with their potential recipient exchange their kidneys with another recipient/related donor pair with the same situation. In Iran since 1988 a regulated programme for compensated kidney transplantation from living unrelated donors has been developed, which has eliminated the waiting list in this country. Spain has dramatically increased its donor pool with implementation of "presumed consent" for all deceased potential donors unless the person has expressly refused permission by signing an opting-out register. In China kidneys procured from executed prisoners used for expanding kidney allograft pool.

Lawmakers in some countries still resist developing a way to expand the donor pool. Attempts to pass opt-out (presumed consent) legislation in the UK have failed. The situation is not such better for the USA, Canada and Australia. The waiting list increases each year and people continue to die. Till what time can such a situation be maintained?

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References

1. Kalantar-Zadeh K, Kilpatrick RD, Kuwae N, McAllister CJ, Alcorn H Jr, Kopple JD, Greenland S. Revisiting mortality predictability of serum albumin in the dialysis population: time dependency, longitudinal changes and population-attributable fraction. *Nephrol Dial Transplant* 2005 Sep; 20:1880-8.
2. Daar AS. The case for a regulated system of living kidney sales. *Nat Clin Pract Nephrol* 2006 Nov; 2: 600-1.
3. Kennedy SE, Shen Y, Charlesworth JA, Mackie JD, Mahony JD, Kelly JJ, Pussell BA. Outcome of overseas commercial kidney transplantation: an Australian perspective. *Med J Aust* 2005 Mar 7; 182: 224-7.
4. Prasad GV, Shukla A, Huang M, D'A Honey RJ, Zaltzman JS. Outcomes of commercial renal transplantation: a Canadian experience. *Transplantation* 2006 Nov 15; 82: 1130-5.
5. Briggs JD. The use of organs from exectuted prisoners in China. *Nephrol Dial Transplant* 1996; 11: 238-40.

Inducements in health campaigns

On May 8, 2007, 68 children from the Indira Nagar slums of Nagpur were admitted to hospital with complaints of nausea, vomiting, headache and abdominal pain. All had received oral doses of vitamin A the day before during a mass nutritional campaign organised by the state government, the Nagpur Municipal Corporation and the Rotary Club of Nagpur. The children were diagnosed with hypervitaminosis A. Some became critically ill but fortunately no one died.

The problem occurred because T-shirts and drawing books were distributed to each child who took a dose of Vitamin A so naturally the children went to different booths and took multiple doses in order to collect the "gifts". The local ward member knew of children who had collected eight T-shirts (1, 2).

The programme went awry because of total mismanagement, procedural lapses and the casual approach of the organisers. No permission was obtained from higher regulatory authorities for the involvement of the Rotary Club of Nagpur. It was not planned properly; the staff who administered the doses were not trained; and there were no arrangements to tackle medical emergencies. Even children above 14 years of age were administered vitamin A doses. The children being from slums, had higher risk of protein deficiency, and the doses of vitamin A were administered not through the measure provided in the pack, but in caps. No identification mark was put on the children who received the dose and no record was maintained (1, 2). Inducements were offered for taking the dose, resulting repeated doses being administered to the same children.

Fat-soluble vitamins like vitamin A have cumulative toxicity. Those with protein energy malnutrition will experience toxicity with lower doses (3, 4). Long-term toxicity of hypervitaminosis A includes teratogenecity, irreversible damage to liver, desquamation of skin, hyperostosis and bone malformations.

A committee appointed by the government of Maharashtra found that the use of incentives by the Rotary Club of Nagpur, lack of planning and following the procedural requirements had resulted in the incident that affected 68 children, and called for a ban on incentives in such drives (5).

The Rotary has not publicly apologised for its role in the incident, let alone made arrangements for the future follow-up and management of the affected children.

It is unethical to lure children with "free gifts" and then make them suffer with unscientifically conducted health campaigns and nutritional drives.

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References

1. Times News Network. Greed for free T-shirts led to kids' overdose. *The Times of India*, Nagpur. 2007 May 10; p 3.
2. Phadnis A. Even kids above 14 years received vitamin doses. *The Times of India,* Nagpur 2007 May 12; p 3.
3. Hardman JG, Limbird L. *Goodman and Gilman's the pharmacological basis of therapeutics.* 10th ed. New York: McGraw-Hill; 2001: 1779.
4. Benett PN and Brown MJ. *Clinical Pharmacology.* 9th ed. Churchill Livingstone; 2003: 735-36.
5. Shrivastav S. Vit A episode due to T-shirts, unplanned Rotary involvement. *Hitavada City Line,* Nagpur. 2007 May 20: pp 1, 5.