

## BC takes ax to budget of a health system “in danger”

British Columbia is delisting some covered medical services, cutting its Pharmacare plan and slashing the administrative budget of its Ministry of Health in a bid to bring health spending under control. The system is “in danger” and must change, Health Minister Colin Hansen told *CMAJ*. “It’s not sustainable.”

The ministry aims to maintain health care expenditures at \$9.5 billion annually for the next 3 years, and this will mean annual cuts will be needed to negate the effects of inflation. But the province is already over budget. Last year, BC spent \$9.6 billion on health care, which accounted for 40% of total spending.

To help keep spending in line, the ministry is trimming its administrative budget by 45% over the next 3 years. This week it also delisted several services that aren’t required under the Canada Health Act. “BC is the most generous province” in terms of health coverage, says Hansen. “We’re looking at bringing our benefits in line with other provinces.”

As of Jan. 1, the province will no longer pay for visits to physiotherapy, chiropractic, naturopathy, massage therapy and nonsurgical podiatry services. (Those who earn less than \$20 000 will be insured for up to 10 visits.)

Pharmacare is also on the hit list. Previously, all residents over 65 years were fully covered for prescription drugs, paying only dispensing fees to a maximum of \$200 a year. Now, most seniors will pay \$25 for each prescription, to a maximum of \$275 a year (those on premium assistance will pay \$10 per prescription, to a

maximum of \$200 a year). Residents under 65 previously paid all prescription costs to a maximum of \$800 a year, after which they paid 30% of costs up to \$2000 a year. Under the new program, they will pay all costs up to \$1000 annually, and 30% of costs after that to a maximum of \$2000 a year. Residents who earn under \$20 000 annually will now pay the first \$800 of prescription costs; previously they paid the first \$600. Hansen says these “changes” to supplementary services and Pharmacare are expected to save nearly \$130 million annually.

And this is but the first phase of changes to the Pharmacare plan, which Hansen says is the most generous in Canada; 56% of drug costs in the province are covered by taxpayers, significantly higher than in other provinces. By 2003, all BC residents will face an income-based means test to be eligible for Pharmacare, and this will likely mean that middle- and upper-income residents will have to pay more for their medication.

The ministry is also considering more drastic cuts and a “whole range of ideas,” says Hansen. He says the province can’t afford to wait for the federal report on health care being prepared by Roy Romanow. “We’ve had lots of reports,” he says, “and not enough action.”

Although he dismisses the idea of user fees, he says residents with nonurgent medical needs should have the option of purchasing services from private clinics. “We have to expand on services outside the system,” he says. — *Barbara Sibbald, CMAJ*

## Heart transplantation in crisis in Canada

Canada’s shortage of hearts for transplantation has reached crisis proportions, the coauthor of the Canadian Cardiovascular Society’s *Consensus Document on Cardiac Transplantation* says.

“Heart transplant rates in Canada have been steady over the past decade at 160–180 a year,” says Dr. Heather Ross, a transplant specialist at the Toronto General Hospital, “but conservative estimates show that we [perform transplants in] only 5% to 10% of those who may benefit from the procedure.” About half of the most desperate patients — those on a transplant waiting list — never receive the operation because of the shortage.

Ross, who presented the consensus document during the Canadian Cardiovascular Congress in Halifax last fall, ([www.ccs.ca/](http://www.ccs.ca/), click on Consensus Conferences), said as many as 5000 Canadians could benefit from a heart transplant, and the number is increasing rapidly. (There was a 21% increase in the number of patients on the heart transplant waiting list in 1999, but the number of donors grew by only 6%. In Canada the organ-donation rate is 15.4 per million people, compared with a US donor rate of 28 per million.)

The document notes that the organ shortage continues “despite expanded acceptance criteria for donor hearts” and increased use of “marginal donors,” particularly older ones. The report warns that increasing donor age is associated with poorer short- and long-term survival and that donors older than 50 “should be carefully selected,” with coronary angiography used where indicated.

The document is not optimistic about what the future holds for heart transplantation. “Even with optimal organ donation, including strategies such as ‘presumed consent,’ use of more marginal donors, and institutional and donor family incentives, many believe there will still not be enough organs to meet the need or demand.” — *Donalee Moulton, Halifax*

## All the answers money can buy

How much are the answers to an admissions exam for postgraduate medical specialty programs worth? How about \$21 000? That’s how much 18 Indian physicians each paid for an early look at the answers to a nationwide exam. Police said the money was collected by a group of 4 “education consultants.”

The consultants’ newspaper advertisements promised physicians scores high enough to guarantee admission to the much-sought-after programs. However, they also caught the attention of officials at the All India Institute of Medical Sciences, who alerted police. A police officer posed as a customer and visited the consultants’ firm, where 4 people were arrested.

More than 34 000 students registered for the exam, hoping to qualify for the 1500 positions available in state-run medical schools. — *CMAJ*