Come this year I will be celebrating a milestone birthday, 25 years old. There are many significant milestones associated with that age; however, there is one milestone that I have been taking for granted… It is the age in which my parents’ employers drug plan will stop covering my medications. The realization that “free” medications were soon going to be a luxury of the past gave me a moment of pause, I asked myself, how does a country who prides itself on national healthcare still have people budgeting to buy life sustaining medications? The reality of that answer being the healthcare system we are so proud of is seemingly flawed.

Canada’s history with Pharmacare began with the creation of the Medical Care Act in 1966, the foundation of our Medicare. However, the adoption of national Pharmacare stalled thanks to relatively low drug prices. From here provinces adopted ad hoc Pharmacare plans to serve the most vulnerable populations; seniors and low-income families.¹ As the drug revolution and advancements in science hit Canada the increasing cost of medications ballooned pharmaceticals into the second largest expense in healthcare.² However, provinces have been slow to react to this change with the percentage of prescription drugs financed by provincial governments remaining unchanged from 1990-2010.³ Moreover, healthcare, whether we like it or not, is a political issue. With political ideologies back peddling at the both provincial and federal levels; take for instance, the changes the Ford government has made to OHIP+⁴ and the recent failure of the NDP backed Pharmacare bill.⁵ Even with Trudeau’s re-election promise to implement reform, the future prospect of a national Pharmacare program only further dwindles as Trudeau’s Advisory Council on the Implementation of National Pharmacare (henceforth referred to as The Council) has stated there has been a lack of funds set aside for

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implementation of such a program. With such a troubled history and the unchanging political landscape towards the adoption of a national system, it is fair to ask why we should even care about Pharmacare? To answer this, we must take a hard look at our current system.

As of 2021 Canada remains the only country in the world with a national Medicare program that also doesn’t have a national Pharmacare program to match. A fact that is even more alarming considering the near universal support, on both sides of the political spectrum, for such a program. With 90% of Canadians supporting the idea, this national desire is only matched by strong evidence that shows the failure of our current approach. According to the comprehensive final report from The Council, 19% of Canadians, around 7.5 million people, are either uninsured or underinsured in regard to pharmaceutical coverage. Naturally, this lack of coverage has led Canada to have a 2-5 times higher non-adherence rate for pharmaceuticals in comparison to countries with a national program. This non-adherence accounts for 5% of all hospital admissions, costing our healthcare system $4 billion dollars alone before factoring in increased long-term costs stemming from these admissions. The cost of our current Pharmacare system is unfortunately one that is measured in both dollars and potential lives.

As aforementioned, Canadian drug prices have ballooned; while globally prices have increased, Canada has been particularly affected. According to The Council, Canada pays the third highest prices for branded drugs among 34 countries mostly in Europe and North America; this disparity can be directly linked to our inability to negotiate drug prices due to, once again, our lack of a national Pharmacare plan. Instead of one cooperative plan to represent nearly 40 million Canadians, we are fixed in a system where a patchwork of plans forces a dilution of our negotiating power. Thereby, only further highlighting holes in our system. It is apparent that the current system is both ineffective in providing comprehensive care for patients and giving Canadians a fair price on their medications.

If the present shortcomings of our system were a keg of gunpowder, the COVID-19 pandemic surely represents the match. Unemployment has hit a dramatic high because of the pandemic; the country saw a 5.2% jump in unemployment, a jump reminiscent of the 1980’s depression. As of 2021, the employment rate has yet to recover to pre-pandemic numbers and with this comes the reality that many Canadians have lost their vital job-based coverage. Moreover, the pandemic has led to a widespread decrease in proper nutrition, decrease in exercise and an increase in alcoholism, all factors that could lead to an increased need for medications. The pandemic has hit Canadian Pharmacare with the proverbial double whammy, through a decrease in coverage of drugs and an increase in the need for medications.

While one may argue that focusing on Pharmacare would be impossible with the way the pandemic has decimated the Canadian economy, it is in these generational events that we see the greatest potential for change. The great depression brought about one of the greatest periods of social reform in the United States, a revolution that was mirrored on this side of the border as well. I believe that now is the best time to push for the reform of this glaring weakness in our healthcare system. I am sending this commentary to the MP’s in my voting district back home in Hamilton (David Sweet) and my MP here in Ottawa (David McGuinty), members of the Conservatives and the Liberals, respectively. I do this because this is an issue that affects all of us, no matter our politics; I challenge you to do the same. Through resilience, drive, and collective efforts we can reform this program and create a true universal healthcare system for all Canadians.

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