holding the Canadian patent. However, Attaran merely asserts that reforming Canada's law is pointless because a developing country has yet to use this law or the fundamentally similar laws enacted in other countries, all of which were implemented in response to a 2003 World Trade Organization agreement.[5] He identifies none of the factors that are likely to explain why no poor countries have yet notified the World Trade Organization of their intention to import generic drugs produced elsewhere under compulsory licence, as required under the 2003 agreement; these include a history of threats from multinational brand-name pharmaceutical companies and the United States government against countries that have used or contemplated obtaining compulsory licences, as demonstrated most recently in the reaction to Thailand taking such a step.[6,7]

Rather than contemplate that the problem might lie, in part, with the World Trade Organization mechanism implemented by Canada, Attaran incorrectly suggests that there is no alternative process consistent with the World Trade Organization agreement. In fact, we have proposed that Canada legislate a different, streamlined process to obtain compulsory licences for export, one that avoids the flaws of the 2003 World Trade Organization decision but is still permissible under other World Trade Organization rules and that recognizes both the logistical practicalities of drug procurement and the political realities faced by developing countries.[8]

Obviously, Parliament cannot legislate away bullying by other countries. But at least, in light of this political reality, it should craft simper legislation that emboldens developing countries by minimizing not only the effort (in time and costs) to obtain lower cost generic drugs under compulsory licence, but also the risk of retaliation. For example, as we have proposed, a revised law should make it easy for a generic drug manufacturer to obtain, in advance of negotiating a contract with any particular purchaser, a single compulsory licence allowing it to export its generic medicine to any of the eligible developing countries, without predetermined restrictions on quantity or time, in exchange for applicable royalties based on the subsequent use of the licence by the generic drug manufacturer. With this legal authorization in hand, generic drug manufacturers could compete effectively with bids to supply multiple developing countries, thereby achieving economies of scale, and the law would require neither advance disclosure of individual purchasing countries nor separate licensing processes for each individual drug order.

Fixing Canada's law will not, by itself, be sufficient to overcome the various hurdles that developing countries face in meeting the medical needs of their populations, but it is a necessary part of a larger effort to improve access to treatment.

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Corrections

In a recent *CMAJ* commentary,[1] the y-axis of Figure 2 was labelled "Percentage of survivors," whereas this should have read "Percentage." We apologize for this error, which appears only in the print version of the journal.

REFERENCE

1. Béland F. Arithmetic failure and the myth of the unsustainability of universal health insurance. *CMAJ* 2007;177(1):54-6.

DOI:10.1503/cmaj.070919

In a recent Practice article,[1] an author's name was mis-spelled and should have appeared as Omar AbouEzzeddine. We apologize for this error.

REFERENCE

1. Abouzzeddine O, Tangri N. Abdominal crunches as an unusual cause of empyema. *CMAJ* 2007;176(11):1577-8.

DOI:10.1503/cmaj.070920

In a recent article,[1] the following information should have been included. In common with his coauthors, Dr. van Walraven is a member of the Clinical Epidemiology Program, Ottawa Health Research Institute, Ottawa, Ont. We apologize for this omission.

REFERENCE

1. Oake N, Fergusson DA, Forster AJ, et al. Frequency of adverse events in patients with poor anticoagulation: a meta-analysis. *CMAJ* 2007;176(11):1589-94.

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