

Feds may provide isotope funding

Federal Health Minister Leona Aglukkaq offered the first sliver of hope that the federal government may be amenable to providing financial assistance to the provinces and nuclear medicine departments for skyrocketing costs associated with the shortage of medical isotopes.

During a question-and-answer session following an Aug. 17 address to the 142nd annual meeting of the Canadian Medical Association in Saskatoon, Saskatchewan, Aglukkaq said the government is “prepared to have a discussion” with provincial health ministers about the issue of costs.

The issue will “most likely be one of the items” to be discussed when the nation’s health ministers meet in Winnipeg, Manitoba, next month, Aglukkaq said in response to inquiries from Ontario Association of Nuclear Medicine and Canadian Association of Nuclear Medicine past president Christopher O’Neil.

But Aglukkaq stressed, as she did during her earlier speech to the delegates, that the government’s main strategy for handling the isotope shortages caused by the protracted shutdown of the National Research Reactor and the scuttling of the replacement MAPLE (Multipurpose Applied Physics Lattice Experiment) reactors is to promote the use of diagnostic alternatives to technetium-99, such as computerized tomography, magnetic resonance imaging, thallium stress tests and the use of iodine 123.

O’Neil later indicated that he believed Aglukkaq’s response was relatively thin gruel, and an indicator that the federal government has no concrete strategy for helping nuclear medicine departments deal with the financial burden.

“I don’t think they have a plan yet,” O’Neil says. “I wanted to see if she was able to come up and say this is what we’ve done, this is what we’re doing. ... I didn’t hear that. That raises concerns for us in Canada because these bills are arriving as we speak. Next



Mark Hollerton/CMA

Federal Health Minister Leona Aglukkaq addressed the 142nd annual meeting of the Canadian Medical Association in Saskatoon, Saskatchewan on Aug. 17.

month will be worse. The month after that will be worse. So we really need a quick response, not study for months and months and months. ... My concern is that the government has not thought this through.”

Diagnostic imaging alternatives are expensive as well, he adds. “All of our budgets are based on the cheaper Canadian-made medical isotope solution, not on the more expensive foreign-made isotope solution, and not on using alternative to isotopes because they also have increased costs and they have other difficulties associated with human resources. By switching over to thallium, we’ve had to do more after-hours work because of the differing way that imaging is done with that agent. So it’s nice to say, but we really need the resources to implement government policy.”

O’Neil says the Ontario and Quebec nuclear medicine associations estimate that the cost of pharmaceuticals alone will soar to roughly \$9 million and \$10 million in their respective provinces, and that doesn’t include the additional human resources and overtime costs often associated with using diagnostic

alternatives or importing more expensive foreign isotopes.

The federal government bears a good deal of responsibility for the existence of the problem, because of its oversight of domestic medical isotope supply and the fact that Canada was unwilling to participate in the development of an international isotope contingency supply plan in the event of reactor shutdowns.

“So far, there’s been no response from the government in a tangible way and there’s been no process, as far as we can see, to standardize the form that would allow for the gathering of this information [the additional costs nuclear medicine departments are facing] so that the information is uniform across Canada,” O’Neil says.

“Our position is that someone has to pay for this because there is no budget for this. Now we believe this is a federal issue because Chalk River and AECL is a crown corp. The government elected to pull the plug on the Maple-1 and Maple-2 reactors without having a plan in place for a Canadian made solution or a North American-

made solution to keep our costs low. This is going on across all provinces of Canada. This is just not a single province having a problem. This is a federal, national issue.”

With Atomic Energy of Canada having announced on Aug. 12 that the National Research Reactor will not resume operation until the spring of 2010 at the earliest, Aglukkaq repeatedly stated the federal government is “assessing” long-term supply options but offered little in the way of detail.

Pandemic

Aglukkaq’s address to delegates offered little else in the way of indi-

cators of future federal policies and directions on any other critical health file facing the nation, including preparedness for pandemic (H1N1) 2009.

She indicated the government has not yet established a priority list for vaccinations and confirmed that the earliest date that a vaccine will be available is likely to be Nov. 1.

Yet, Aglukkaq stressed that “what may come this fall is something that could test of all of us, possibly to a limit we have never experienced.”

Canadian Medical Association President Dr. Robert Ouellet lamented the lack of detail that Aglukkaq offered regarding the government’s pandemic

plan. Doctors need information by early September at the latest about who, for example, should be first in line to receive vaccines, he told reporters. “We didn’t hear that.”

When asked if the Conservative federal government planned to honour its commitment to provide funding for the creation of more residency positions in Saskatchewan, Aglukkaq said the government will “continue to work with the provinces and territories” to increase both the number of available spots in medical schools and available residencies. — Wayne Kondro, *CMAJ*

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