a huge number of people," she says. "I live in an upscale area, and you'd be surprised how many people have no [drug] coverage. Either they can't afford to buy it or they can't get it because of pre-existing conditions. I have Medicare [it provides medical coverage to the disabled and those over 65] but it doesn't cover drugs, so I go begging for samples. It was sad to hear the stories I heard on that bus trip, with so many people having to decide between food and drugs."

But Trewhitt argues that his industry is simply a victim of its own success. When the US Medicare program was being launched 35 years ago, drug coverage wasn't an issue because the number of new drugs under development was small. "Ten years ago there was no treatment for Alzheimer's disease. Now there are 3 drugs on the market and 23 more in clinical trials. This means that patients have all of these additional choices, but there is still no coverage."

Trewhitt said the industry agrees that change is needed, but that change should involve insurance coverage, not pricing restrictions. "Put it this way," he says. "In Canada, price controls are in the range of 25% to 40%. If you're taking a heart drug that costs $100 a month, that means you're still paying $60 to $75 to fill your prescription, and many of these people still can't afford that. The answer is improved coverage."

Simon says Americans will face a difficult battle in changing the system. Politicians, she says, are often deaf to their pleas because the pharmaceutical industry spends more on lobbying than any other group. And that lobbying wins the attention of a lot of politicians.

However, she thinks they may now be forced to listen. "Eighteen months ago no one talked about this issue, and now they can't stop talking." She added that the price of prescription drugs was a key election issue that helped the Democrats win some tight races.

As for the future, Simon says: "That's it for the bus trips. Now we're going to focus on solutions." — *Patrick Sullivan*, CMAJ

Table 1: Cost comparison of prescription drugs purchased by Kitty and Bill McHugh during their visit to Canada on Oct. 4, 2000

Drug	Quantity (3-month supply)	Cost (Can$) Philadelphia, Pa.	Cost (Can$) Kingston, Ont.
Lipitor	90 tablets	348.30*	223.61
Proscar	90 tablets	271.35*	184.05
Hytrin	90 tablets	218.70*	67.83
Vasotec	90 tablets	137.70*	105.03
Sporanox	360 tablets	3372.48*	1541.70
Apo-Prednisone	45 tablets	4.46*	5.63
Mag OX	90 tablets	20.93	11.73
Fosamax	360 tablets	239.13*	156.93
Os-Cal 500 W/D	360 tablets	24.56	16.89
Betapace	180 tablets	555.93*	128.58
Paxil	90 tablets	284.94*	170.55
Temazepam	90 tablets	38.61*	18.96
Total cost (US$)		5517.09	2631.49

*Cost allowed by Independence Blue Cross, Philadelphia.

Be cautious when prescribing to Americans, doctors warned

Should more Canadian doctors be helping American patients buy cheaper drugs in Canada? The College of Physicians and Surgeons of Ontario and Canadian Medical Protective Association (CMPA) have both issued warnings on the topic. Dr. John Carlisle, the college's deputy registrar, says that under Canadian law it is improper for a physician to write a new prescription or countersign one without taking appropriate steps to reach a diagnosis, formulate a treatment plan, provide the necessary information and obtain consent. "What may, on the surface, seem like a simple transaction ("just sign here") with a favourable financial incentive for you can go sour if civil litigation or a regulatory complaint occurs," Carlisle wrote in a recent issue of the college's *Members' Dialogue*. He says care provided to visiting Americans "should meet the same high standards as that provided for our citizens."

Meanwhile, the CMPA warns that a Canadian physician who is sued in the US over a service provided in Canada will not be eligible for the association's help if the service provided was solicited through advertising or other means. Coverage will be provided if the suit is launched in Canada.

Dr. Adam Newman, who helped write prescriptions for a busload of American patients who came to Kingston, Ont., last October, didn't seek legal advice before meeting them. Instead, he had them sign a waiver that had been drawn up for the Medical Reform Group by a lawyer. "The CMPA says it won't defend doctors who are sued in the US," says Newman, "so the waiver says that if anyone brings action against me, they have to do it in Canada."

He says the most common prescriptions he wrote were for ACE inhibitors and calcium-channel blockers. "The patients had either a letter from their physician detailing their conditions or they brought their prescriptions with them," he said. "The experience was entirely different from what I'm used to. For one thing, I feel a bit of a failure if I have a patient taking 9 different medications. As for seeing them, I made clear that I wasn't trying to be their family doctor. I simply told them, 'This is what your doctor says you can take.' "