

28 June 2014

Dear Friends at Health Canada

I participated in a phone conversation with you and Dr Joel Lexchin last week on 20 June 2014.

Thank you for your interest in the drug shortage problem.

I am writing to follow up on some of the things that I said.

In sum, it seemed you were interested mostly in one option: making reporting mandatory and in a timely manner.

I strongly agree with this goal...but I want to reiterate several things.

1. timely and mandatory reporting will be helpful but it does not address or even begin to uncover the causes of this problem. Consequently it will help the symptoms without treating the disease. It is one small piece of the giant puzzle.

2. Summary reporting on numbers and extent of shortages by HC every quarter, or year, is essential. There is no way to assess if the situation is getting better or worse through the existing site. That is information that should be at our fingertips now. (For "causes" go to the relevant page at my website canadadrugshortage.com)

3. Timely and mandatory reporting through the existing website will be useful -- but

the website and its contents needs to be reshaped and attention paid to the information that is provided. Currently it is incomplete, sometimes inaccurate, and generally inadequate. This information is available to someone now -- but it is not accessible to physicians, patients or the taxpaying citizens of Canada.

a. drugs **with doses/formats** should be visible on the face page

b. REPORTING date as well as START date should be visible on the face page--to show if the company was alerting in advance -- or not.

c. DURATION counters should be automatic to measure three things:

time from reporting to start (now shortages are often reported AFTER they started) -- ie negative number of days

time from start to end.

time overdue from predicted end to present.

these counters would be VERY EASY to add....a simple calculation field based on dates entered.

Firms that comply with advance notice could be easily identified. Also negative dates for end of a shortage could alert HC to do specific follow up.

d. SUBSTITUTE information should be provided for every single drug-- even if it entails naming a competitor's product.

e. CLARITY sometimes there are several entries for one drug -- because varying formats have vanished -- but we do not know if that can be compensated by -- e.g., doubling pills -- or cutting pills in half, etc-- or if the substance is truly not available at all.

f. SEARCHING The website is searchable -- but it is not sortable. Every column should be sortable -- so that (for example is c (above) were fulfilled) we could quickly learn the longest duration of shortages.

4. Finally, you were concerned with what might be the drawbacks of mandatory reporting. No harm to patients can come from more information provided in a timely and accessible manner. Perhaps harm or annoyance might affect large multinational pharmaceutical firms who wish to keep making money or reassure investors when they are not providing the agreed upon services through their contracts. The complaints of hoarding etc are frivolous and malicious -- the real reasons for pharma resistance are financial. Patients should come first. Taxpayers should come second. For this reason, I hope HC will look into supporting alternative generic solutions -- made-in-Canada. If not, we will be facing crises in drug shortage management for years and years to come....even with mandatory reporting.

Jacalyn Duffin, MD, PhD, FRCPC, FRSC, FCAH
<http://www.canadadrugshortage.com>

Professor
Hannah Chair of the Hlstory of Medicine
Queen's University
<http://meds.queensu.ca/medicine/histm/>
78 Barrie St.
Kingston Ontario Canada K7L 3N6
duffinj@queensu.ca
613-533-6580