

## In wake of 9/11, drug-patent rules change

If you listened closely, you might have heard a collective sigh of relief following the World Trade Organization meeting in Doha, Qatar, in mid-November.

The 142 member countries knew that any progress on a new round of global trade talks could founder on a single contentious issue — patent protection. But in a surprising twist, the meeting may have produced the most significant public health event of the year, perhaps of the decade: an agreement that allows poor countries to make or import generic versions of the patented drugs they need.

The Trade-Related Aspects of Intellectual Property Rights rules, which guarantee 20-year patents on medicines, have been contentious for years. Developing countries argue that they make it nearly impossible for them to get the drugs needed to deal with HIV and other epidemics. For poorer countries, increased access usually means making

cheaper knock-off versions of drugs or importing them from countries that do make them. Neither practice is viewed with much enthusiasm by the industrialized countries, where most of the research and manufacturing is done.

But both northern and southern countries seem to agree on one thing — that drug patents are key obstacles for poor countries. With an estimated 25 million HIV-infected people living in Africa amid crumbling or nonexistent public health systems, the drugs and the means to deliver them — trained physicians and clinics — are both in short supply.

The Doha agreement surprised many observers. “This would have been unthinkable 6 months ago, or 6 weeks ago, or even 6 days ago,” said Ellen ’t Hoen of Médecins Sans Frontières, one of many groups pushing for expanded access to essential drugs.

The main difference this year was the

different landscape that existed after Sept. 11, when Western governments suddenly had to deal with public health fears of their own. For instance, threats by Canada and the US to override patents on Bayer’s Cipro in order to stockpile drugs to counter a perceived bioterrorism threat had all the earmarks of a double standard: telling poor countries that they couldn’t act in a similar way in the face of the AIDS epidemic would be hypocritical.

History may show that the Doha declaration began an unprecedented end to restricted access to essential drugs and that it embodied principles benefiting both drug companies and the developing world. Observers say the declaration will be deemed a success if it leads to what both of these parties say is needed: easier access to the tools needed to end the poverty and hopelessness that give rise to infectious disease and to ensure health for all. — *Alan Cassels*, Victoria

## PULSE

### Popularity of alternative health care providers continues to grow

Data from Statistics Canada’s National Population Health Survey indicate that Canadians’ use of alternative health care practitioners increased steadily in the late 1990s, with the proportion consulting alternative providers rising from 15%

in 1994/95 to 17% in 1998/99. Although small, the increase is considered statistically significant.

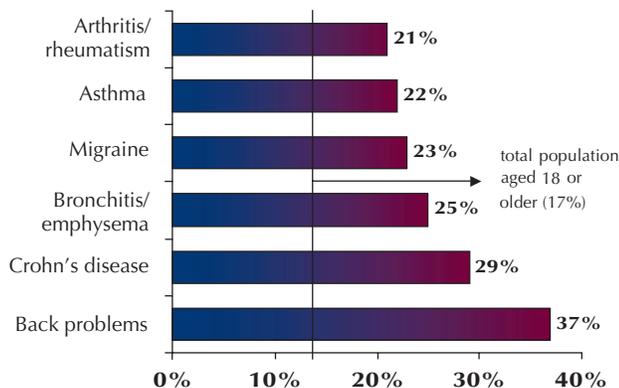
Women tended to seek alternative practitioners more than men (19% versus 14%) and Canadians in the 4 western provinces (21% to 25%) were much more likely than those in Atlantic Canada (3% to 9%) to use these providers. This may be because medical insurance plans in the western provinces offer at least partial coverage for chiropractic services. (British Columbia dropped this coverage for most residents in January.)

The young (18-24) and the elderly (65 and over) were less likely to use alternative practitioners (11%) than the rest of the adult population (19%). Twenty percent of people with a college diploma or university degree reported contact with an alternative practitioner, compared with 12% for those with less than high school education.

Chronic pain appeared to be an important factor in choosing to consult an alternative provider. One in 4 people (26%) who had chronic pain went to see an alternative practitioner, compared with 15% of those who did not. People who experienced back pain were more likely (36%) to visit these providers than patients who reported other chronic conditions such as Crohn’s disease.

Use of alternative health care providers did not appear to reduce the consumption of conventional medical services. Users of these providers were more likely than nonusers to have made 10 or more physician visits during the past year. — *Lynda Buske*, lynda.buske@cma.ca

Use of alternative health care practitioners by selected chronic condition



Source: 1998/99 National Population Health Survey; figures are age adjusted.