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Cancer treatment becomes perfect fiscal storm for Canadians

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With diagnoses coming late in life – after coverage has run out – more people are being forced to take drastic measures to pay for medicine.

Canadians are remortgaging their homes or relying on church fundraisers to pay for cancer medicines – a situation destined to grow worse as the population ages and drug coverage erodes, says a leading advocacy group.

Eighty per cent of working Canadians lose private health coverage at retirement. With most cancer patients diagnosed after age 60, benefit plans under pressure and high-priced cancer drugs coming on line, the problem has the makings of a perfect fiscal storm.

“ There are too many people who are forced to pay out of pocket. ”— Chris Bonnett, consultant for the Cancer Advocacy Coalition of Canada.

“The time when you need drug coverage is when it often isn’t available any more,” said Chris Bonnett, a consultant who did a study of cancer drug coverage for the Cancer Advocacy Coalition of Canada.

Typically, intravenous cancer medicines provided in hospital are paid for by medicare, while oral drugs may not be. The biggest problem arises with newer drugs – sometimes they are covered in one province but not another, and often funding comes years after approval by Health Canada.

That's where private health insurance, often provided through work, comes in. It usually pays for drugs approved by Health Canada two to three years before they are funded by the province, Mr. Bonnett said.

And while civil servants have been the envy of many, with their gold-plated private health plans following retirement, even they are being targeted for cuts. In an effort to save money, Treasury Board President Stockwell Day has opened the door to a two-tier pension system in which new employees may get reduced benefits.

The problem of obtaining cancer drugs has become so labour intensive, Canadian oncologists are spending 20 per cent to 25 per cent of their time trying to get medicines for their patients, said James Gowing, a hematologist-oncologist based in Cambridge, Ont., and co-chair of the Cancer Advocacy Coalition of Canada.

When that doesn't work, some patients are remortgaging their homes or turning to their community or churches to raise funds for treatment, which can run in the tens of thousands of dollars.

The advocacy group called for a national catastrophic drug plan, noting that even those with private coverage may face thousands of dollars in co-payments for cancer drugs. Such a plan would protect patients' out-of-pocket drug costs, co-ordinate planning between public and private drug plans to eliminate gaps in coverage and have a national claim-pooling mechanism to absorb high-cost drug claims.

"There are too many people who are forced to pay out of pocket," Mr. Bonnett said.

Multiple myeloma cancer patient Carolyn Henry, 65, certainly knows the high cost of drugs. When she looks at her prescription for Revlimid, she can't believe the cost – about \$9,800 a month – and how fortunate she is to have it covered in Ontario. Before that, she had it covered under a clinical trial. Today, patients are lobbying to get the drug funded in New Brunswick and Manitoba.

"My goal was to see my daughter graduate from university," said Ms. Henry, diagnosed a decade ago with multiple myeloma, a cancer of the blood's plasma cells found in bone marrow. "Now that that's happened, I have to make new goals."