

The decision turned out to be correct, given problems with the drug that later became apparent, but the trend toward extremely expensive drugs has “made it much more emotionally difficult to sit on drug reimbursement committees ... because one knows that no really means no” since most patients could not afford to pay privately for the drugs.

Laupacis also expressed frustration over the trend to shorter duration of most clinical trials, and the “glacial pace of change” in insisting on head-to-head trials, in which new versions of drugs are compared to already marketed drugs in the same class, instead of to placebos, so that relative benefit can be determined.

“Increasing openness by everyone is a necessary part of legitimate priority setting,” said Laupacis, who is chief executive officer of the Institute for Clinical Evaluative Sciences in Toronto. “It is unfathomable to me why we don’t insist on the release of all information about clinical trials.”

The need to set priorities and to make well-reasoned decisions about approving and funding drugs was underscored at the conference by representatives of the Canadian, British, Australian and New Zealand health care systems, all of whom are struggling to contain rapidly escalating prescription drug costs while ensuring the public’s access to useful and safe drugs.

Expenditures on prescription drugs increased by 115% in British Columbia from 1995/6 to 2004/5; the population grew by only 10% during this same period, the province’s deputy minister of health told the conference. Dr. Penny Ballem added that if current trends continue, health care costs will account for over 70% of the province’s budget by 2017.

To help in priority setting, Laupacis spoke in favour of including lay members on CEDAC, increasing dialogue with the public about approval and funding of prescription drugs and publishing more “user friendly” documents explaining the committee’s recommendations.

Sir Michael Rawlins, chair of the United Kingdom’s National Institute for Health and Clinical Excellence, which has a 30-member citizens’ council to help with priority setting, echoed the

call for more disclosure. “We have to become much more aggressive to have the results of clinical trials available to us,” he told attendees at the conference, which was sponsored by the Centre for Health Services and Policy Research at the University of British Columbia.

Laupacis expressed particular concern about having to make listing decisions based on drug trials that have outcomes based on surrogate markers, rather than clinical outcomes in patients. “How are we to interpret surrogate markers? How valid are they?”

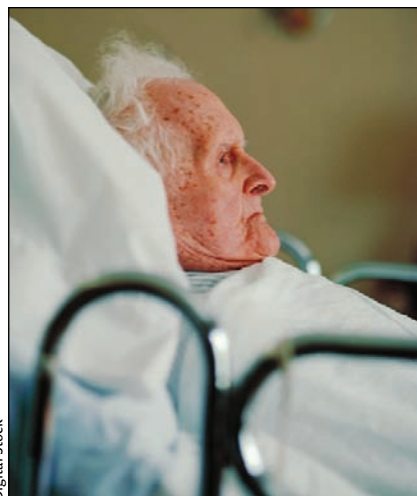
Rawlins told the conference that the surrogate marker issue “must be pursued ... we need an international standard.”

Laupacis described drug policy in Canada as “a complicated mix of scientific evidence, judgment, altruism, self interest and politics, superimposed on a complex, semi-rational constantly changing overburdened system.” — Ann Silversides, Toronto

DOI:10.1503/cmaj.060722

News @ a glance

Dementia to double: Over the next 20 years the number of people suffering from dementia is expected to double to 772 000, according to Health Canada documents acquired by the *Ottawa Citizen*. The Alzheimer Society of Canada is urging the government to invest initially at least \$200 million for research and public education. Alzheimer’s is the most common type of dementia.



Digital Stock

WHO study on FGM: A WHO study of 28 393 women in 6 countries finds that those who have had female genital mutilation (FGM) are significantly more likely to have serious complications during childbirth and that their babies are more likely to die as a result of the practice (www.who.int/reproductive-health/). Those who have been subjected to the most serious form of FGM (FGM III) have on average 30% more cesarean sections compared to those who have not undergone FGM. Similarly, there is a 70% increase in the numbers of women who suffer from postpartum hemorrhage. There is also an increased need to resuscitate babies whose mother have undergone FGM (66% higher in women with FGM III), and the death rate during and immediately after birth is 15% higher in those with FGM I and 55% higher in those with FGM III. WHO is working toward eliminating FGM.

High stakes: According to conflict-of-interest filing with the Federal Ethics Commissioner, Canada’s Health Minister Tony Clement holds a 25% equity position in Prudential Chem Inc., a Toronto firm that makes chemical compounds for the drug industry. To comply with ethics rules, Clement agreed not participate in any discussions or decisions involving the company, or its parent Prudential Consulting Inc. and the affiliated Prudential Business Outsourcing.

Scents ban: The City of Ottawa is going scent-free in all municipal buildings and has launched a public education program. Its citizen’s committee on the environment proposed a phased-in city-wide ban on scents in all public places, similar to the smoking bylaw that has been in place since 2001. The committee report states that more people are becoming allergic to the chemicals used in scents, and that these have been known to trigger asthma attacks. “People have the right to breathe clean air and not to be exposed to chemical fragrance causing unnecessary health problems,” they state. Similar anti-scent campaigns are underway in Nova Scotia. — Compiled by Barbara Sibbald, *CMAJ*

DOI:10.1503/cmaj.060749