

OFFICIAL REPORT (HANSARD)

Tuesday, November 1, 2005

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Mr. Chair, I am pleased to speak to the issue of cross-border drug sales and the federal strategy to help ensure an adequate supply of safe and affordable drugs.

I am fully aware that quality, efficacy, supply and pricing of pharmaceutical drugs are important topics to many Canadians, including my constituents of Brampton—Springdale.

When we discuss this issue, one of the most troubling points is the way in which some doctors have begun co-signing some of the prescriptions for patients from the United States whom they have neither seen nor examined. As a former health care practitioner, this indicates to me a misuse of prescribing authority, encourages poor prescribing habits and is a potential threat to patient safety.

It has become apparent that some Internet based pharmacies do not require patients to visit a Canadian doctor to obtain a Canadian prescription. Instead, the Internet pharmacies are asking Canadian physicians to co-sign prescriptions for patients they have never seen. This practice has come to the attention of the government through the cross-border drug sales that are occurring. A prescription issued in the absence of an established patient-practitioner relationship raises significant safety concerns, regardless of whatever the originating circumstance is.

The principal motivation, from the research that I have done and that we have determined from this initiative, in co-signing cross-border prescription is to facilitate commerce and not to ensure patient safety.

Provincial and territorial colleges of medicine and other regulatory authorities are responsible for the practice of medicine and for ensuring that there is a patient-practitioner relationship. They have called the practice of co-signing prescriptions outside of an established patient-practitioner relationship disgraceful and unprofessional. I am sure that many Canadians and other stakeholders involved in this initiative will agree. These colleges and regulatory authorities have taken disciplinary against physicians who have engaged in this unfortunate practice.

From the federal government's point of view, the practice also raises questions about the quality of care and patient safety.

The food and drug regulations require, as a condition of sale, that prescription drugs be sold only if authorized by a practitioner who is licensed to practice in Canada.

Canada health care practitioners conduct a risk and benefit assessment prior to prescribing a drug to a patient. They meet with a patient. They evaluate the patient and then this forms the foundation of their clinical evaluation. This allows for an appropriate level of interaction to weigh the risks and the benefits of a patient using a particular type of prescription drug.

Fundamental to promoting the safe use of prescription drugs is a need to ensure that Canadians continue to benefit from the knowledge and the expertise of health care professionals who have gone to school for many years before those patients take prescription products.

This is why the Minister of Health is consulting with the Canadian public and stakeholders to discuss optimal implementation of a proposed regulatory amendment to the Food and Drugs Act. This proposed amendment would require that prescription drugs be sold pursuant to a prescription issued with an established patient and practitioner relationship.

Provinces and territories, as we all know, are responsible for the regulation of the practice of medicine and pharmacy. This responsibility has been delegated to them by the colleges and registrars of medicine and pharmacy in each and every province and territory in our country.

Provincial and territorial regulatory authorities have indicated that some Canadian health practitioners have begun co-signing prescriptions without ever undertaking an appropriate assessment of the patient. These bodies have stated that this practice is simply unethical and is not part of a sound medical practice on which many Canadian family physicians and practitioners pride themselves.

Thus, the dispensing of drugs that have been prescribed in this manner is of great concern not only to the regulatory bodies but to many other Canadians and this Minister of Health and parliamentary secretary.

The Federation of Medical Regulatory Authorities of Canada has stated that it is its position that physicians should only prescribe in the context of an established patient-physician relationship to ensure continuity of care and to ensure that appropriate information is transmitted to the patient. This includes telephone prescribing, Internet prescribing, countersigning of prescriptions and electronic prescribing.

The Food and Drugs Act and the food and drug regulations set out very general prohibitions and provisions for the sale and the advertisement of drugs in Canada and their standard of manufacturing. These include very specific requirements for the sale of prescription drugs because of their inherent health risks.

However the regulations that are currently underway do not explicitly require, as a condition of sale, that a prescription be issued pursuant to an established patient and practitioner relationship.

The inclusion of a regulatory requirement for an established patient-practitioner relationship as a condition of sale of prescription drugs would complement and reinforce existing provincial and territorial rules and also enhance our federal regulations, standards and guidelines.

In doing so, the intention is to enhance the protection of patient safety in relation to the sale of prescription drugs. The co-signing of U.S. prescriptions by Canadian physicians has highlighted the need for us as Parliament and as a House to address this very important issue. The planned requirement would apply equally to all prescription drug sale situations. This is a very important topic that is of great concern to many Canadians and to the health care professionals.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Mr. Chair, I would like to quickly outline for the member the information that has been provided by the Internet pharmacies.

We have been told that absolutely no prescription medications are filled through the Internet without patients providing their personal health information and their medical history to the international pharmacy, along with prescriptions by fax or mail. The patient also must be under the care of a U.S. physician and must have had a physical within the past year. The information is then passed on to a Canadian physician and, if satisfied, a prescription that is medically appropriate is filled by the pharmacy. That is what has been indicated, for example, by the IPS pharmacies.

I would also like to ask the member about the situation in remote communities where it is not practical to have a face to face meeting with a physician, even for a simple refill of a medication. We are also dealing with nurse practitioners who have the ability to prescribe in certain cases.

I wonder if the member would comment on the potential unintended consequences of the minister's proposed legislation.

Ms. Ruby Dhalla: Mr. Chair, in regard to the established patient-practitioner relationship, as a former health care provider I can say that relationship forms the basis of clinical decisions that are made for evaluations of patients and the type of treatment that is proposed for a patient. It is completely unheard of for any individual who is a patient to not have an established doctor-patient or patient-practitioner relationship and receive consultation or treatment advice.

Regardless of which physician, and even though everyone is trained, whether they are in the U.S. or Canada, it is extremely vital, for patient safety and for their own individual direction in their particular program of care, that they see a physician one on one so their course of treatment and type of treatment may be evaluated.

I must commend the Minister of Health and the department for including provisions that will strengthen and ensure that there must be an established patient-practitioner relationship prior to having anyone co-sign a prescription. It is vital for patient care. It is vital for patient safety and it is of paramount importance in that particular individual's treatment.

Hon. Robert Thibault (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Chair, the member for Brampton—Springdale brings a lot of important experience to the table having been a health care practitioner. I guess if one was one, one is always one. Although not practising now, she is practising on a policy standpoint and doing an excellent job at the health committee.

One of the elements that was mentioned tonight by the opposition members was the question of practitioners within our country who have foreign credentials and who are not licensed to work in Canada but who could help alleviate a lot of the problems of the wait list times. It is often frustrating for them to get their accreditation or they are underutilized in the health care system, if in it at all, while they are waiting.

I know the member has a lot of interest and has been doing a lot of work in the area. I would ask that she comment on the potential, the possibilities and what would be the next steps in dealing with the problem.

Ms. Ruby Dhalla: Mr. Chair, it has been a pleasure to work with the hon. member and, based on his experience, he has done a tremendous job of representing his constituents and has added a tremendous amount of value to the health committee.

He raises a very important topic in regard to foreign credential recognition. We are very fortunate that we attract the best and the brightest to come to Canada and to make Canada home for both themselves and their families. It is quite unfortunate, as I have said time and again, that when these individuals come to Canada to make it home for themselves and their families their qualifications are not recognized nor are they accredited. The recognition of foreign credentials is a vital issue, not only for our productivity but also for our economy and the future prosperity of our country.

It was a pleasure to see the number of individuals in the House who provided support for the motion I brought forward in June for the creation of a secretariat for the recognition of foreign credentials. This secretariat would work in collaboration with stakeholders, such as the provinces, the territories and the regulatory associations, along with individuals who have been affected.

It also has been wonderful to see our Prime Minister and our Minister of Health address health care as a priority and provide substantial funds into this very important issue to ensure that doctors who do come as new immigrants are able to get the expertise, the knowledge and the skills they require so Canadians can actually have access to a physician.

I have spoken many times before about new immigrants but the issue of recognition of foreign credentials, especially in the area of health care and medicine, is also affecting Canadians who have been born and raised in Canada, who are not able to get into medical school here in Canada, who have graduated with great university degrees and done well, have gone abroad into other international institutions but have had great difficulty once they decide to reunite with their families.

I hope as we move forward with the assistance and the support of the Minister of Health and other ministers in cabinet and in the government, including our Prime Minister, that we will be able to make significant progress in this very important area.

The Minister of Human Resources and Skills Development just announced a few days ago that we will also be holding a summit in relation to foreign credential recognition. I hope, as a result of that summit, by working in collaboration with all these stakeholders, that we will be able to have some significant deliverables and that we will have the secretariat up and running so that Canadians, whether they are new immigrants or whether they are Canadians who have been born and raised here, do have their qualifications recognized and accredited so that we can have an increase in the number of doctors so Canadians who are looking for physicians and health care providers will have access to them.

Mr. Dave Batters (Palliser, CPC): Mr. Chair, I too would like to thank the member for Brampton--Springdale for her comments this evening. I respect her as a health care provider, the information she is able to share with us and the special insight she has regarding this debate.

I would agree with the member completely on the issue of foreign credentials and the need for Canada to have a system in place across the country recognizing foreign credentials. Currently it varies from province to province and it is really quite difficult. In my home province of Saskatchewan there are a number of excellent physicians from South Africa. This is a serious issue. In Saskatchewan we have the longest health care wait lists in the country, so anything that is going to contribute to shorter wait lists is welcome news.

One could debate who had this plan first. This was a pillar of the Conservative Party's plan for health care in the last election campaign. I know this is something that the leader of the official opposition believes in strongly and I am sure it will be a pillar of our policy again.

I was going to spare the member from any partisan comments but then she talked about the Prime Minister who in 1995 was the finance minister. She commended him because health care is a priority. In 1995 when the current Prime Minister was the finance minister, we saw health care cuts of \$25 billion, so I would hate to see the cuts to something that was not a priority. That was absolutely frightening.

I would like to ask the member quickly about bulk exports. There is unanimity here tonight that bulk exports need to be stopped in order to protect the Canadian drug supply. Quite simply, given that the member for Yellowhead brought forward a motion that was unanimously passed in this House calling on the government to stop bulk exports, I am wondering if the member opposite could tell the House what luck, if any, she has had in discussing this issue with the health minister or with the trade minister to expedite the matter of banning bulk exports.

It is a very serious issue that Canadians are looking at very closely, to safeguard our drug supply. What success has she had in discussing the matter with the ministers and why has it taken so long--

The Deputy Chair: The hon. member for Brampton--Springdale, very briefly, please. We are out of time.

Ms. Ruby Dhalla: Mr. Chair, if I do not have a lot of time, I do want to say very quickly, bringing in partisan politics, that ensuring quality health care for Canadians across this country is a definite priority of the Prime Minister and the Minister of Health. That is why we have seen substantial investment in it.

From my time here in the House of Commons, we have seen that the legislation on the ban of the bulk exports of prescription drugs is moving very quickly through the House. It was brought forward June 6. The standing committee unanimously adopted a motion to immediately ban the bulk exports. On June 29 the Minister of Health announced a three-pronged strategy. On October 6 we launched public consultations. It is now the beginning of November and we are here discussing this very important issue. We hope by the end of November that our Minister of Health and the government will bring in legislation required to restrict the export of prescription and other necessary drugs to ensure safety and quality--