For Immediate Release:

Anesthesiologists Call for Federal Leadership to address “potential crisis” of drug shortages.

Dr. Rick Chisholm, President of the Canadian Anesthesiologists’ Society (CAS) says “Canadians should know that your elective surgery – and even your safety and comfort in essential surgeries – are at risk because of shortages of essential drugs. And as it stands today, Canadian governments do not even know the extent of possible shortages or their health impacts.”

In a letter today to The Honourable Leona Aglukkaq, Minister of Health, the Canadian Anesthesiologists’ Society (CAS) called for the federal Department of Health to play a leadership role in developing nationwide strategies to “anticipate, identify and manage shortages of medically essential medications” which jeopardize patient health and safety in all parts of Canada.

The “Sandoz Announcement” in February of 2012 affects supplies of more than 100 different essential medications.

In mid-February, pharmaceutical manufacturer Sandoz informed hospitals and other purchasers of its products that it was partially closing its plant in Boucherville, Quebec, while it improved its process to meet U.S. safety standards. As a result, dozens of critical medications will no longer be manufactured while others will be available on “allocation” based upon previous usage. They predict that this manufacturing and delivery situation may last anywhere from 12 to 18 months. In many cases, Sandoz is the sole Canadian supplier of essential medications.

“This unprecedented situation is affecting hospitals across Canada and will cause clinical disruptions as medications become unavailable. One Ontario Hospital reports that it relies on Sandoz for its supply of 143 separate medications, of which Sandoz is the sole Canadian supplier of 73. It seems likely that anesthesia will be particularly hard hit by these looming shortages.”
Critical shortages were appearing more than a year ago. The CAS had last written to the Minister in January of 2011, about reported shortages of Propofol – a preferred anesthesia induction agent – and announced reductions in supply of Pentothal (Sodium Thiopental), an older but still useful drug. That letter pointed out the risks to patients and to the quality of health services which would result from shortages in these and/or other anesthesia drugs.

Governments have no way of knowing which medications may be in short supply, and no real plans to manage shortages when they occur. While acknowledging that the federal government has worked to achieve a number of voluntary measures involving industry and various parts of the health services system with some provinces developing web-sites to provide current information on medication supplies the CAS states flatly that “To the best of our knowledge, however, there is not yet any effective system for monitoring the adequacy of drug supplies in Canada.”

“The truth is that the Canadian health services system does not routinely know with any accuracy which medications are – or are likely to become – in short supply. As a result, far too often, these shortages are addressed clinic by clinic, hospital by hospital, city by city, province by province, and manufacturer by manufacturer.

“That is exactly what is happening with respect to the Sandoz supply disruptions, and the lack of co-ordinated actions and communications puts patients’ health and access to needed medical procedures at risk.”

With the looming Sandoz drug shortages, “we have to do better”. Especially in light of the Sandoz announcement, Canada’s anesthesiologists believe it’s important to do better. The CAS is undertaking its own survey of members across Canada to gain a clearer sense of the prevalence of medication shortages, and of the impacts these shortages are having on patient care.

“As the results of this survey become available, we will of course share them with your Department, other levels of government and other parts of the health services system.”

“The real key to addressing these challenges is co-ordinated action by governments across Canada, with strong federal leadership.”

In its letter, the CAS told the federal Minister “We’re asking you to provide that leadership.”

The CAS also wrote to Provincial Governments across Canada, asking that “they join us in urging the federal authority to show leadership in this critical area of patient health by:

- Moving immediately to co-ordinate a Canada-wide assessment of supply adequacy of all medications; and
- Co-ordinating nationwide action to develop effective responses to the Sandoz plant closing which will affect supply for nearly 200 different essential medications; and
Developing best-practice solutions to the management of any shortages of these specific medications; and

Developing a National effort to identify medications whose shortage would produce great hardship and possibly danger for Canadian patients, together with strategies to identify and respond to such shortages when and as they may arise.

For Anesthesiologists, these drug shortages are a fundamental threat to the quality of health care in Canada.

Dr. Chisholm makes it clear. “The quality of health care – and of the health services experience for millions of Canadians every year – depends on the capacity for anesthesia to contain and limit pain and suffering. That’s our role in the medical process.

“And these shortages jeopardize that for all Canadians.”

So, while congratulating the federal Minister “for the steps your Department has already taken to begin addressing these issues”, the CAS letter asked “for your urgent response to these very real patient safety, patient comfort, and health care quality concerns.”

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