



Photo: Mireille La Hogue

The draft pharmaceutical policy: the weakest link

The draft policy tabled by Minister Philippe Couillard in December 2004 is no wonder drug. Far from it!

Quebec's basic prescription drug insurance plan (RGAM) is a relatively recent initiative. Health and Social Services Minister Rochon came up with this plan in 1997 to ensure equitable access to drugs, since nearly 17% of Quebecers lacked insurance for prescription drugs. The shift to ambulatory care accentuated the inequities, in that the healthcare system promoted solutions other than hospitalization, but drugs provided while patients were hospitalized were almost the only ones covered. Why should someone who needed intravenous antibiotic therapy be forced to pay for it just because the therapy was administered at home rather than in the hospital? Today 3.2 million people are covered by the public insurance plan, while the rest have private coverage, often under collective agreements tied to their jobs. While the RGAM represented a wonderful step forward for nearly one Quebecker in five, the proportion of the healthcare budget devoted to drugs has become a nightmare for Health and Social Service ministers.

The increase in overall drug costs in the public sector (not including hospitals) has defied all predictions and snowballed: from 1997 to 2003, it soared by 15% per year, to reach \$2.7 billion in 2004, putting enormous pressure on public finances. In addition, it is threatening the very survival of the public health system. The government manages three insurance plans:

the hospitalization plan, which funds healthcare institutions, the medical services plan, and the drug insurance plan. While drug costs have been skyrocketing and doctors' pay has held steady as a percentage of overall expenditures, spending by health institutions, which includes professionals' salaries, is still experiencing cutbacks. The government's overall capacity is unchanged, for the three plans are like sections of one wallet: taking more money out for increased drug costs leaves less and less room to manoeuvre when it comes to other expenses. But it takes expert personalized attention to care for patients and help them manage their illnesses properly, so it is also essential to invest in prevention. And all that requires human resources.

Given this dilemma, expectations were high concerning this pharmaceutical policy. How does the government plan to regain control of the situation? The current growth in costs shows that words alone are not enough to control the very powerful pharmaceutical industry. In fact, the draft policy tabled by Minister Philippe Couillard in December 2004, on which public consultations are to be held this winter, is disappointing. In my opinion, it simply maintains the status quo. The policy contains four main themes, i.e. accessibility of medication, drug prices, relevance of drug use and a dynamic pharmaceutical industry in Quebec. This final consideration inevitably interferes with the first three.

It appears that the government feels that employment in the pharmaceutical industry needs to be shored up, probably because the loss of jobs would damage Quebec's economy and add to the government's financial burden. In truth, the government's motivations are not clear. On page 50 of the draft policy, for instance, we read:

"British Columbia and certain European countries have chosen to set up a system whereby certain drugs are reimbursed according to what is called a reference-based price, chosen to provide the best cost effectiveness ratio among a single subclass of drugs with similar therapeutic effects. Although this system permits some savings for drug insurance systems, Québec has chosen not to go in this direction."

Optimal drug use and nurses

On another topic, the draft policy does nothing to address the shortcomings identified by the Auditor General in his 2003-2004 report, concerning the monitoring of the drug insurance plan. The Order will be submitting some recommendations in this respect.

Optimal drug use is a theme of particular concern to us, since our profession can play a key role in reaching this objective. The conference on optimal drug use held by the Minister of Health and Social Services in May 2004 suggested that he was determined to do something about it. Indeed, I took the opportunity to talk about nurses' contribution at that time. Unfortunately, the draft policy says very little about this issue. It should have called for a closer look at the relevance of a given prescription, the proper dosage, the cost-effectiveness ratio and alternative solutions. This is a very thorny question, since prescribing physicians want to maintain their professional latitude regarding the choice of drugs. Moreover, we all know that the pharmaceutical industry spares no effort to influence its distribution network, i.e. prescribing physicians and pharmacists, not to mention consumers. People are lulled into a false sense of security by the mirage of wonder drugs. Schoolchildren are controlled with Ritalin. We see Viagra ads on prime-time television. Others are hoping for some kind of pill that will let them eat all the French fries they want without getting fat!

The direct involvement of our profession in drug therapy has expanded thanks to Bill 90, partly because nurses can now "initiate therapeutic measures and adjust prescribed medications, according to a collective prescription." In addition, a nurse practitioner's practice involves prescribing drugs. The draft policy

says nothing about this expansion of the field of nursing practice, however.

In Quebec, 5 to 23% of hospital admissions and 10 to 20% of visits to emergency clinics are reportedly linked to medication. We must invest in patient monitoring. The profession excels in case management for more-vulnerable patients and those with chronic health problems. Nurses possess acknowledged expertise when it comes to therapeutic monitoring and its impact in terms of reducing complications, monitoring treatment, reducing harmful side effects and choosing means of administration (e.g. the choice of a central venous catheter for certain clientele). Collaboration among physicians, pharmacists and nurses will be put to the test in the coming years, as we endeavour to optimize drug use. In terms of professional ethics, nurses are duty bound to give their advice on the relevance of a prescription, meaning that they must properly understand the clinical field or the specialization in which they are working, and the parameters specific to each patient. Finally, I would not want to underestimate the important role played by the many nurses who work with healthy clients, providing preventive education on drug use. They include occupational health nurses and those working in maternal and pediatric clinics, schools and home care services. It would have made sense, in fact, for the pharmaceutical policy to be more closely tied to public health objectives and those of the MSSS health policy.

To conclude, the pharmaceutical policy is a key piece on the healthcare system chessboard. This issue goes beyond the mere question of accessibility to drugs. It would be naive to think that a \$3 billion industry is not pulling strings. To date, the lack of a pharmaceutical policy meant there was a missing link in the system; now, unfortunately, the lack of courage and means in this draft policy may well make it the weakest link. ●



Gyslaine Desrosiers
President