

# Healthcare Crises With Shortage Of Essential Medicines/Equipment – What Have We Missed?

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The world is overcoming the recent pandemic catastrophe, but we have yet to fully face the post pandemic crisis. One of our most vital concerns is the shortage of medical equipment, drugs, and essential kits. As an advanced nation, the United States has not been spared from this challenge, and with medical supplies falling short, we face numerous difficulties in providing crucial and adequate care to our patients. In the pre-pandemic era, challenges caused by shortages were hidden, as the import of various healthcare supplies was not as challenging. As manufacturers face problems in obtaining raw materials, manpower challenges, and economic losses, production has fallen short and thus limited healthcare supplies worldwide. Globally, patients are facing inadequate care, sub-optimal evaluations, and inferior treatment due to shortages of essential medicines and kits. Low supplies of medical kits include shortages of antibiotics, pain medications, cardiac medicines, cancer medications, contrast materials, and equipment

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kits for life-saving surgeries. Optimal and suitable treatment is becoming difficult, may be delayed, and is more challenging, increasing the length of hospitalization, number of treatment failures, recurrence of multiple hospitalizations, and even death. The drastic impacts resulting from a lack of life-saving kits are endless.

Our objective is to describe the extent of the vulnerability of healthcare arising not only from pharmaceutical shortages, but also due to a lack of international standardization and preparedness to overcome a global crisis.

Clearly, the preparedness of United States to deal with a healthcare crisis was inadequate and the recent pandemic made it transparent to the general population and the world. We lived a very short-sighted life and did not plan for the future. Our country, the healthcare industry, and the healthcare field itself had no plans for any disastrous situations or calamities (perhaps with this caveat<sup>1</sup>). Why did this happen? One can say that because the occurrence of such catastrophes is

rare, we don't make plans. Yet it looks very poor for a country such as the U.S., long perceived as the most admirable country in the world, to fall so short.

We arrived at the COVID-19 pandemic during a time when high manufacturing costs had diverted companies outside the United States. Companies outsourced their production and were permitted to do so with few incentives to remain in the country, if any. We compromised our own national healthcare security. Instead, the U.S. should have ensured that these companies keep their in-country manufacturing at a certain percentage that is sufficient to supply our own patient population — then, beyond that percentage, companies would be permitted to outsource. In this scenario, should any calamities arise, our country would retain enough supplies to support the health of our population.

Some developing countries have initiated their own production and established a strategic plan to overcome accelerating issues due to any shortages in essentials. The roots of these deficiencies are multifactorial, varying from lack of raw materials to a lack of manpower, all leading to manufacturing issues, supply demand mismatch, logistics issues, and economic loss.

The Food and Drug Administration should think critically and act swiftly, ensuring the preparedness and safety of our nation's public healthcare. Outsourcing of medical equipment and essential drugs should be only permitted if these items can be made in-house to support in cases where imports become hampered. We must strategize to equip the United States with a stockpile of all life-saving kits and essentials in order to avoid critical product shortages during emergencies. Contracting with companies that outsource production should only be permitted if our own country is independently supported by in-country manufacture. Of course, raw materials and other necessary logistics need to be planned for and arranged. We need to think outside of the box, in novel ways, and use advanced technologies to help develop our own kits.

Medicines and healthcare supplies are fundamental human rights. Drug shortages are well known and become even more evident when a crisis arrives. Yet the U.S. still has not developed a concrete and strategic plan to overcome this lack. Research and



*My name is Kusum Lata and I am an interventional cardiologist. The current shortage of essential life-saving medications, equipment, and recently, contrast media agents, is very disturbing and limits our ability to take care of patients with life-threatening cardiac and vascular illness. As a physician, healthcare advocate, and advocate for my patients, my ability to provide the best possible care is growing more limited due to reduced supplies of tools and kits. Our patient care is being compromised. I feel it is my ethical, professional, and humanistic duty to speak about these issues in order to help my patients and our country.*

technology companies, manufacturers, and governments need to work together methodically to build a strong foundation and implement plans to mitigate shortages. Options to address these situations include countries maintaining independence in the production of their own healthcare supplies, using local and regional raw materials, keeping track of drug shortages, maintaining abundant inventory, avoiding wastage, seeking optimal pathways to recycle expired materials, and coordination with government authorities and manufacturers. Drug shortages are a global issue and an international regulatory platform for the monitoring and extenuation of critical challenges would be beneficial. As a highly developed nation, the United States should be proactive in developing a robust policy, planning and implementing strategies, and leading the world to safer patient care. ■

### Reference

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