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Optional copayments on anti-cancer drugs

Increasing time of patent protection could reduce new biological agents' costs

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Sir. The financial and economic crisis that strikes several occidental countries imposes great ethical conflicts between Justice in allocation of scarce resources and respect for patient's Beneficence.

About the sustainability by the NHS to support the rising costs of new biological agents registered for treating cancer, whose high prices are justified by the high costs of research, development and small targeted populations, the very elegant analysis of Katelijne Vooren and Colleagues (BMJ 2013;346:f349) suggests an optional copayment by the patient to avoid the possible unsustainable situation, justifying the reasonability of their proposal because these drugs have only marginal efficacy. The copayments may also play a part in steering patients' decisions towards more cost effective drugs. These arguments not only are difficult to explain to a patient who has become frail through the pathological and emotional nature of cancer, may be seen as a age or pathological discrimination, but also seem unsustainable against the argument that regulatory agencies have approved these anticancer agents based on evidence of a good relation benefit/cost.

To decrease the costs of these agents without hurting more patients who are already suffering, it would be useful to increase the time of patent protection of new biological agents, in order to dilute during a greater period the compensation for the huge investment made on the research and development of agents that have a small targeted population. This proposal may have the additional advantage of stimulating the investigation of new and more effective agents, without patient pathological discrimination.

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Competing interests: None declared

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