# Bill C-17: Timeline

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| 1995-1999 | | Terence Young is an Ontario MPP (Halton Centre, PC) |
| 2000 | March 20 | Vanessa Young dies of cardiac arrest at the age of 15 when taking Prepulsid (cisapride) |
| | May 30 | Health Canada issues a recall of Prepulsid (cipraside) effective August 7, 2000 (via a Dear Healthcare Professional Letter)<br><br>http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2000/14309a-eng.php |
| | August 7 | Prepulsid removed from pharmacies |
| 2001 | | Terence Young demands an inquest into his daughter's death. "The 16-day hearing resulted in 59 recommendations, including mandatory reporting of adverse drug reactions by health care professionals and clearer label warnings."<br><br>[Media searches] |
| | | NFB and Merit Motion Pictures documentary "Drug Deals: The Brave New World of Prescription Drugs" which was aired on CBC's the Nature of Things. (http://onf-nfb.gc.ca/en/our-collection/?idfilm=50747) |
| | May 1 | CMAJ publishes an editorial (vol. 164, no. 9) stating:<br>• "Her cardiac arrest was undoubtedly caused by the drug cisapride, which she had been taking for stomach complaints associated with an eating disorder. Her pharmacist testified that he was unaware of any particular risk of cisapride; the information sheet he dispensed with the drug made no mention of the ventricular arrhythmias that, since 1990, had resulted in 80 deaths in Canada and the United States."<br>• Health Canada had issued warnings on fatal and severe adverse reactions to the drug since 1996. The FDA issued warnings as of 1998. January 24, 2000, FDA issues an alert to US physicians regarding the occurrence of fatal cardiac arrhythmias among patients taking the drug. Health Canada issued a similar warning May 31, 2000. It was off the US market on July 14th and off the Canadian market August 7th.<br><br>(http://www.cmaj.ca/content/164/9/1269.full?ijkey=ea6a83bba73947cb6b0decdaebd276ff3ccac5d3&keytype2=tf |

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| | July 10 | Terence Young launches $100 million class action lawsuit against Health Canada, Janssen-Ortho, and Johnson & Johnson. A class action lawsuit is launched on behalf of all the families / Canadians who suffered adverse reactions because of Prepulsid.<br><br>(Media) |
| | August 1 | Letter in response to CMAJ editorial submitted by VP of Regulatory and Medical Affairs for Janssen-Ortho is published in CMAJ (vol. 165, no. 4) stating:<br>• It was concluded on April 24, 2001, by a coroner's jury that her arrhythmia and cardiac arrest were caused "from the effects of bulimia nervosa in conjunction with cisapride toxicity and possibly an unknown cofactor such as a congenital heart defect."<br>• "Cisapride was clearly contraindicated for people at risk of electrolyte imbalances, including those with bulimia, and this information had been included in the prescribing information for the drug for a number of years before it was prescribed to Vanessa Young."<br><br>(http://www.cmaj.ca/content/165/4/395.2.full) |
| | September 18 | Judy Wasylycia-Leis (NDP Health Critic) moves a motion to establish a mandatory ADR reporting system. Debate ensues; opposing parties are supportive but express the need for greater detail. The time for discussion expires therefore the motion was not designated as votable. The only comment on implementation was from Keith Martin (CA) stating the need to engage in consultations with provincial and territorial governments to establish the system.<br><br>[Hansard] |
| 2002 | March 19 | Rob Merrifield (Canadian Alliance) calls for establishment of an independent drug safety agency due to Health Canada's inactivity in response to Coroner's Jury Recommendations. Judy Wasylycia-Leis also critiques Health Canada. March 20 and 22, more members critique Health Canada.<br><br>[Hansard] |
| | August 22 | Health Canada issues a response to the recommendations of the Coroner's Jury investigation into the death of Vanessa Young.<br><br>Primary action areas:<br>- Increasing the availability of information on medications. |

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| | | - Enhancing product monographs (key changes are that the ADR section of the monograph will be standardized and expanded, plus an added consumer information section to include a list of possible side effects related to a drug.<br>- Enhancing partnerships (with provinces/territories, stakeholders, plus "Internationally, Health Canada is currently negotiating with the US Food and Drug Administration (FDA) to created a combined US-Canada Adverse Event Reporting System (AERS), which would be one of the largest databases of its kind in the world.", and having teleconferences regularly scheduled with the FDA and EMEA)<br>- Bringing a stronger focus to post-market surveillance (the Marketed Health Products Directorate within the Health Products and Food Branch of Health Canada to [among other things] "partner with others to promote adverse reaction and medication incident reporting…").<br><br>Of note, RE: Mandatory ADR reporting by health care professionals – "Based on a review of this issue, Health Canada does not yet have clear evidence that a mandatory reporting system would increase the number of adverse reaction reports or the quality of the information submitted. In fact, the results of a questionnaire sent to contacts in foreign jurisdictions showed no significant increase in quantity or quality of adverse reaction reporting under a scheme of mandatory reporting."<br><br>http://www.hc-sc.gc.ca/ahc-asc/pubs/hpfb-dgpsa/death-deces_vanessa_young_sum-res-eng.php |
| 2004 | February 20 | Rob Merrifield moves a motion to establish a mandatory ADR reporting system. Debate ensues; all parties in favour except BQ. They vote and the motion is carried.<br><br>Mr. Merrifield provides some detail of how this will actually be implemented: "We have to give [practitioners] some of the tools. Maybe we do not have to use a long form. Perhaps we could use Blackberry technology or another reporting system that could give them the ability to report in a way that is not cumbersome, that is streamlined so they can do it. We have to engage them in that process. We have to ask them how they would like to be able to come forward with mandatory reporting and how we can work collaboratively with them." Additionally he notes that Canada could take lessons from the successes and failures of other countries who have already implemented mandatory reporting (e.g. France) and that collaboration with the provinces will be necessary.<br><br>One month later, Rob Merrifield questions why the government hasn't done anything in regards to his motion that was approved. |

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| | April 1 | House of Commons Standing Committee on Health presents *Opening the Medicine Cabinet: First Report on Health Aspects of Prescription Drugs* to the House of Commons based on hearings from Fall 2003. Recommendations focused on clinical trials, post-market surveillance, and direct-to-consumer advertising.<br><br>On post-market surveillance, the following recommendations were made:<br>- Health Canada make licensing of new drugs probationary to ensure post-market surveillance of ADRs is carried out diligently after approval;<br>- Health Canada to increase resources for post-market surveillance so that infrastructure has the capacity to receive, analyze, and respond to consumer and health professional reports and complaints about ADRs;<br>- Health Canada to increase resources dedicated to public disclosure of ADR reports;<br>- Health Canada to facilitate reporting by consumers including recognition of anecdotal evidence;<br>- Health Canada to facilitate reporting by health care professionals using simple formats and integrated computer technologies that permit health providers to submit ADR reports online; and,<br>- Health Canada to work with provincial and territorial counterparts to implement effective mandatory ADR reporting system for health care professionals. |
| | November 23 | Ujjal Dosanjh (Liberal): "As I said a couple of times earlier, I am in favour of mandatory adverse drug reaction reporting. I do recognize that there is the issue of online reporting and the lack of equipment or the appropriate mechanisms by at least 50% of the medical practitioners to report. I think that is an issue Health Canada needs to look at. I will also be taking a look at that issue because I believe we need stronger and better reporting of adverse drug reactions."<br><br>[Hansard] |
| 2005 | | Health Canada issues a discussion paper titled 'Designing a Mandatory System for Reporting Adverse Drug Reactions,' intended to "facilitate broad discussion of objectives, constraints, considerations and design principles as a basis for developing options for a mandatory reporting system." |
| | July 28 | Canadian Medical Association publishes a report in response to Health Canada's discussion paper "Designing a Mandatory System for Reporting Adverse Drug Reactions."<br><br>In sum, the CMA argues that there shouldn't be a mandatory system for reporting ADRs; rather, Health Canada |

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| | | should concentrate on building a post-market surveillance system that encourages/facilitates voluntary reporting through a simple and efficient process, effectively using the data from the reports, and communicating drug safety information to care providers and the public in a timely manner. |
| 2007 | January 23 | Superior Court Justice Ellen MacDonald certified the law suit against Janssen-Ortho. Terence Young is quoted as feeling "joy that the judge made the right decision, because this will be great for patients; it will help protect patients because the pharmaceutical companies will have to face victims working together," but "frustration because it took six years and four months to get permission for the victims to even present their case."<br><br>(media) |
| | December 11 | It is agreed that the Standing Committee on Health will undertake a study on Post-Marketing Surveillance of Pharmaceuticals beginning January 2008 (below). |
| 2008 | January 31 to May 1 | House of Commons Standing Committee on Health undertakes a study on post-marketing surveillance of pharmaceutical products. |
| | April 8 (to February 6, 2009) | Introduction and first & second readings of Bill C-51 (which is very similar to Bill C-17 – included mandatory ADR reporting). Bill C-51 was not passed into law before the 39th Parliament ended on September 7, 2008. Subsequent mentions of the bill are related to petitions submitted by Canadians against the reintroduction of Bill C-51 (many complaints seem concerned with included regulation surrounding NHPs).<br><br>The implementation of the bill was addressed twice during debate: April 30, 2008, Christiane Gagnon (BQ) asks the Minister of Health how the government will meet the required needs for more human resources and training. The minister Tony Clement states "it is important to invest in these areas." Ms. Gagnon also addresses the fact that many of the regulations in the bill are to be determined after it passes, and the potential issue with this (which echoes concerns with current C-17). Mr. Clement responds that the bills act as an umbrella for which regulations fall under and that they will be discussed. The issues with implementation surrounding lack of resources are reiterated on May 1, 2008.<br><br>[Hansard] [also see http://openparliament.ca/bills/39-2/C-51/?singlepage=1] |
| | June 17 | Health Committee adopts their report on the study of post-market surveillance of pharmaceuticals. It is presented to the House on July 3.<br><br>Main findings:<br>- Need to increase the quality and quantity of adverse drug reaction data<br>- "Some [health professionals] also argued that the reporting of known or familiar reactions would do little |

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| | | to improve scientific knowledge or to permit more appropriate treatment of patients. Instead, they pushed for a reporting program to specifically target new products. They insisted that increasing the quality and richness of adverse drug reaction reports is more important that increasing the volume of clinically insignificant reports."<br>- The Canadian Society of Hospital Pharmacists says that mandatory reporting in hospitals would create an avalanche of data with little contribution to the knowledge about medications and adverse drug reactions.<br>- Other concerns:<br>o There is precedent from other countries who have been unsuccessful<br>o It's an added burden on health care providers that are already in short supply<br>o Enforcement: (i) insufficient resources; and, (ii) jurisdictional issues because health care professionals are under provincial/territorial authority.<br>o Lack of training to recognize adverse reactions<br>o Lack of time / lack of familiarity with the reporting process<br>- Urge federal investment in research related to detection, evaluation, and reporting.<br>Conclusions:<br>- Adverse Drug Reaction Reporting:<br>o Need to mobilize teams of health care professionals who are trained to identify, assess, report, and analyze adverse reactions<br>o Training on reporting processes<br>o Feedback on reports<br>o Standardized definitions, reporting criteria, reporting forms, and time frames<br>o Phased-in approach (need time to understand the value of reporting for uptake)<br>o Ongoing support in terms of technological problems for electronic reporting<br>o Citizen engagement<br>- Hospitals and Mandatory Reporting: There is no indication of how Health Canada will overcome jurisdictional issues.<br>Recommendations:<br>- Enhance voluntary reporting.<br>- Support educational programs to increase reporting, while respecting provincial jurisdictions.<br>- Fund pilot projects in hospitals to build evidence on effective reporting<br>- Begin work reporting within Health Canada's First Nations on-reserve health centres and nursing stations<br>- Provide funding for technological tools required to increase reporting by health care professionals in daily practices. |

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| | | (PDF of report)<br><br>The report requests an official government response, which is not given. |
| | October 4 | Terence Young is elected MP, Oakville (CPC) |
| 2009 | March 26 | Terence Young appears before the Ontario Standing Committee on Justice Policy to make recommendations in light of the proposed amendments to the Coroner's Act:<br>- Maintain the Minister's power to order an inquest<br>- Establish a new category of death when related to drugs<br>- Require blood sample tests for drugs for every unexpected or suspicious death<br><br>http://www.ontla.on.ca/web/committee-proceedings/committee_transcripts_details.do?locale=en&BillID=2073&ParlCommID=8855&Date=2009-03-26&Business=&DocumentID=23633 |
| | April 14 | Terence Young publishes his book "Death by Prescription: A Father Takes on His Daughter's Killer – the Multi-Billion Dollar Pharmaceutical Companies." |
| | April 16 | Terence Young tables a Private Member's Motion calling for Parliament to create an independent drug agency for Canada:<br><br>"Motion-355: That, in the opinion of the House, the government should create an arm's length Independent Drug Agency similar to the Transportation Safety Board and Canadian Nuclear Safety Commission, to be responsible for making and keeping Canadians safe when using prescription and over-the-counter drugs, and for reducing injuries and deaths caused by or related to their use."<br><br>http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&Parl=40&Ses=2&DocId=3803226&File=7 |
| | October 28 | Court hearings for the approval of an $8.7 million settlement for national class action lawsuit for persons injured by the drug Prepulsid is approved. |
| 2010 | Spring | Terence Young does tour around parts of Canada in support of his Private Member's Motion |
| | October 27-28 / November 30 | Health Canada hosts three sessions of technical discussions to advance the modernization of regulations, particularly the practice effects of potential amendments to Food and Drug regulations and Medical Device Regulations. Potential amendments drew from the former Bill C-51 (above). Participants in the sessions were |

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| | / December 1 | selected to represent the perspective of the regulator, industry, health professionals, consumer and patient groups, academia, international partners, and other government departments. They were closed door sessions. The feedback is intended to be used to inform future development of regulations, including the implementation of the Regulatory Roadmap for Health Products and Food.<br><br>http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/mod/consultation/tech-eng.php<br><br>Regulatory Roadmap for Health Products and Food: http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/mod/roadmap-feuillederoute/index-eng.php |
| 2011 | January 19-21 | |
| | June 6 | Terence Young's Private Member's Motion (M-153, exact same as above) is placed on notice. October 16, 2013, it is reinstated in the next session.<br><br>http://www.parl.gc.ca/Parliamentarians/en/members/Terence-Young%2835663%29/Motions?sessionId=150 |
| | November 22 | Addresses Auditor General report on Health Canada. Minister of Health Leona Aglukkaq says that the government agrees with the findings and is already working toward addressing the recommendations. Previous investments are also mentioned (specifically MedEffect - $32 million investment). "New procedures are being put in place to improve transparency and to better monitor clinical trials and adverse reaction reports." – Opposition comments on vagueness of her statements.<br><br>[Hansard]<br><br>2011 Auditor General Report: http://www.oag-bvg.gc.ca/internet/English/parl_oag_201111_04_e_35936.html#hd3a<br>- Examined the regulation of clinical trials, how the department monitors safety and communication of potential safety concerns, and enforcement of industry compliance with regulatory requirements.<br>- Audited from January 1, 2009 to December 31, 2010<br>- Main findings:<br>  ○ The department doesn't take timely action in regulatory activities<br>  ○ The department doesn't disclose information on drug submissions that it has rejected, or the information on the status of drugs it has approved with conditions.<br>  ○ The department has not acted on its commitment to disclose more information about clinical trials it has authorized<br>- The department agreed with the recommendations and their detailed responses are described throughout the report. |

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| 2013 | March | Senate Standing Committee of Social Affairs, Science and Technology issues their report for phase 2 of 4 of their study of pharmaceuticals. (Phase 1: Process of approval, Phase 2: Post-approval marketing, Phase 3: Off-label use, Phase 4: Unintended consequences).<br><br>For Phase 2, witnesses were heard from October 3 to November 21, 2012 across 8 meetings.<br><br>Main findings:<br>- EHRs are described as an effective means of improving the quality and quantity of ADR reports.<br>- Could like prescription drug databases with EMR and EHRs<br>- ADR reporting could be facilitated by linking the form with EMR and EHRs. Health Canada says that they have been studying the potential of this to increase the quantity and quality of ADR reports, BUT the department does not yet have full capacity for electronic submission (capability should be complete by the end of 2014).<br>- Lack of resources was noted – "Health Canada noted that it is not adequately resourced to ensure long-term sustainability and efficiency of post-approval activities."<br>Recommendations:<br>- Modernize the legislative and regulatory framework<br>- Ensure independence and effectiveness of DSEN<br>- Optimize the research model within DSEN<br>- Improve data collection through EHRs and ensure that Health Canada is represented at the federal, provincial, and territorial discussions on EMRs/EHRs to promote the inclusion of an ADR report form.<br>- Facilitate ADR reporting – BUT don't make it mandatory for health care professionals because that would not be enforceable and likely wouldn't increase reports. Ensure that electronic submission is possible and that those submitted by fax/telephone/mail are added to the electronic database as soon as possible.<br>- Implement post-approval strategies for population sub-groups.<br>- Enhance communications.<br><br>Report in PDF. Here http://www.parl.gc.ca/Content/SEN/Committee/411/SOCI/DPK/01mar13/reports-e.htm |
| | June 14 | Plain Language Labelling initiative is announced by Minister of Health Leona Aglukkaq with Terence Young; the initiative is directed at making drug labels and safety information easier to read and understand.<br><br>http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2013/2013-82-eng.php |
| | June 22 | Health Canada publishes a regulatory proposal in the Canada Gazette, Pt. 1 to amend the Food and Drug |

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| | | Regulations.<br><br>(http://www.gazette.gc.ca/rp-pr/p1/2013/2013-06-22/html/reg2-eng.html) |
| | September 6 | The public consultation on the Plain Language Labelling Initiative closes. Two types of improvements were being suggested: proposed amendments to the existing Food and Drug Regulations and proposed modifications to processes at Health Canada.<br><br>http://www.hc-sc.gc.ca/dhp-mps/consultation/drug-medic/consult_pll_elc-eng.php |
| | October 16 | Opening of the 2nd Session of the 41st Parliament, Speech from the Throne, Speaker addresses the government's commitment to plain language medication warnings/labels, increased ability to recall unsafe drugs, and increased reporting of ADRs. No mention of an implementation strategy / how this will be achieved.<br><br>[Hansard] |
| | December 6 | Bill C-17 is introduced.<br><br>[Hansard] |
| 2014 | March 28 | Second reading of Bill C-17<br><br>[Hansard] |
| | May 27 | C-17 2nd reading cont'd. Questions on why the Bill took so long (it was brought up that it is 50+ years overdue, citing the thalidomide incident in the 60s; overdue from when Liberals were in power; overdue since Bill C-51 in 2008 was tabled; or, overdue since 2011 Auditor General report on the issues with Health Canada's timelines of informing people about problems with drugs.); Young says it didn't come to the House earlier because of consultations done with stakeholders (incl. patients, Pharmawatch, CNA, CMA, and more); Hon. Hedy Fry says the system wasn't as bogged down under the Liberals. Two members (Hedy Fry and Libbie Davis) bring up the question of adequate resources to implement it, especially in light of Health Canada's budget cuts, but there is no firm response.<br><br>[Hansard] |
| | May 28 | C-17 passed onto Health Committee.<br><br>[Hansard] |

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| | June 5-15 | C-17 debated in Health Committee. Regarding implementation, little is said beyond…<br><br>**June 5, 2014:**<br>- Rona Ambrose (Minister of Health) states that they are developing regulations (in terms of who/what/when/how reporting ADRs) in consultation with provinces and territories and with institutions – "We'll work with them on how they'll report and we'll make sure that hopefully we have the most consistent type of reporting across the country."<br><br>- Dany Morin (NDP): [to Ambrose] "…how will you ensure that there are enough resources to report adverse drug reactions and to coordinate the information once it has been received?"<br>- Ambrose responds vaguely and Morin asks for her to expand upon her answer.<br>- Anne Lamar (Acting Assistant Deputy Minister, Health Products and Food Branch, Department of Health): "In terms of reporting, the department has been continuing to invest in really updated IT infrastructure and platforms that enable us to do more efficient reporting, a sort of e-reporting, which also lessens the burden to industry in that regard. We will also be using new technologies to mine data more efficiently and be able to access the information more rapidly. We think, in fact, we'll be moving to a more efficient system. In addition to that, we'll be working very closely with the provinces and the territories to ensure that we are leveraging the systems they currently have in place as well, as not to duplicate those over again."<br><br>- Libby Davies (NDP) asks, given the budget cuts at Health Canada, what additional resources the department will draw on to implement and enforce the bill. Anne Lamar responds by reiterating the above and that the efficiencies around electronic reporting with large IT systems that will manage information will make it easier.<br><br>**June 10, 2014**<br>- Issue of implementation was not really addressed, but the following was stated (which could be interpreted as relevant):<br>- Sylvia Hyland (VP and COO, Institute for Safe Medication Practices Canada): "A readiness for this bill exists. It is our experience that when there is recognized value, additional work on the part of the practitioners or organizations will not be a barrier to implementation…With this bill we have an opportunity to identify best practices for reporting and for coordinating existing systems to provide adverse drug reaction data to Health Canada. There will be opportunities t link this work through such advancing technologies as the electronic health record and thereby continuously improve data capture on the use and safety of medications." |

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| | | http://openparliament.ca/committees/activities/5015/ |
| | June 16 | C-17 is read for a third time and passed to Senate.<br><br>[Hansard] |
| | June 16 to September 18 | Senate completes first and second reading; passes C-17 to the Senate standing committee on Social Affairs, Science and Technology. |
| | September 24/25 and October 1/2/8/9 | Senate standing committee on Social Affairs, Science and Technology meetings. |
| | October 9 | Senate committee on Social Affairs, Science and Technology presents their report to the Senate; no amendments suggested. |
| | October 23 | Senate completed third reading. |
| | November 6 | Receives Royal Assent |
| | November 20 | Health Committee Meeting<br><br>Rona Ambrose, Minister of Health: "...Many of these new powers came into effect with the royal assent of Vanessa's Law, and we are moving quickly to put regulations in place to support other powers, such as the requirement for all authorized clinical trials to be registered, and some elements of mandatory adverse reaction reporting for health care institutions."<br><br>Terence Young: "…We know there's a need for more consultation. Health Canada has done a superb job on consultation on this bill over the years, which I much appreciate. Can you please update the |

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| | | committee on what measures in Vanessa's Law are law right now, immediately, and which ones will require some ongoing consultations and come into force over time."<br>Rona Ambrose: "…With royal assent, I can tell you that the new authorities for me and any future ministers as Minister of Health, would be the ability to compel information, recall unsafe therapeutic products, impose tougher fines and penalties, incorporate by reference, disclose confidential business information, direct package label changes, and seek an injunction. In terms of regulations that are not in force and that we will be developing and are already developing to ensure they come into force soon are the ability to require tests and studies, order a reassessment, and attach terms and conditions to market authorizations. I would say they still need further work in the regulatory process. They're important, but I think the ones that matter the most, as you know, are the ability to recall products quickly, compel information, direct label changes, and tougher fines. For the things that really impact consumers and those who are using the product, we have the power today, thanks to all the work you and the committee did, both here in the House and the committee in the Senate. I would say it also saves us a great deal of time. *I know I spent some time speaking about this in the Senate, but the fact that we now have the power to do this means we don't have to negotiate with pharmaceutical companies. Our officials spent literally hundreds of hours negotiating with companies to change their labels, to pull unsafe products off the shelves.* Of course, the longer they can keep them on the shelves, the better for them, and the more profits. It was very frustrating. The fact that this law has passed will not only allow us to act more quickly in the public interest, but also frees our officials to do the work they should be focused on instead of negotiating with companies.<br><br>Terence Young: "…Mr. Da Pont, could you describe what administrative changes at Health Canada will support the enforcement of Vanessa's Law, perhaps with specific reference to adverse drug reaction reporting for health care institutions? How are you going to make it work?"<br>George Da Pont, Deputy Minister, Ministry of Health: "We will be putting in place a regulation and a framework to define the reporting of adverse drug reactions. We will have to, and want to, engage in discussions with provinces, local hospital authorities, and other institutions that we would be asking to report, to work out the mechanics of what exactly gets reported: the timing, the mechanism, and the frequency of reporting. Obviously we want to get any severe reaction, any serious reaction. A lot of those discussions have started. We want to move this along as quickly as possible because obviously it's one of the critical new components of Vanessa's Law. We need to work out the nuts and bolts of how that |

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| | | information is going to come, when it's going to come, and in what form. That will significantly enhance our ability to make assessments and take action when we see patterns or trends." |
| | November 27 | Eve Adams, Parliamentary Secretary to the Minister of Health: …Vanessa's law gives the Minister of Health new powers and tools that will make that ongoing regulatory role more effective. Since most serious adverse reactions to drugs result in hospitalization, a new adverse reaction reporting requirement for health care institutions will give the minister new insight into these events. Regulations are being developed to support this requirement, which will allow the regulator to reach into the health care system and extract data to provide a better window on what is happening in the real world with patients.<br><br>Other powers under Vanessa's law that have come into force immediately have given the minister the ability to take action promptly if and when new risks to health are identified. Vanessa's law gives the Minister of Health greater power over the removal of therapeutic products from the marketplace when they present imminent or serious risks to the health and safety of Canadians. Until now, Health Canada has worked within the restrictions of the older Food and Drugs Act to persuade companies to remove drugs from the market if they are found to be unsafe. Most of the time this approach has been successful, although it sometimes takes longer than any of us would like. On a few rare occasions it has not worked and the minister did not have the power to force or withdraw these products. With the passage of this new law, if the force of law is needed, the minister now has the power to act without having to undertake any negotiations with pharmaceutical companies while potentially dangerous drugs remain on the market.<br><br>…here is mandatory reporting of adverse conditions. Usually when there is a significant adverse reaction, a person will show up at a hospital. Hospitals will now need to report any adverse reactions so that the Minister of Health will be aware and immediate action can be undertaken, if necessary.<br><br>Elizabeth May: …There is much more we can do to make sure the pharmaceutical industry is held to account, not just for past wrongs but so that we more adequately test and study drugs before they become registered….I want to ask my hon. friend if he is aware of the fantastic work of the Therapeutics Initiative at the University of British Columbia and whether we should not bring in more of its approach. It does not allow itself to accept even a free lunch from the pharmaceutical industry. For every doctor in |

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| | | Canada, there are three drug sales people. Should we not ensure that there is no conflict of interest in the registration of pharmaceutical drugs?<br>Murray Rankin: … At the Therapeutics Initiative in British Columbia, Dr. Wright and his colleagues are doing remarkable work. It is frankly shocking to me that there is no similar organization at the national level. This organization has to do it from British Columbia, for British Columbians… |