Cancer's ability to target your health and your wallet

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CANADA PRIDES ITSELF ON THE UNIVERSALITY of its health care system, providing funding for medically necessary hospital and physician services to every individual across the country. Cancer patients receiving care at a cancer centre or hospital, for instance, have all their treatment costs covered as a result of funding from hospital drug budgets, as well as provincial benefit plans.¹ But once patients are released from the hospital, their medications are not paid for and come out of pocket unless they are covered by a provincial drug benefit plan or private insurance plan. As the model of care shifts from hospital-based acute care to outpatient care, more cancer therapies are becoming oral medications that a patient can take at home—these are typically expensive and not covered by the provincial drug plan. The average cost per course of treatment with new cancer drugs is around \$65,000, which is almost equivalent to the average annual income of many Canadian households.² Around 20% of Canadians have no coverage at all and must pay for drugs themselves. Even Canadians who do have private insurance plans are typically required to cover a 20% copay for prescriptions, which equates to 17% of an average family's income for one course of treatment.³ One in 6 of these private plans also has an annual or lifetime cap, many of which fall below the costs of new cancer treatments.³

The cost of treating cancer remains a huge burden on patients, but this issue also varies depending on their place of residence, creating major disparities in costs borne by cancer patients. For example, New Brunswick and PEI currently have no publicly funded drug plan. An individual receiving Neupogen, a medication used to treat the side effects of chemotherapy and prevent infection, can expect to pay \$1600/month, meaning he or she

could be more than \$20,000 out of pocket at the end of the treatment.⁴ The same individual would pay around \$8000 in Saskatchewan, \$1500 in Quebec and nothing in the Northwest Territories.⁴ These disparities often mean that young, self-employed and middle-income earners in smaller provinces are most vulnerable to these inordinate drug costs.

The inconsistency in drug coverage across the country is due to each of Canada's 19 public drug plans and myriad private plans making their own decisions regarding which specific cancer drugs they will pay for. There are instances where clinical guidelines published by a province may recommend a certain line of treatment, but the drug they specify is not covered by the province's drug plan.² A study by the Canadian Cancer Society found that 80% of Canadian oncologists say their treatment recommendations are influenced by a patient's ability to pay the anticipated drug costs.⁵ This makes the private and public system of drug coverage a gatekeeper to the patient's access to possible life-or-death therapies.

The Canadian Cancer Society has stated that 85% of Canadians would struggle to afford cancer therapy if they were diagnosed tomorrow,² suggesting that there are major gaps in the country's system of care. But when considering the sustainability of Canada's health care system, how does one reconcile the trade-offs between cost and equity of coverage? If one is considering only statistical hard outcomes such as mortality count and cure rates, cancer care may be designated as low priority in terms

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of government focus and allocation of funding. On the other hand, if one is assigning value to quality of life, hope and vital knowledge gained through research, improving cancer care and implementing universal drug coverage may be

of vital importance to Canadians. Thus, a unified program of action is required to bring together all sectors of national health care to undertake a plan of change in hopes of providing improved provision of care across the country. ■

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