

Picard's "second opinion" on drug costs frames the problem too narrowly

Rob Abbott

I read Andre Picard's comment on drug costs in the September 8th edition of this newspaper ("New drugs too often offer little new") with considerable interest. And while I agree that policy-makers in this country need to review the current model for regulating drugs and drug prices, the reason is not, as Mr. Picard suggests, because so-called "me too" drugs offer little benefit to Canadians. This argument both misses the larger need for an integrated health strategy (and the role that pharmaceuticals play in it), and the genetic variations that exist in all of us and that underpin the creation of molecular variations in drug treatments.

With respect to the first point, I believe that drug costs are a red herring in the health care debate. Rather than focus on one dimension of health care costs, we need to look across the entire health care value chain. Frank Lichtenberg at Columbia University, among others, has done just this and demonstrated empirically that for every dollar spent on drugs, more than four dollars are saved elsewhere (fewer costly hospital stays, surgeries, other forms of treatment, and so on).

With respect to the second point, genetic variations among people typically mean that a drug will help roughly one-third of patients, have no benefit on one-third, and potentially have a harmful effect on one-third. The small molecular variations in drug treatments to which Mr. Picard refers may just help some of the two-thirds of the patient population who would otherwise suffer. Among the questions to ask in a policy review of drugs in this country is why there is such wide variation in the adoption of drugs by

provincial formularies. Put simply, if a drug is good enough for Health Canada, why have we created a second layer of review at the provincial level? Let's put the drugs in the hands of doctors, expand the range of drug treatments available to Canadians, and expedite the process of helping patients who could care less about the nuances of the Canadian Patented Medicines Prices Review Board and other regulatory bodies.

In recent years drug companies have become easy targets, and while I don't think they should be exempt from good informed scrutiny, I do think we need to frame the challenges and opportunities of drugs and drug costs properly. Drugs are one piece of the health care puzzle. Before we rush to pass judgment on the efficacy of a particular drug, or group of drugs, we should look at them in the wider context of health care costs *and* with a heightened awareness of the genetic basis for different treatments.



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