

# Letters and comments

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#### **COMMENT ON**

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T Brophy, PD Srodon, C Briggs, P Barry. J Steatham, M Birch. Quality of surgical instruments. *Ann R Coll Surg Engl* 2006; **88**: 390–3

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#### Quality of surgical instruments

MAHMOOD F BHUTTA

Department of Otolaryngology, Addenbrooke's Hospital, Cambridge, UK

CORRESPONDENCE TO

**MF Bhutta**, Department of Otolaryngology, Addenbrooke's Hospital, Cambridge, UK

E: m.bhutta@doctors.org.uk

I read this article on the quality of surgical instruments and the finding that a substantial proportion were found to not meet quality standards. This may well be a reflection of where these surgical instruments are manufactured. A large number of surgical instruments are manufactured in the developing world; and in particular in Sialkot in Pakistan, which alone produces 25% of the world market of hand-held surgical instruments. Some of these may be traded directly with end-users in the developed world, but a significant number go through suppliers in the developing world who may label these instruments as if they were made in the developed world.1 Although the manufacturers in the developing world do try to assure quality standards in what is produced, the issue here is really that of fair trade. Many of these instruments are manufactured by manual street labourers working in terrible conditions with poor remuneration, no health and safety standards, little access to education or health services and sometimes with the use of child labour. These instruments are often commissioned by

instrument suppliers in the developed world, who pay a very low price and sell these products at considerable mark-up under their own brand name. Although quality standards are no doubt important to the manufacturers in the developing world to ensure their continued trade, quality will always be somewhat compromised when the remuneration the manufacturers in the developing world receive remains so low.

I feel that many surgical instrument suppliers in the developed world who manufacture instruments in the developing world behave in an unethical manner, maximising profits and minimising the remuneration of the people actually manufacturing the goods. It is time for this industry to take responsibility for its products and insist on fair and ethical trade of these instruments. The manufacturers should be remunerated adequately, with systems to allow education, health and sustainable development of the street workers making these instruments. We must not simply stop trading with them due to concerns over child labour or 'sweat-shop' conditions, as this will only make things worse.

I am working with the British Medical Association and fair trade organisations to help develop fair trade for surgical instruments, and then perhaps for other medical commodities. I hope the National Health Service and The Royal College of Surgeons of England will support such an endeavour, and pressurise surgical instrument suppliers to behave within a framework of corporate and social responsibility.

### Reference

 $1. \ \ \text{Bhutta MF. Fair trade for surgical instruments. } \textit{BMJ} \ 2006; \ \textbf{333} \text{: } 297-9.$ 

## **AUTHOR'S RESPONSE**

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PD SRODON

On behalf of the Department of Clinical Physics and Engineering, Royal London Hospital and St Bartholomew's Hospital, London, UK

**CORRESPONDENCE TO** 

**PD Srodon**, Senior Clinical Fellow, Department of Vascular Surgery, 2nd Floor Front Block, Royal London Hospital, London E1 1BB, UK E: paul.srodon@bartsandthelondon.nhs.uk

Lack of manufacturer's mark, early corrosion from alloy of uncertain composition, and poor quality finish may be suggestive of the supply process described in Mr Bhutta's letter