

## 3-1-5 implementation for 2015

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During 2014 and 2015, ICC will be promoting patient consumerism through the Three One Five Initiative as noted in the recent ICC column (1). As we proposed, ICC would like to make more health care professionals and patients familiar with this initiative, and we hope that many of our ICC partners and member organization will be implementing 3-1-5 activities.

ICC is in communication with the international leadership of 3-1-5, which is in China, and the SAIC governmental agency of China that works with them. We will continue to provide readers of *Journal of Thoracic Disease (JTD)* and our COPD patient organization partners with more information about the international plans for 3-1-5. ICC looks forward to input from its member organization, and we ask them to send us their plans for 2015 COPD patients' rights promotion, and their articles will be published in the ICC Column in *JTD*. We also look forward to *JTD* readers' thoughts about patient rights. ICC will be working with our member organizations to propose "New Laws to Protect Consumers", which is an initiative of the global 3-1-5 leadership. There are many new laws that could benefit COPD and other respiratory patients.

There are several topics for important laws and initiatives that have been suggested by ICC leaders and member organizations that could be implemented as part of 3-1-5 activities. We plan to publish reports in the March 2015 issue of *JTD* about the activities that are taking place, and after their occurrence we will have reports on the experiences and successes. Here are the ideas that have been suggested so far by ICC leaders and member organizations:

- (I) The need for rules and legislation regulating the communication between pharmaceutical companies and doctors in developing countries. Such rules

exist in Europe and North America, but they are needed elsewhere;

- (II) The need for legislation to promote availability of health care. The lack of availability of health care services often deprives patients, particularly in developing countries and countries without universal health care, such as the USA, China, and many other countries, both developed and developing;
- (III) The need for legislation that promotes cost-effective health care that identifies care that benefits patient outcomes. An example for COPD would be there are many therapies that reduce COPD exacerbations but what is the most cost-effective way to provide this patient outcome? How many of these therapies continue to provide benefits when they are used together?
- (IV) The need for early COPD diagnosis to better treat and understand this disease. Delayed diagnosis of COPD harms the chances of helping the patients. Understanding the cause and mechanism of early disease may offer an opportunity to prevent or cure the disease.

The treatment of COPD has not substantially improved in 40 years, nor has its survival, although the cost of COPD care in the USA has tripled during this time even factoring in inflationary costs (2). Most COPD patients have low incomes, so they need assistance in coping with this terrible disease. Even if governments and medical organizations do not give a priority to the rights of these patients to health care, we should all realize that the steady increase of COPD and other respiratory diseases is related to the increasing global pollution and inhalation of toxic pollutants. If the cause and care of COPD is not

taken seriously now, the same fate of pollution-induced respiratory diseases awaits the entire global population as the earth's environmental compromise continues to increase (3).

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