

Oncologists issue guidance for allocating scarce chemotherapy drugs

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Claiming that clinicians lack formal and concrete allocation guidance when faced with a critical drug shortage, experts in pediatric oncology and bioethics have issued a framework to avoid waste and guide difficult prioritization decisions among children in need of scarce life-saving chemotherapy treatment. The commentary is published January 29 in the *JNCI: Journal of the National Cancer Institute*.

"In the absence of a much-needed national advisory statement on how best to allocate scarce drugs, and until policymakers and stakeholders can prevent future shortages, the guidance articulated here supports reasoned decision-making in the face of an actual drug shortage and aims to minimize bias as might occur when individual clinicians or institutions are forced to make difficult, and at times tragic, rationing decisions for children with cancer," the commentary states.

In the absence of evidence-based recommendations, the authors present a modified utilitarian model that maximizes total benefit from the available supply of drug, while respecting limited constraints on differential treatment of individuals. They propose three critical factors in determining allocation of scarce life-saving drugs for children with cancer: "Curability," prognosis, and the incremental importance of a particular drug to a given patient's outcome.

The framework's strategies to maximize efficiency and minimize waste include not over-ordering, or hoarding, drugs. Additionally, if the drug is available at another institution, rather than altering a treatment

regimen, patients should be sent to that institution. At a policy level, the commentary calls for [drug](#) shortages to be treated similarly to natural disasters, thereby raising public awareness and providing a mechanism for potential policy change and remediation.

"Physicians and administrators faced with having to decide which of two children with cancer receives a scarce life-saving treatment need guidance and should not feel that they are on their own without a roadmap," says lead author of the comment Yoram Unguru, MD, MA, MS, a pediatric hematologist/oncologist at The Herman and Walter Samuelson Children's Hospital at Sinai and a faculty member of the Johns Hopkins Berman Institute of Bioethics.

"The context of allocation is always complex, but it is unethical to leave these challenges unaddressed. It is our hope that this framework will be helpful and spur further substantive action on this crucial issue," Unguru says.

Provided by Oxford University Press

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