World Trade Organization finally agrees cheap drugs deal

Fiona Fleck *Geneva*

A long awaited trade deal to give poor nations access to cheap lifesaving drugs for diseases such as AIDS, malaria, and tuberculosis was agreed on 30 August after eight months of stalling—which was mainly due to US objections.

Negotiators from the 146 member nations of the World Trade Organization (WTO) who hammered out the deal hailed it as a major breakthrough.

"All people of good will and good conscience will be very happy today with the decision that the WTO members have made," said Amina Chawahir Mohamed, Kenya's ambassador to the Geneva based body. "It's especially good news for the people of Africa, who desperately need access to affordable medicine."

Some aid organisations criticised the deal. Médecins Sans Frontières said it "threw up new legal, economic, and political obstacles" to poor countries wanting to import cheap generic copies of patented drugs and that it was "designed to offer comfort to the US and the Western pharmaceutical industry."

Until now, under a WTO system known as the compulsory licence, patents for lifesaving drugs could be waived only for countries that could produce cheap generic drugs themselves.

The deal is a breakthrough

because trade rules have now been altered to allow poor countries—most of which do not have their own drugs industry—to issue a compulsory licence to a third country, such as India or Brazil, to produce cheap generic drugs and to import these to address a public health crisis.

WTO member nations had originally agreed to give poor countries better access to cheap drugs at the WTO ministerial meeting in Doha, Qatar, in November 2001 (*BMJ* 2001;323:1146). But because of difficult negotiations in trying to balance humanitarian concerns and business interests, the deal has only just been concluded in time for trade ministers to give it their blessing at their next biennial meeting, on 10-14 September in Cancun, Mexico.

The breakthrough agreement came after a plea from African nations in the form of a joint statement to negotiators saying that nearly 2.2 million Africans had died from AIDS and other major diseases since talks became deadlocked on 16 December.

"For us, the request by the African countries was a decisive factor. All of us couldn't fail to be touched by that," said Luis Felipe de Seixas Correa, Brazil's ambassador to the WTO.

Washington had opposed the original deal hammered out

in December, fearing that cheap drugs intended for poor countries could be diverted back to developing countries and undermine the drugs industry, even though most countries agree that such a scenario is unlikely.

But trade negotiators addressed US concerns with a statement saying that rules allowing countries to override patents

"should be used in good faith to protect public health... [and] not be an instrument to pursue industrial or commercial policy objectives."

The statement also calls for special measures to prevent drugs being smuggled into rich countries, including special packaging or differently coloured tablets. □

AP PHOTO/EVAN VUCCI

Washington demonstrators stage a mass "die in" earlier this year in protest at the US resistance to a cheap drugs deal

Psychiatrist faces GMC hearing

Owen Dyer *London*

A consultant psychiatrist who reported a colleague for child abuse is facing a charge of serious professional misconduct at the General Medical Council. It is the first time a British doctor has faced disciplinary action over recovered memories of sexual abuse.

Dr John Eastgate, a consultant in child psychiatry at Princess Margaret Hospital in Swindon, Wiltshire, went to police and social services after a 13 year old patient told him she had been abused during consultations with a growth specialist referred to as Professor X.

The girl, known as Miss A, made her accusations in 1996, shortly after attempting suicide with an overdose of antidepressants.

Dr Eastgate is accused of asking leading questions, keeping incomplete records of his interviews with Miss A, making public accusations without taking reasonable steps to verify their accuracy, and failing to consult the girl's parents. It later emerged that Miss A's mother or

grandmother had been present at all her appointments with Professor X.

Dr Eastgate has already been cleared by two investigations carried out by Swindon and Marlborough NHS Trust. He was present and represented at the hearing, which began on 1 September. He has admitted most of the factual charges with minor amendments but denies serious professional misconduct. □