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Media Release

Patients suffering unnecessarily because of ongoing pain medicines shortage.

“Patients who are reaching the end of their life are suffering additional distress and uncertainty due to the ongoing shortage of morphine-based medicines in Australia” says Dr Michelle Gold, President of the Australian & New Zealand Society of Palliative Medicine and Director of Palliative Medicine at the Alfred Hospital in Melbourne.

Over the past 12 months, at least 6 essential pain-relieving medications and products have been withdrawn from the Australian market. This has resulted in doctors needing to change prescription medications to ones that may be less effective, and which may also create risks to patient care due to confusion with the changes for nurses, doctors and community carers including family members. Despite the situation being known to government since last year, there has been very little evidence of action by the Federal Government to address the situation.

‘We have been alerting the TGA and the Minister of this looming crisis for close to a year now. We have written directly to the Minister and the TGA and we have had meetings with department officials. While the TGA are doing what they can to inform the professions and the public, they are not responsible for ensuring supply of these much-needed medicines’. Dr Gold states.

‘The regulations and government policy surrounding the supply of essential medicines is complex, but at the end of the day it is extremely frustrating that essential morphine-based medicines which we prescribe daily in Palliative Medicine, are in such short supply or not available at all and that we are being forced to use medicines or products which not only results in less effective pain relief, but may lead to unwanted side effects.’

The situation we now face is that doctors are being advised almost weekly what medicines they can have access to, we then must adapt as best we can to provide care to the standard we want to deliver. Imagine being a patient near the end of their life and whose pain is under control, being told sorry, that medicine or product is no longer available. We are all trying to find the best alternatives for our patients, but selection is limited and changes weekly.



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Dr Gold says the situation is worse in the private and rural and remote settings where the processes for local pharmacists to access medicines from the shortage list known as S19A list, is more complex and costs can be prohibitive. 'If a medicine is listed under s19A as being a substitute for the PBS listed medicine, this alternative may very well not have PBS listing, so that medicine is very expensive. For example, morphine liquid can be up to ten times more expensive. Even worse is Hydromorphone SR (slow release). Previously, a pack of 100 x 32mg tablets of the Aust product would be \$182. This has been removed from the market and the overseas alternative is \$4209 for 100 tablets, which is 23 times more expensive. I am sure anyone can see the problem here, says Dr Gold.

What this means is that patients receiving care in the public system may be able to have these medicines at a subsidized cost, but those in private care or in the community may be up for hundreds of dollars for the same medicine or it may not be accessible at all. ANZSPM wants to see PBS listing for all substitute medicines where the original did have such listing. We are unsure of the barriers that lead to this inequity in end-of-life treatment across the public, private and community sectors, but it is unacceptable and is something the government should address.

Dr Gold notes that the Government is currently seeking advice for an upcoming medicines shortage reform process. 'ANZSPM is involved in providing our advice and concerns to the TGA and contributing to the reform. Some changes lie outside the TGA powers and relate to existing shortcomings in legislation and government policy. We shall be advocating for these changes and hoping that steps are taken to secure our nation's supply of essential pain-relieving medicines in the future. Patients receiving end-of-life care deserve better than what we can offer today.

For further comments or information please contact ANZSPM.

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