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## Technology: Wow! (for us)

In this issue we celebrate technology, the practical application of science. Spurred by the *Journal of the American Medical Association*, this month medical journals throughout the world are publishing articles that reflect on the impact of technology on human health and the practice of medicine.

Caralee Caplan, former Editorial Fellow at *CMAJ*, began work on our technology issue over a year ago. She elected to use a technology relatively new to editors, creating listservs of our reviewer files as a vehicle for developing the content of the issue. At one point she was in communication with 180 potential contributors. Her efforts and experience are described on page 1124.

Although we marvelled at the inventiveness of new medical technologies we were struck by the fact that several of them had a distinctly commercial side. Checking out the Web site URLs that we had asked contributors to provide, we discovered that a high proportion of recent medical innovations are controlled by private companies listed on the world's stock markets. This should not have surprised us. Technologies that reduce human suffering or defer death have a financial and commercial advantage over technologies that just make our lives easier. Venture capitalists whose money is sought to develop a nifty little homing device for errant golf balls would have to be convinced that, no matter how superfluous such a device might be to the common good, a need can be created in consumers' minds that will ensure a satisfying return on investment. In the case of medical technologies, investor confidence is generally easier to inspire. Virtually any innovation that improves health or re-

duces suffering will find buyers in a society like ours, where expectations for health are high and where government-funded health care is certain, ultimately, to pick up the tab. In the developed world the potential financial rewards for research and development are great, and venture capital is not hard to find.

The story is tragically different in developing countries. There is little progress not only in gaining access to new technologies but also in developing technologies that address their most prevalent and urgent problems. In this issue of *CMAJ* not a single technology is proposed that has any bearing on the 5 leading causes of childhood death world wide. Few venture capitalists are willing to risk their money on innovations that will serve populations too poor to pay for them. "Science follows the market," as Jeffrey Sachs recently wrote.<sup>1</sup> Developing countries cannot fund existing treatments for the 12 million people suffering from Leishmaniasis, let alone finance the development of, say, a malaria vaccine.

The World Health Organization has begun to propose creative ways to address this inequity. Wealthy nations such as Canada could purchase new technologies that will ease the burden of suffering in the developing world. For example, we could guarantee the purchase of large quantities of malaria vaccine at a fixed price. This guarantee would reduce risk for investors and would help direct the attention of scientists and medical industries toward the developing world, where it is needed most.

### Reference

1. Sachs J. Helping the world's poorest. *The economist*. 1999;352(8132):17-20.