

EDITORIAL OPINION ON THE COUNCIL OF THE FEDERATION

Medication and Innovation: A solution for the viability of Canada's health care systems

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By Russell Williams

Health is central to the discussions and concerns of Canadians. Some worry and wonder whether Canada's universal health care system will be there for their children and grandchildren.

The premiers from across the country are meeting this week in Niagara-on-the-Lake and preparing an in-depth examination of our health care systems.

In this preliminary diagnosis, they will present to Prime Minister Paul Martin the specific needs of each province, demanding more generous federal government transfers. Expectations are high, in keeping with the promises made during the last federal election campaign: four billion dollars to shorten waiting lists, plus another three billion to be paid each year to the provinces between now and April 2006.

The provinces and the federal government will be unable to achieve these objectives without the contribution of many health partners, among them the research-based pharmaceutical companies. Our vision is to create a partnership with the governments and other professionals for improving our health care systems.

We have always advocated access to efficient and affordable care for all citizens, and it is our opinion that solutions must be proposed for ensuring the viability of the country's health care systems. One such solution is most certainly optimum use of medication.

Medication is among the least costly interventions for patient treatment. Medication can obviate the need for surgery and admission to hospital, two areas in which the system is overburdened. The figures show that for every dollar spent on health care in the country, only 6.5 cents are invested in prescription drugs.

New drugs have proven their merit in our society. For example, hospital admissions in this country have dropped forty-one percent over the last twenty-five years. Between 1979 and 1999, new drugs lowered the mortality rate related to heart attacks by sixty percent. And studies have shown a close link between drug expenditures and the increase in life expectancy.

With all of these improvements derived from optimum drug use, it has been possible to shorten hospital waiting lists and reduce the associated direct costs, two objectives of governments and health system administrators.

Needless to say, the discovery of new drugs and the positive impacts on the country's health care system would not have been possible without research and development.

But there is a fly in the ointment: new drug research and development (R&D) has been losing speed since 2001 because Canada is not competitive internationally. We therefore believe it is imperative that an innovation policy quickly be put in place to reverse this trend and attract more R&D capital to Canada.

Canada must send a clear signal about better protection of intellectual property, faster approval of new medicines and uniform access to these new therapies. These are examples of areas where Canada could become competitive, or even distinguish itself in pharmaceutical innovation.

Canada must also do what is necessary with respect to Internet pharmacies, which are diverting medicines intended for Canadians to the United States. The governments must act now to avoid future drug shortages that would shake patients' confidence in the health care system and in Canada's drug supply system.

Our pharmaceutical research community believes that the orientations that result from the meeting the Council of the Federation simply must take into account the well-being of patients. This meeting is a unique opportunity for the provinces, the territories and the federal government to lay the foundation for the revitalization of the health care system, a revitalization in which we want to actively participate.

Russell Williams is the president of Canada's Research-Based Pharmaceutical Companies (Rx&D). Prior to his appointment as Rx&D president, Mr. Williams was a member of the Quebec National Assembly for nearly 15 years, including service as the Parliamentary Assistant to two ministers of Health and Social Services.