

7 March 2005

Dear Legislative Councillors,

Subject: Standard Drug Formulary and Public Healthcare System

On behalf of Chronic Myeloid Leukaemia (CML) and Gastrointestinal Stromal Tumour (GIST) patients, we express our deepest concern on the Standard Drug Formulary (SDF) currently proposed by Hospital Authority (HA). We find it unethical, irresponsible, unjustified, inhuman, discriminating, unjust, unsustainable, and misinformed. It would legitimize the malpractice of labeling patients by price tags and excluding expensive treatments and medication required by patients of cancers and other fatal diseases. In a nutshell, the fatally ill will eventually be disserved by the system.

Unethical and Irresponsible

Our public healthcare system is entrusted with the sacred mission: to heal the sick and save lives. Medical expenditure should genuinely reflect the state of health of citizens: naturally it falls when the public are healthy and rises when our health are at risk. Any artificial means of capping such expenditure will make the system unethical, irresponsible and will surely defeat the mission. SDF is such means.

Unjustified

For the past few years, HA had repeatedly refused to include Glivec (a.k.a. Imatinib) into the regular formulary by questioning its efficacy and its cost-effectiveness, and citing financial deficit as an excuse. Until now, Bone Marrow Transplant (BMT) is the only proven treatment to cure CML. However, Glivec can effectively bring majority of CML patients who relapsed post-BMT or cannot undergo BMT into remission. In fact, Glivec is the most effective treatment for CML to date. Ten months into current fiscal year, Government has already a surplus of 22 billions and the figure will rise after due collection of taxes. Therefore Government has surely the financial means to provide Glivec and cancer drugs to patients.

Inhuman and Discriminating

Life is priceless. Acquiring cancer is already a tragedy, the patient simply has no choice but go for the most effective treatment to save his life. SDF's exclusion of cancer drugs like Glivec from standard drugs list, by reason that the money spent on treating a patient with Glivec can be used to treat more patients of other, usually less fatal illness, is very inhuman. By attaching price tag to patients and excluding lifesaving drugs from standard drugs list, it is choosing patients and ranking some lives on top of others. Therefore, singling out cancer patients like CML and GIST for means-assessed subsidy is discriminating. If Government is really short on resources and has to choose patients to treat, patients of fatal diseases should get priority. For how many lives we save is more important than how many patients we treat.

Unjust

Every citizen is entitled equal, irrevocable protection from the public healthcare system. Provision of drugs through means assessment on selected groups of patients violates this principle. Since Glivec is approved as the first line treatment for CML, it should be offered as standard drugs, like other first line drugs. SDF deprives the right of CML patients to first line treatments, which are enjoyed by other patients.

Unsustainable

Provision of cancer drugs through charity scheme is unsustainable because charity funds, unlike Government coffers with stable income from taxes, rely on donations which are unstable, unreliable, and highly competed for by many projects.

Misinformed

SDF is a product of black-box operation, without proper consultation with patients, and therefore does not address patients' needs. In reality, patients are knowledgeable about efficacy and side effect of the drugs and their inputs are indispensable. The current practice of deciding on the drugs list before consulting patients is placing the cart before the horse.

Patients' Demands

1. First line drugs should be offered as standard drugs to patients, since efficacy well proven. Therefore, Glivec and other cancer drugs with proven efficacy should be reinstated as the general or special drugs in SDF.
2. Overall, expenses of essential medical treatments due to patients should not exceed a reasonable fraction of family income, say 10% - 15%.
3. Drugs for fatal diseases should be given higher priority, not the other way round.
4. From now on, all meetings about SDF should include representatives from relevant patient groups to ensure proper consultation.

Yours truly,

Glivec Concern Group
On behalf of CML and GIST Patients