Manitoba kills cardiac care unit, consolidates services at single site

Manitoba has been subjected to yet another review of its cardiac care services, but this time the results are different.

Previous reviews, including one headed by Dr. Wilbert Keon, also called for amalgamation of Manitoba's cardiac care services at a single hospital. This time, however, the government accepted the recommendation. "Within an hour [of arriving], I found everyone knew the solution," said Dr. Arvind Koshal of Edmonton, who chaired the review committee. An hour later he was meeting with Health Minister Dave Chomiak to ensure that the political will was in place to implement the recommendations. "He assured me they would be [implemented]."

Satisfied, Koshal's team spent 6 months putting together the most extensive review yet, which produced 42 recommendations. The upshot is that cardiac surgery will be consolidated at the St. Boniface General Hospital in Winnipeg instead of being shared with the Health Sciences Centre (HSC). "Having 2 sites was very divisive and inefficient," said Koshal, director of cardiac surgery at the University of Alberta.

The report, released Aug. 18, also called on the province to find strong physician leadership for the program and to create a new position of medical director for the regional cardiac sciences program. The plan is to increase the annual cardiac caseload from the current 1200 patients (with a waiting list of 110) to 1500 patients within 3 years.

The change in political will is somewhat surprising. During the 1999 election campaign, the New Democrats promised to keep cardiac surgery programs operating in both hospitals. However, attitudes changed when people on the waiting list started dying — there have been 11 deaths since 1999 — and both the Liberals and Conservatives demanded Chomiak's resignation. The last straw appears to have been the death of Diane Gorsuch, 58, who died in February after spending more than 2 years awaiting surgery. Thirteen days after she died, the review was announced.

But Koshal says more than politics is involved in Manitoba's problems. According to the report, the delivery of cardiac services has a "history of internal conflicts and challenges. … Tensions have historically existed between surgeons at the 2 sites."

"I told everyone in charge that we can't let 2 or 3 people win," says Koshal. "We have to rise above the rivalry."

In the end, a choice had to be made between the 2 sites, neither of which had the "critical mass/volumes required to optimize effectiveness or resources." Choosing St. Boniface over the HSC was a "nonissue," says Koshal, because St. Boniface had the necessary infrastructure in place. The HSC will retain a cardiology program.

New staff, particularly cardiac surgeons, will have to be found. With 1500 cardiac operations to be performed a year, the program will require 7 surgeons, including a new chief. There are now 5.

This is the second time in a decade that Manitoba has sought an outside opinion on its cardiac care services. It turned to experts from Toronto and Ottawa when questions arose concerning the death of a dozen children undergoing heart surgery in 1994.

The big difference between the pediatric and adult reviews is that the pediatric surgery program was shut down, whereas "this [review] will strengthen the program," says Koshal.

Dr. Jon Gerrard, leader of the Manitoba Liberals, was "stunned" at how similar Koshal's recommendations were to those in the pediatric review. He said the new ones are "a big step in the right direction." — *Barbara Sibbald*, CMAJ

Rules that extend drug patents face challenge

The Competition Bureau of Canada is investigating whether a method of prolonging drug patents contravenes Canadian law. The investigation began after a coalition of union and consumer groups alleged anticompetitive practices in the drug industry. "The runaway cost of drugs is threatening the financial sustainability of public medical care," says Mike Luff, spokesperson for the 325 000-member National Union of Public and General Employees.

The coalition, which also includes the Consumers' Association of Canada, accuses companies that underwrite the development of new drugs of aggressively pursuing strategies to extend their market monopolies. "We're skeptical whether the MPs and Parliament will act against the pharmaceutical lobby," says Luff. "So we decided to sidestep Parliament."

The coalition's complaint relates to companies that file sequential patents after making minor improvements in a drug — such as a new pill shape — and then alleging infringement on each patent. The process, known as "evergreening," extends a drug's patent protection long after the initial 20-year patent expires. For instance, the original patent on AstraZeneca's omeprazole (Losec) expired in 1999, but in Canada competitors that want to market a generic version are still tied up in court because of 10 additional patents. "We're frustrated by government inaction," says Luff.

Canada's Research-based Pharmaceutical Companies would not comment on the issue, but the industry has repeatedly said the patent regime is necessary to foster innovation. Jim Keon, president of the Canadian Generic Pharmaceutical Association, says its members are "happy [the Competition Bureau] is looking into it," but they are not affiliated with the coalition.

Canada is the only nation that now allows "evergreening." On Aug. 18, the US implemented a new policy that limits companies to 1 patent extension of 30 months, clarifies what constitutes a patent change and cuts about 3 months off the 20-month approval process for generic products. The US Food and Drug Administration estimates that the changes will save consumers $35 billion over the next decade.

However, there is considerable Canadian opposition to changing the law here. It was introduced during the last days of Brian Mulroney's Conservative government, and opposition to change is particularly strong in Quebec, where the production of brand-name drugs is a major industry. — *Barbara Sibbald*, CMAJ