

International Labour Office (ILO) and the Surgical Instruments Manufacturers Association of Pakistan (SIMAP) is currently in its second phase. Its purpose is to monitor child labour in the sector and withdraw children from work to enrol them in funded education programmes.<sup>12</sup> So far around 1500 children have been provided with education and reduced working hours, but few have been able to leave employment altogether.

Perhaps the more important issue is to look at the underlying cause of the problem—that of inadequate remuneration and labour standards. Purchasers of surgical instruments in Norway and the US have in the past refused to buy instruments unless they can be certified as not having been produced with child labour<sup>9 13</sup>; but such moves may reduce trade with the manufacturing regions, only compounding the underlying problems of poverty. The solution lies in purchasers insisting on fair and ethical trade when sourcing instruments. Pressure must be applied to suppliers in the developed world to be transparent about where their instruments have been manufactured and for them to ensure that the labourers have been paid a fair wage for their work and that basic international labour and health and safety standards have been followed, as defined by the International Labour Office.<sup>14</sup> Again this must be done with due consideration; too heavy a hand may be to the detriment of trade in the region, which will impoverish these areas further. This pressure can come only from the purchasers of these instruments; in a financially competitive sector it is only the potential loss of income that can effect realistic policy change.

Increasingly people in the developed world consider ethical issues when they purchase groceries, clothing, and various other products. Yet we know relatively little of where and under what conditions medical commodities like surgical instruments are manufactured. The UK government has declared itself a key proponent of the EU framework for corporate social responsibility,<sup>15</sup> and within this context the NHS Purchasing and Supply Agency has developed a sustainable development policy.<sup>16</sup> The stated aims of this policy include encouraging NHS suppliers to ensure compliance with international labour standards and to act in an ethical business manner. Yet at present the health service is not meeting such obligations; there is no systematic assessment of the origin of the products it uses or the conditions under which they were produced. It is time to insist on fair and ethical trade.

Contributor and sources: MB has an interest in global health and medical ethics and has ancestral roots in Sialkot, Pakistan. He visited the region in summer 2005 and was invited to see the areas where surgical instruments are manufactured. He subsequently undertook both literature based and interview based research into this topic (much of his information was from personal communication with workers in Pakistan, who wish to remain anonymous). He has chaired a workshop at the 2006 Medsin Global Health Conference investigating the ethics of global trade in medical commodities.

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## Summary points

Many surgical instruments are manufactured in the developing world, particularly Sialkot in Pakistan

Labourers involved in manufacture earn poor wages, have poor health and safety standards, and include child workers

Suppliers of surgical instruments in the developed world may abuse their position to drive down prices in the developing world and stipulate unreasonable contractual obligations

There is a need for fair and ethical trade in the manufacture of medical commodities, and for the end users of these commodities to press for these changes

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## Corrections and clarifications

### *What social marketing can do for you*

The wrong Washington crept into the author affiliation in this article by W Douglas Evans (*BMJ* 2006;332:1207-10, 20 May). After the author had seen the proofs we added the state initials WA, whereas in fact he hails from the other side of the United States, Washington DC.

### *Cover picture*

We failed to credit the art work on the cover of the 1 July issue to Susie Freeman. The work was a detail from an installation (at the British Museum, London) that was put together by Susie Freeman, David Critchley, and Liz Lee.

### *BMA's claim of unemployment among junior doctors is rejected*

In this news article by Caroline White (*BMJ* 2006; 332:1471, 24 Jun, doi: 10.1136/bmj.332.7556.1471-c) we said that the NHS Confederation questioned the BMA's claim that a shortage of training posts will prompt a mass exodus of junior doctors from the NHS. In fact, it was NHS Employers, a part of the NHS Confederation, that questioned the claim.