

Drug Recycling Incident Has Positive Outcome

A headline on the front page of the Press Citizen on August 23rd read: “UIHC nurses won’t be charged – White closes drug recycling case.”

Those of you who are new in town won’t recall the headlines from December of 2003 about several nurses in the kidney/liver/pancreas transplant department at UIHC who were altruistically (but illegally) recycling expensive anti-rejection drugs to needy patients.

A common example of drug recycling at that time was when a patient has his or her prescription changed (or God forbid – died), and the insanely expensive drugs he or she was taking were no longer needed. If the patient (or surviving family) contacted the transplant department to ask what to do with the medications, the correct answer was to dispose of them.

That’s all well and good, but the nurses fielding those calls were also consistently getting calls from distraught patients who couldn’t afford to pay for the exact same drugs that were being flushed down a toilet somewhere. It was not uncommon for a transplanted organ to be compromised by a patient who could not afford (or was half-dosing) medications.

The nurses never solicited drug donations from patients, but neither could they bear to turn down offers of desperately needed prescribed medications that would otherwise have been wasted. Despite existing programs that addressed hardship cases, there were always some patients who fell through the cracks or whose paperwork was held up for one reason or another.

It was also not uncommon at that time for transplant patients to swap drugs with each other, when one had a prescription for a drug that another was no longer using. They knew who was taking what medications in what dosages, and who had perfectly good drugs that he or she no longer had a use for.

No, you don't need to convince me that we can't have controlled drugs being dispensed willy-nilly, either by patients or by experienced transplant nurses. It was probably just a matter of time before a well-meaning nurse made a mistake – prescription medications really do need to be dispensed by licensed pharmacists.

One result of the drug recycling incident is that the UIHC was able to make more options available to patients who need lifesaving drugs but can't afford them. I'd like to stress that the UIHC actually does a great job with indigent care - the value of the health services provided by the UIHC for indigent care consistently exceeds the appropriation it receives from the state.

Another direct result was that the Iowa legislature joined 33 other states by unanimously enacting a drug-recycling law (HF 724) that was introduced March 11, 2005 and fast-tracked into law, signed by Governor Vilsack less than two months later. It allows anyone to return unopened, unexpired prescription medications to participating pharmacists for redistribution – preference is given to the indigent and uninsured.

Any column concerning organ transplantation would be remiss if it failed to include an appeal for organ donors. In the U.S. alone, an average of 18 people die *every day* waiting for the organs that could have saved their lives. At www.unos.org (United Network for Organ Sharing) there is a constantly updated ticker that shows the number of people on waiting lists for organ transplantation – currently over 90,000.

Pull out your driver's license right now. If it doesn't say "Org. Donor: Y" on it, you are contributing to a heart-breaking problem. Make sure you inform your immediate family members of your desire to donate – they can override your choice when the time comes, and they will be under a lot of stress when they are asked.

I'll leave you with a slogan that transplant awareness groups often use; "Don't take your organs to heaven – heaven knows we need them here."

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