



Noncompliance costs billions: researcher

Patients' failure to take medicines properly costs the Canadian health care system between \$7 billion and \$9 billion every year, an associate at the University of Toronto's Centre for Health Promotion said recently. Dr. Robert Coombs told the Pharmaceutical Manufacturers Association of Canada (PMAC) semi-annual education day that a national pharmacare program — which is expected to be a major plank in the Liberal platform in the federal election campaign — should have components to enhance compliance and improve computer monitoring of

prescriptions. "All Canadians could benefit from information on how to use medicines to their best effect," he said.

Inappropriate prescribing is another concern related to the utilization of prescription medicines. Coombs, who called for more fact-based information for physicians and patients, said an effective pharmacare program should not limit access to more expensive medications or prevent MDs from selecting the best medicine for each patient. "Noncompliance often occurs because the medicine is awkward to use, does not fit the lifestyle of the patient or causes intolerable side effects," he said, adding that a cost

saving at the front end may result in "enormous wastage" if it leads to extra doctor visits and hospitalization because of complications resulting from noncompliance.

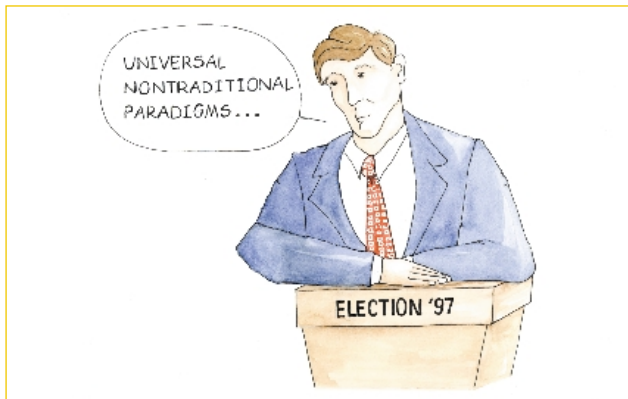
Former health minister Monique Bégin, now dean of health sciences at the University of Ottawa, also spoke at the PMAC conference. Although she supports the concept of a universal drug program, she said ideology must not drive its development. "A national pharmacare program must be based on evidence-based decisions," she said. "Purely financial concerns must be balanced against sound clinical practices" to maintain the care that Canadians already receive, expect and need.

Prepare your favourite candidate for the election

With the future of health care promising to be a central issue in the federal election campaign, it will be important for every candidate to sound like an expert on health care management.

One way political candidates can do this is to learn about medicare and funding issues from the people who know. The CMA's MD-MP Contact Program (800-682-MDMP) provides physicians with critical information and advice that they can use to teach politicians about the reality of the problems facing the health care system.

Alternatively, if the learning curve is too steep or time is a concern, candidates can use buzzwords that will give a ring of decisive, knowledgeable authority. A helpful member of the CMA Publications Committee suggests that political candidates who are too busy on the hustings to learn about health care issues should simply pick any word from each of columns 1, 2 and 3 to create a convincing phrase. These buzzwords will make them sound like they know what they're talking about it. Even if no one knows what is being said, who would admit it?



Column I	Column II	Column III
integrated	consultative	methodologies
universal	evidence-based	decision aids
portable	accessible	algorithms
blended	nontraditional	paradigms
equitable	single-payer	delivery systems
vertically	responsive	technologies
comprehensive	population-based	analyses
complementary	transitional	contingencies
alternative	incremental	options
publicly	multidisciplinary	innovations
administered		