

cocaine, or because of any number of other important clinical considerations for which EPs are trained. Then that EP, if he or she is working in a facility without PCI, could decide to transfer the very few patients who might benefit from PCI, at a financial cost that would almost certainly be trivial compared with the cost of revamping all of EMS, and at a medical cost of perhaps an hour's delay; a delay that is unlikely to have major consequences unless the symptoms are hyperacute. As to that *rare* patient who not only has a STEMI, *and* has come to a centre without PCI, but is *also* in the first hour or so of symptoms, this is precisely the circumstance where thrombolysis is *extremely* effective: so much so that it is unlikely that PCI offers much if any benefit, and that knowledgeable EP might appropriately decide not to transfer that particular patient at all!

Both papers in this issue of *CJEM* add to our knowledge of this complex issue, and each provides useful data for generating further hypotheses. We believe that current evidence is adequate, however, to conclude that although shorter time to reperfusion is generally preferable, it is of major importance in only a small subset of patients. Similarly, we agree with Schull and colleagues that current evidence supports PCI over thrombolytics. But again, only to a small degree, and in a small number of chest pain patients. Unless and until there is substantially new and different evidence, the appropriate question for EMS and for emergency medicine is whether the marginal benefit likely to accrue from primary diversion can possibly justify the likely costs and potential harms of this fundamental overhaul of our current EMS approach to patients with chest pain. We suggest that a better strategy would emphasize rapid ED assessment of all such patients, with secondary transfer for the very small subset who are likely to benefit from PCI.^{7,8}

Competing interests: None declared.

Keywords: STEMI, prehospital diversion, PCI centre

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Erratum

In the May 2009 issue of *CJEM*, the institutional affiliation for CAEP abstracts 12, 21, 73, 78, 100 and 119 was listed incorrectly. The correct institution is WakeMed Health and Hospitals, Raleigh, NC.