

## US blocks deal on cheap drugs

Fiona Fleck *Geneva*

The United States has blocked a deal to give African and other developing countries access to affordable lifesaving drugs but called for a temporary moratorium on drug patents until an agreement is reached.

Negotiators for 144 member countries of the World Trade Organization (WTO), who met in Geneva on 20 December, said they were disappointed, because they had pledged to reach an agreement by the end of 2002, under the Doha Declaration a year ago (*BMJ* 2001;323:1146).

The plan is to ease the

WTO's rules on patents so that drugs such as antiretrovirals for combating HIV infection and AIDS could be produced to meet urgent public health needs in the world's poorer countries.

Developing countries accused the United States of acting under pressure from the pharmaceuticals lobby, but diplomats said the 15 European Union states, and Switzerland, were secretly relieved that the deal did not go ahead in its current form.

The United States insisted that the draft agreement should be limited to drugs for HIV/AIDS, malaria, tuberculosis, and other infectious epidemics and feared that the current document could lead to drugs for non-infectious illnesses falling under the new regimen.

African countries said the

fear of abuse of an agreement was "not well founded."

"Any attempt to redefine this declaration will unravel the careful balance achieved on many issues at Doha," Kenyan ambassador Amina Chawahir Mohamed told a meeting of the Trade Related Intellectual Property Rights Council in Geneva last week.

The US trade representative's office proposed a moratorium, promising not to challenge any country that broke WTO rules to export generic versions of patented drugs to developing countries facing a public health crisis.

"The United States has worked intensively to find a solution that will provide lifesaving drugs to those truly in need, and will continue to work toward that

end," US trade representative Robert Zoellick said.

"We urge others to join us in this moratorium [on WTO dispute settlement actions for patent violations] to help poor countries get access to emergency lifesaving drugs," Zoellick said.

The United States said its moratorium would not apply to the illegal export of patented drugs to 14 developing countries—including Singapore, Taiwan, Hong Kong, and Israel, which are classified by the World Bank as high income countries. But it said the action would allow the world's poorest countries to have access to HIV/AIDS test kits and lifesaving drugs, including those for diseases such as ebola, African trypanosomiasis, cholera, dengue, and typhoid. (See Editor's choice.) □

## Urologist recommends daily Viagra to prevent impotence

Ray Moynihan *Washington*

Sildenafil (Viagra), which is approved to treat erectile dysfunction, could now be taken daily to prevent it, a high profile professor of urology has advised.

Professor Irwin Goldstein of Boston University, Massachusetts, said at a recent continuing medical education event (sponsored chiefly by the drug's manufacturer, Pfizer) that he was a "strong believer" in taking sildenafil on a daily basis to "prevent impotence."

Before a large audience of primary care doctors and others attending a sexual function update at New York University in December, Professor Goldstein said he had "hundreds of men" using Viagra for prevention: "If you would like to be sexually active in five years' time, take a quarter of a pill a night—we have data to show that will facilitate and prolong nocturnal erections."

His comments were made during a panel session, in response to a question from one of the event's directors, Dr Natan Bar-Chama, a urologist from the Mount Sinai School of Medicine, New York, who also told the meeting "I'm a strong advocate of proactive prevention as well."

Dr Bar-Chama initiated the exchange by asking the assem-

bled panel whether there was a role for sildenafil-type drugs in daily use. It appeared that the question was one of several collected from the audience on pieces of paper before the session started, although Dr Bar-Chama said later during an interview that he had thrown in the question himself.

The basis for the endorsement comes from a small study by Montorsi and colleagues (*Urology* 2000;56:906-11) involving 30 men on three nights' use of sildenafil, a drug that Professor Goldstein described as a "miracle drug."

Other sex researchers have reacted to the endorsements with alarm: Dr John Bancroft from Indiana University called them "quite scary," and Dr Leonore Tiefer from New York University and a critic of company sponsorship of educational events said they were "bordering on preposterous."

Plans to publish the event's details on the internet will ensure a wide audience for the comments, and any subsequent move from sildenafil being prescribed as a treatment to being prescribed as a five times a week preventive drug would clearly expand sales for Pfizer dramatically.

When asked whether either



A Viagra a day ... may keep impotence at bay

doctor had ties to Pfizer, Dr Bar-Chama replied, "On occasion I speak for them" but said he held no stock.

Dr Goldstein said, "I consult with and lecture for virtually all the pharmaceutical and implant manufacturers" but added that he had no stock concerns with any company.

Dr Goldstein also dismissed questions about a potential closeness in relationships with sponsors, saying he also told the New York event that sildenafil had a 50% dropout rate. "I'm allowed to say what I want ... No one tells me what to say."

Guidelines of the Accreditation Council for Continuing

Medical Education state that "a provider shall have a policy requiring disclosure of the existence of any significant financial interest or other relationship" between speakers and relevant manufacturers, yet it remains unclear whether anything was disclosed to those attending the New York meeting.

Pfizer's Urology Group leader, Dr Michael Sweeney, said that Dr Goldstein was recognised as one of the most "enthusiastic" members of his specialty but emphasised that the company had not yet seen convincing data to recommend sildenafil's daily use. (See Education and Debate, p 45.) □