

Pharmacare researchers win Bruce Squires Award

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The authors of the article “Estimated cost of universal public coverage of prescription drugs in Canada” have won *CMAJ*’s Bruce Squires Award, presented annually for the research paper published in the journal that is most relevant to medical practice and most likely to impact health care positively.

“I am delighted that the *CMAJ* has honoured our work on the economics of universal public drug coverage in Canada,” lead author Steve Morgan, a professor in the School of Population and Public Health at the University of British Columbia (UBC), said in an email. The paper’s other coauthors are Michael Law of UBC’s Centre for Health Services and Policy Research, Jamie R. Daw and Liza Abraham of Harvard University, and Dr. Danielle Martin of the Women’s College Hospital in Toronto.

The widely read paper, which generated considerable media attention, estimated that universal coverage of prescription drugs (or universal pharmacare) would save Canada \$7.3 billion a year on drug spending (with a worst case saving of \$4.2 billion and a best case of \$8.2 billion). The private sector would save about \$8.2 billion, according to the paper, while costs to government would increase by about \$1 billion. Canada is the only country with a universal health care system that doesn’t provide universal coverage for drugs, the authors noted.

“Universal public pharmacare has been recommended in countless reports and reviews of the Canadian health care system, but despite 50 years of evidence on the topic, we have been paralyzed. One of the most commonly cited reasons for that paralysis is concern on the part of governments about the cost,” Martin said in an email.

“Our team felt it was important to move beyond rhetoric in that conversa-



Policy action on pharmacare will take a true act of federal leadership, said researcher Steve Morgan.

tion, so that policymakers could have some real evidence to draw on about both the savings and the costs that would ensue if Canada were to effectively bring prescription medicines into medicare.”

One positive outcome of the paper is that it has moved the debate about pharmacare out of the realm of pseudoscience into one of values and politics, said Martin. Previously, it was easy for opponents of pharmacare to dismiss it as too expensive because there was no credible evidence to the contrary.

Now that there is a transparent analysis of potential costs in the public sphere, suggested Martin, discussions can shift toward more helpful questions: “Do Canadians think universal pharmacare is the best policy? If so, given what we know about costs, what is the best way to design it?”

According to Morgan, the paper’s findings were well received by academics, policy-

makers, health professionals and public interest groups. Less enthusiastic were groups with “a financial interest in maintaining a fragmented system of private and public drug coverage,” said Morgan, such as pharmacies, insurance companies and pharmaceutical manufacturers.

But criticism from parties that profit from the sale of prescription drugs is to be expected, noted Morgan: “When a study demonstrates that a reform could generate billions of dollars of savings, there will be opposition. By that logic, the fact that industry interests were upset by our findings suggests our findings are credible. If we were wrong — that is, if universal public pharmacare was really going to increase costs for Canadians — then those who make and sell pharmaceuticals would be delighted with the proposal.”

Morgan said he will continue to study the economic and political viability of achieving universal drug coverage, and that “we are as close to seeing actual policy action now as we have ever been,” though it will require a true act of political leadership at the federal level. Martin is also optimistic, noting that the research team had the opportunity to present their findings to the Standing Committee on Health, which is working on recommendations about pharmacare.

“I am really hopeful that the accumulating evidence and the testimony that the committee has been hearing will have an impact, and that we will see universal public drug coverage in Canada very soon,” said Martin.

The Bruce Squires Award is named in honour of Editor Emeritus Dr. Bruce Squires (1934-2011), who served as editor-in-chief of *CMAJ* for seven years, in addition to other roles between 1984 and 1996.

Roger Collier, *CMAJ*