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## We want our money back!

The rising cost of healthcare in France, as in all “developed” countries, has led policy makers to reduce the proportion of healthcare expenses borne by the national health insurance system, effectively restricting many patients’ access to healthcare.

*Prescrire* has chosen to give priority to patients’ interests over cost considerations. *Prescrire* only talks about “money” after it has evaluated the risk-benefit balance of a given healthcare intervention. Then, if several treatment options have an equivalent risk-benefit balance, *Prescrire* recommends the least expensive option.

The 2010 *Prescrire* year in review (see page 105) provides an opportunity to discuss money and to raise concerns about the large sums that are wasted.

Yet again, *Prescrire* rated about half of the newly marketed drugs it examined in 2010 as “Nothing new”, i.e. they offer no advantage over existing treatments. The only reason to introduce these drugs to the market is to expand sales, using advertising to promote them. This represents unnecessary spending.

Worse yet, *Prescrire* once again rated one-fifth of the drugs it examined in 2010 as “Not acceptable”: drugs that offer no advantages to patients while exposing them to serious harm. This represents dangerous spending.

Why do national or European drug regulatory agencies approve these drugs? Why do gov-

ernments agree to provide reimbursement for these drugs? Why do these drugs often cost so much more than existing equivalent drugs? For example, a drug for gout was 13 times more expensive, although it has not been shown to provide a therapeutic advantage over existing treatments.

One cannot help but wonder to what extent commercial interests are influencing the healthcare system, including healthcare professionals and patients. And what about weak-kneed drug regulatory agencies? Or experts with conflicts of interest? And policy makers who feel pressured by drug companies? Or who are more concerned with protecting jobs or the economic interests of the country’s pharmaceutical industry than with safeguarding public health?

These interactions represent a huge financial drain. One example is *rosiglitazone*, which *Prescrire* rated as “Not acceptable”, because of its major risks, when it was first introduced to the market. In 2009, French national health insurance paid tens of millions of euros for reimbursements of this drug, and also paid for the cost of treating the adverse effects it caused.

And all of this unnecessary and dangerous expenditure is paid for directly by patients or indirectly from our contributions to national health insurance.

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**Prescrire**