.

The B.C. **Pharmacy Association** is very prepared to review this funding model. The government has done well to explore the options in partnership with the association rather than acting unilaterally through legislation.

This spring's task force on pharmaceutical policy spent six months giving this issue and many others considerable thought and concluded the best option was to negotiate.

The association is pleased to be a partner in finding a solution that is financially responsible for both the health-care system and the **pharmacists** who provide important and essential services.

Marnie Mitchell is CEO of the B.C. **Pharmacy Association**.

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# TIMES COLONIST

## Answers needed on drug costs

Times Colonist (Victoria)

Wed 17 Sep 2008

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Byline: David Blair, MD

Source: Times Colonist

The editorial "Taxpayers, clients gouged on drugs" (Sept. 14) raises some critical questions about the management of PharmaCare and where the proverbial buck should stop.

If the findings of the apparently "not released to the public" report are correct, our government must answer to my patients why drastic changes were not made years ago.

How a succession of governments could have allowed this sort of market model to develop, when so many other parts of our health-care system are struggling to provide service with limited budgets, is beyond comprehension. How an ethical professional group could knowingly take part in such schemes certainly raises questions about their right to self-govern and who is really in control.

At a time when the pharmaceutical manufacturing industry is under increasing criticism and scrutiny because of questionable marketing and price setting, it appears now there may be rot from top to bottom. If Ontario and Quebec have already acted to make changes, why would we expect the situation to be any different in B.C.?

Perhaps when the pricing report is made public we will have a better understanding of the breadth and depth of the matter. Of course, when we hear the minister of health wants to "negotiate" changes we must remember it is only a few months till the next provincial election and we'd be wise to hold onto our wallet near **pharmacies**, rather than hold our breath.

David Blair, MD

Victoria

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## Canada lags in publicly funded drug spending, study finds

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Canada lags far behind most of the developed world when it comes to covering the cost of prescription drugs for seniors and low-income families, a study suggests.

The Wyatt Health International Comparison report, funded by pharmaceutical companies, ranks 18 countries on access to new drug therapies.

Canada ranked 17th in public spending on pharmaceuticals, behind Finland, Portugal, Australia and Denmark, the review found.

"It is surprising that Canada ranks so low in comparison to these OECD countries," said George Wyatt, the report's author. "This study raises several questions about limited access to and choice of medicines."

The findings underscore the need for a publicly funded, national pharmaceutical plan, Wyatt said. The group received a grant from drug companies to do the study, which he said did not influence the research.

Monday's report confirms what previous researchers have found.

"We've had the Kirby report, we've had the Romanow report, we've had the health accord of 2003," Wyatt recalled. "And what do we have? A lot of talk. We don't have much action."

The report also looked at Canada's Common Drug Review, which makes recommendations to provinces on what drug purchases should be publicly reimbursed.

Of 36 new drugs common to all jurisdictions studied, Canada's review recommended 61 per cent of drugs for public reimbursement, compared to the average of 91 per cent in the European Union and 88 per cent in the United States, the report said.

Countries chose which drugs to fund based on different criteria, with some like Canada considering cost-effectiveness while others don't, said drug industry critic Dr. Joel Lexchin, a professor of health policy at Toronto's York University.

The findings are like comparing apples and oranges, Lexchin said Tuesday. In France for example, a life-sustaining drug gets more funding than one to treat a chronic condition.

In 2002, the federal Liberal government promised to help sick Canadians who can't afford drugs they need.

On Tuesday, Liberal Leader Stéphane Dion pledged \$900 million for a "catastrophic" **drug coverage** plan to reduce financial burdens on Canadian families coping with serious and chronic illnesses such as cancer and arthritis.

If elected, the party said it would work with the provincial and territorial governments to determine the level of catastrophic **drug coverage** that should be provided as a national minimum, and directly compensate those provinces that are already providing that level of coverage.

Cancer patient Deb Maskens of Guelph, Ont., said she is still waiting for drug funding, which could mean the difference between life and death.

"If I don't have \$7,000 a month, I'm not going to have access to drugs," Maskens said, "And that means I will be moved to palliative care."

That shouldn't be allowed to happen anywhere in Canada, said Ross Wiseman, Newfoundland and Labrador's health minister.

Provincial and territorial health ministers are pressing the federal government to share costs of a national drug plan.

"Today is the time for action," Wiseman said. "We are just waiting for the federal government to come to the table and put their money where their mouth is."

Some provinces like Newfoundland have recently expanded their **drug coverage** plans, increasing the gap between regions.

Conservative party officials said they haven't made any health-related announcements during the current election campaign and need more information on catastrophic **drug coverage**.

On Monday, NDP Leader Jack Layton pledged \$1 billion over five years for more doctors and nurses.

Canadians go to the polls on Oct. 14.

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