Drug spending in North America rose by 11% in 2003

Ray Moynihan *Washington, DC*

Spending on drugs in the United States and Canada rose 11% last year, according to new figures released last week by a leading market analyst firm, Intercontinental Marketing Services (IMS).

The *IMS World Review* shows that global drug sales rose 9% in 2003, to almost \$500bn (£270bn; €400bn).

Almost half of the world's drug sales occur in the United States and Canada, which spent almost \$230bn. The increase in sales is less than in recent years but confirms a longer term trend of rising pharmaceutical costs.

In the biggest market, the United States, the federal government estimates that drug spending will continue to soar, rising from an estimated \$184bn last year to \$519bn a year by 2013.

Higher drug prices, a continuing switch to newer drugs, and an overall increase in prescriptions are all contributing to the rises.

According to IMS, the top selling classes of drugs were cholesterol lowering drugs, anti-ulcer agents, and antidepressants. The world's biggest selling drug is atorvastatin (Lipitor), Pfizer's cholesterol lowering

drug, with sales in excess of \$10bn. AstraZeneca's acid reflux treatment esomeprazole (Nexium) generated sales of \$3.8bn, and Pfizer's antidepressant sertraline (marketed as Lustral in the United Kingdom and as Zoloft in the United States) \$3.4bn.

The rise in drug costs continues to drive up total healthcare spending, which now accounts for 15% of the United States economy, almost twice the amount spent in many European nations.

While pharmaceuticals remain only a small part of the total health bill, they are causing a large part of the rise in personal healthcare costs for elderly Americans, who are increasingly angry about soaring health costs. The issue of rising spending on drugs has moved to the centre of the domestic political debate and is likely to be a key issue in this year's presidential race.

IMS figures show growth of drug spending of about 8% in the European Union, 3% in Japan, and 6% in Latin America.

"The global pharmaceutical industry continued to grow at a solid pace in 2003, despite difficult economic conditions," said Graham Lewis, IMS's vice president for strategic consulting. □

More information and details of how to buy the *IMS World Review* are at www.imshealth.com and US federal health statistics are at www.cms.hhs.gov/statistics

Global pharmaceutical sales by region, 2003

Spending on prescription drugs in the United States, 1990-2013

New coroner's system will require two people to verify cause of death

Clare Dyer *legal correspondent, BMJ*

The biggest overhaul of the coroner's system in England and Wales for 200 years was announced by the government last week, as well as new, more rigorous procedures for certifying deaths.

The new, two stage death certificate process is designed to close the loopholes that allowed the GP Harold Shipman to conceal his murder of more than 200 patients. Reforms to the coroner system will result in a change in the number of coroners from 127 full and part timers to between 40 and 60 full timers, all legally qualified. Each coroner's area will

have a medical examiner, who will play a key role in verifying the cause of deaths.

Under the new system a death will be verified by a doctor, paramedic, or senior nurse, who will then complete a verification form. The doctor who had treated the dead person in the immediate past will then issue a certificate of the medical cause of death. After that the medical examiner will seek relevant factual information from the family and elsewhere to confirm the cause of death and authorise burial or cremation, without having

to refer the death to the coroner.

The fact that the certificate will be "subject to close subsequent scrutiny by a medical professional" will help to deter "careless or dishonest" practices, says the Home Office paper outlining the reforms.

Home Office minister Paul Goggins said: "No longer would an individual doctor be able to sign a death certificate which would allow someone to be buried without any further scrutiny within the system." He added: "An effective death certification and investigation system is a vital component of a civil society. It is essential for a modern system of public health monitoring as well as for the detection of suspicious circumstances or medical errors. These proposals are an important step towards restoring public

confidence and building a better system of death investigation."

The reforms, which will set up a national coroner's service under a chief coroner who will have a medical adviser, are expected to take around three years to implement. Coroners will be given new powers to seize documents from premises such as doctors' surgeries and hospitals to investigate the circumstances of a death. They will continue to have the power to retain any tissue or organs necessary to establish the cause of death, but new rules will govern how long they can keep the samples. □

Reforming the Coroner and Death Certification Service: A Position Paper is at www.official-documents.co.uk/document/cm61/6159/6159.htm