Accessible health care

I commend Meridith Marks and Robert Teasell for drawing attention to the problems faced by Canadians with disabilities in accessing the health care system.[1] However, I believe the most fundamental threat to the well-being of these patients resides in the potential for expansion of the private health care insurance industry in this country.

By stipulating that health care must be accessible, universal and publicly administered, the Canada Health Act de facto ensures that people with disabilities are not denied health care coverage or do not have their coverage loaded (i.e., higher premiums to reflect greater actuarial risk). Although health care funding in Canada is not calculated actuarially, its costs are shared by all Canadians through their taxes.

Private insurance companies operate on a for-profit basis. They employ actuarial methods to screen applicants for conditions that represent an insurance risk. People with disabilities or other pre-existing medical conditions who applied for private coverage would therefore face higher, perhaps unaffordable, premiums or would be denied coverage altogether. The publicly funded health care system would have an uncertain future in a 2-tiered scenario, but people with disabilities and chronic conditions would be completely dependent on it.

I believe that guaranteed and affordable insurance is the cornerstone of health care access for patients with disabilities and chronic conditions. All Canadian physicians should work to ensure that such insurance is not jeopardized.

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Local thoughts on global actions

Unfortunately, William Cameron is correct to claim that the next milestone to be attained in HIV management is unlikely to be the delivery of medical care to the poorest people.[1] I recently saw 2 patients in Ottawa who had been exposed to HIV outside an occupational setting. Both patients sought medical care in a timely manner and were eligible for postexposure prophylaxis for HIV infection. When they learned that the cost of the 4-week regimen was Can$50 to Can$100 per day, both patients declined the therapy.

With appropriate treatment, HIV infection can now be considered to be a chronic disease. The cost of hundreds of courses of postexposure prophylaxis to prevent 1 seroconversion is not trivial, but neither is the cost of decades of care for people infected with HIV because of a lack of access to prophylactic medicines.

Even in countries that are far from the poorest in the world or the hardest hit by HIV, access to essential medicines is hardly universal. Certainly, the injustices concerning access to HIV medicines in Canada pale in comparison to those in Africa. However, my 2 Canadian patients felt the same despair as patients in Africa do. This despair comes with the realization that their wallets are too thin to give their families the best chance to live free of HIV infection. Eliminating the financial barrier to medicines, thereby reducing the burden of disease, is paramount and is a milestone that is well within our reach.

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Diabetes care in developing countries

In a recent Analysis piece in *CMAJ*,[1] Venkat Narayan and colleagues noted that accurate data on the costs of treating diabetes are not available for most developing countries but that extrapolation from information gathered in developed countries is possible. We examined trends in the amount and cost of medications and monitoring equipment for diabetes prescribed in England between 1991 and 2004. Data on all prescriptions dispensed in the community for diabetes treatment were obtained from the Prescription Cost Analysis system, which compiles data for England's Department of Health.

The number of prescriptions (medicines and monitoring) rose from 7 613 000 in 1991 to 24 325 640 in 2004, an increase of more than 300%. Total expenditures increased by 650%, from £68.5 million to £448.6 million (the current exchange rate is about Can$2.10 to £1). Insulins were the biggest contributor to costs (£196.8 million) followed by monitoring equipment (£131.5 million) and oral medications (£120.3 million). Insulins ac-