

**Daniel W. Simmons**

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**From:** Sharon Smith [Sharon.Smith@easternhealth.ca]  
**Sent:** July-17-08 12:22 PM  
**To:** David Saltman  
**Cc:** Dean@med.mun.ca; Oscar Howell; John Guy; Kara Laing; Pat Pilgrim  
**Subject:** RE: Changes in Pharmacy Act to accommodate hospital's prescribing oral chemotherapy

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi,

I think you have missed the point of my message. When you were hired as the Discipline Chair, you became part of our Leadership Team, and as such, I thought we would be able to discuss issues that affect our program, and in particular determine specific opportunities to strengthen the program through the development of the Discipline of Oncology. I don't consider this to be concerns about academic freedom, I consider it the development of a partnership. I have worked with such partnerships in the past, in the Surgery Program, as well as the Diagnostic Imaging Program.

I am quite willing to meet and discuss this with whoever is deemed necessary.

Sharon

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**From:** David Saltman  
**Sent:** July 17, 2008 11:36 AM  
**To:** Sharon Smith  
**Cc:** 'Dean@med.mun.ca'; Oscar Howell; John Guy  
**Subject:** RE: Changes in Pharmacy Act to accommodate hospital's prescribing oral chemotherapy

Dear Sharon,

I am planning to meet with the Dean of Medicine soon to talk about my tenure with both the University and Eastern Health and the viability of the Discipline of Oncology given the Cancer Care Program's non-physician management's continuing concerns about academic freedom. This will obviate the need for you and I to meet.

David Saltman

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**From:** Sharon Smith  
**Sent:** July 17, 2008 10:34 AM  
**To:** David Saltman  
**Cc:** Kara Laing  
**Subject:** RE: Changes in Pharmacy Act to accommodate hospital's prescribing oral chemotherapy

Hi David,

I was hoping to speak to you in person this morning, but have to go to St. Clare's. I am concerned that once again, I hear of an issue you raised that affects resources within our program, and we have not had an opportunity to discuss the issue at either of our Leadership Committees. You refer to this as a safety issue, so I would expect that we have discussion about matters such as this with at least myself as Program Director, and Kara as Clinical Chief. I am particularly concerned about the comment that you plan to talk to the media about issues facing our program.

Perhaps we'll get a few minutes to discuss this before the week is out.

Thanks  
Sharon

**From:** David Saltman  
**Sent:** July 16, 2008 6:29 PM  
**To:** 'Don Rowe'  
**Cc:** Kara Laing; Sharon Smith; Gary Peckham; Patricia Clark; Rick Abbott  
**Subject:** RE: Changes in Pharmacy Act to accommodate hospital's prescribing oral chemotherapy

Dear Mr. Rowe,

Thank you for reply. You raise some very important points. I see my proposal to change the Pharmacy Act as the first step in building a safer way of delivering non-parenteral chemotherapies and targeted agents to patients in the province. I am not so much concerned as to what happens in St. John's as to what happens in the peripheral cancer clinics in Grand Falls, Gander and Corner Brook. I would eventually like to see these hospital pharmacies dispense the non-parenteral drugs rather than the community pharmacies. I can put you in touch with the Head of the BC Cancer Agency Pharmacy if you have some doubts as to the benefits of dispensing drugs from a cancer centre or hospital pharmacy versus a community pharmacy. I have a lot of respect for the professionalism and training of all pharmacists so that is not the issue. I married an oncology pharmacist with 10 years of experience who also considers this an important issue.

As to my relationship to the provincial cancer program, I am a working oncologist as well as the Chair of the Academic program. This is a safety issue and one we should all be concerned about regardless of our professions or titles.

Rick Abbott is currently on vacation and I am in Corner Brook next week seeing patients. I will see about other people's availability but it may come down to you and I having a preliminary discussion and then setting up a second meeting if there is interest.

Sincerely,

David Saltman

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**From:** Don Rowe [mailto:drowe@nlpb.ca]  
**Sent:** July 16, 2008 2:50 PM  
**To:** David Saltman  
**Cc:** Kara Laing; Sharon Smith; Gary Peckham; Patricia Clark; Rick Abbott  
**Subject:** RE: Changes in Pharmacy Act to accommodate hospital's prescribing oral chemotherapy

Dr. Saltman:

I regret that I haven't had the opportunity to respond to your letter earlier. Unfortunately, other priorities have consumed my time until now and in hindsight, I should have at least acknowledged your letter and confirmed that I will meet with you at a later date, and for that I apologize.

Your letter comes to me in your capacity and Academic Chair and Professor of Oncology at the Faculty of Medicine and I have to confess that I'm not familiar with the relationship that your academic position has with the clinical cancer programs of the H. Bliss Murphy Cancer Centre or the broader clinical programs of Eastern Health (or those of Central Health, Western Health and Labrador Health).

For that reason, before meeting with you, I wanted to consult with the Director of Pharmacy for Eastern Health to clarify what the current system of providing oral cancer drugs is, what difficulties if any are currently being encountered in patients obtaining these drugs, and what capabilities the Eastern Health Pharmacy system would have in assuming these distribution functions that you suggest.

The initial reaction that I have received from the Director of Pharmacy was that the cancer centre in St. John's is already understaffed to the extent that six additional clinical pharmacists should be hired to bring its pharmacist complement up to the national average. He also indicated that their desired focus would be to increase pharmacist clinical contact and counselling to cancer patients, and to facilitate seamless care between the cancer centre and the patient's regular community pharmacy, rather than increasing the drug distribution component of the department's operations. So far only one additional pharmacist position has been approved, instead of the required six.

We would also wish to determine where the cancer centre and the various health boards stand with respect to your suggestion and their desire, or capability, to pursue this concept further.

One concern with your suggestion that we would need to discuss is whether a mail-order type of distribution system for cancer drugs would result in improved patient pharmaceutical care, compared to improved local “face to face” collaborative care that involves the patient, the local physician, the local pharmacist and the centralized or regional cancer centre(s). There is growing evidence that a significant number of medication adverse events and hospital admissions are related to a weakness in this collaboration. Would enhanced collaboration among health care professionals, and enhanced availability of cancer treatment in local regions of the province produce greater benefits to patients, as opposed to setting up a centralized distribution system that might be described as distance care (not that distance care is not an alternative when services are not available locally)?

There are currently 465 community and hospital pharmacists in our province, practising in 187 community pharmacies and 15 hospital pharmacies and providing health care expertise to patients in approximately 115 different communities. Pharmacists are easily the most accessible health care professional and in many communities they are often the only health care professional available. Of these pharmacists, only 3 to my knowledge are associated full time with the Cancer Centre in St. John’s. Though fewer in number than would be expected, they offer considerable advice, co-ordination assistance and consultation to pharmacists all over the province, and they are recognized by other pharmacists in the province as the “go to” persons when they have cancer related pharmacy questions or need assistance in facilitating issues for their local patients. One of these 3 pharmacists is a recognized leader in the study and promotion of seamless pharmacy care in the province. Our Board would most certainly welcome suggestions of ways in which improved cancer pharmaceutical care can be provide in all areas of the province. However, it would require further discussion of the other resources that would need to be put in place before additional duties could be placed on these individuals, and whether in fact centralization of services from local providers would result in improved care or safety.

Another significant issue that needs to be considered is that (as you recently noted in a letter to the editor of The Telegram that included comment on the lack of linkage between medical and pharmacy records in this province) hospital pharmacies do not have access to pharmacy records from community pharmacies, and vice versa. The lack of availability of a complete patient drug profile introduces a significant potential for risk to patients with respect to possible drug interactions, adverse effects related to co-morbidities, or contraindications. The importance and value of improving communication between the local pharmacy and physician and the hospital pharmacy and physician when a patient leaves the community, enters hospital for treatment and later returns to the community, and the importance of the sharing of treatment information between all the professionals involved with the patient’s care is becoming more widely recognized and promoted under the concepts of “seamless care” and “medication reconciliation”. Unfortunately, only limited resources have been provided to implement such programs and gaps in information sharing between the hospital and community settings remain the norm rather than the exception.

While the development of a Pharmacy Network, as a component of the broader Electronic Health Record, has been on going for a number of years (your colleague Dr. Gerard Farrell was very actively involved in this process for many years as a member of the Board of the Newfoundland and Labrador Centre for Health Information, representing the NLMA), and considerable investment in time, effort and money have been invested in this project, it will likely be some time before this network is operational. When the pharmacy network is operating the issues surrounding the availability of a complete patient pharmacy profile and the sharing of treatment information will possibly become moot.

Never the less, despite questions, such as the ones mentioned above, we would always be open to discussion of possible ways in which pharmacy service to patients can be improved, and ways in which the expertise and specialized knowledge of pharmacists can be utilized to their greatest benefit. I would particularly be interested in learning more about the research you referred to that suggests that cancer drugs and patient teaching may be best performed by cancer centre and hospital based pharmacists. Similarly, I would be interested in learning more about and delays in starting treatment or supportive care that you suggest are currently being experienced by patients of the cancer centre, and discussing ways in which such delays can be reduced or eliminated.

I have also asked our lawyer to advise us on whether in fact a change to the Pharmacy Regulations would be needed if your proposal was deemed to offer improved patient care. My initial reaction was that section 8(f) of the Regulations already provide for such exceptional situations. The question now is whether there is reasonable evidence, and consensus on which to base an agreement by our Board to exempt cancer drugs from this section of the regulations.

With respect to a date for a meeting, might I offer the following times as possibilities:

- the morning of Friday, July 25
- anytime Monday July 28

- “ Tuesday July 29
- “ Thursday July 30
- “ Friday August 1st

If no mutually convenient meeting can be held prior your meeting with the media, I would be only to happy to discuss with the media the role of our Board and the efforts we make to fulfill our mandate of serving and protecting the public interest in all matters relating to the sale of drugs and the practice of pharmacy.

Your letter concludes with the comment that any meeting would also include Mr. Rick Abbott and Mr. Gary Peckham. I assume that you mean by this that you would wish these pharmacists to be invited to participate in the discussion of your suggestions. I would certainly concur with that wish, given the direct involvement that these pharmacists have with pharmacy services at the cancer centre and Eastern Health. I would also suggest that Ms. Patricia Clark, the Acting Director of Pharmaceutical Services with the Department of Health and Community Services would be a valuable participant in the discussions.

Sincerely,

Don Rowe

*Donald F. Rowe, B.A., B.Sc., Ph.C.*  
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Newfoundland and Labrador Pharmacy Board  
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**From:** David Saltman [mailto:david.saltman@easternhealth.ca]  
**Sent:** July 14, 2008 11:35 AM  
**To:** drowe@nlpb.ca  
**Cc:** vharvey@nlpb.ca; acrane@nlpb.ca  
**Subject:** Changes in Pharmacy Act to accommodate hospital's prescribing oral chemotherapy

Dear Mr. Rowe,

I wrote you a letter dated April 27, 2008 but to date have received no reply. I understand Dr. Gerard Farrell also discussed my correspondence with you. I am still interested in meeting with you to discuss making some changes to the Newfoundland and Labrador Pharmacy Act to allow hospital pharmacies in the province to dispense oral chemotherapy drugs. I would like to get together prior to meeting with the media to discuss the current status of cancer therapy in NL, patient safety and outcomes. I plan to discuss with the media my correspondence to the Newfoundland and Labrador Pharmacy Board and the Ministry of Health.

I look forward to meeting with you soon.

David Saltman MD, PhD  
Chair and Professor of Oncology  
Memorial University