not in the way outlined by the Heart and Stroke Foundation. We believe these programs must be implemented under the supervision of responsible medical personnel to ensure integration with emergency medical service responders (e.g., paramedics, firefighters, police), who ultimately become responsible for every patient treated under a public-access AED program. Only then can the public be assured that AED use by lay people is safe and effective.

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References

1. Schwartz B, Verbeek PR. Automated external defibrillation: Is survival only a shock away? *CMAJ* 2000;162(4):533-4.
2. Kern KB. Public access defibrillation: a review. *Heart* 1998;80:402-4.
3. Valenzuela T, Bjerke HS, Clarke LL, Hardman R, Spaite DW, Nichol G. Rapid defibrillation by nontraditional responders: the casino project. *Acad Emerg Med* 1998;4:414-5.
4. Cook DJ, Guyatt GH, Laupacis A, Sackett DL, Goldberg RJ. Clinical recommendations using levels of evidence for antithrombotic agents. *Chest* 1995;108 (4 Suppl):227S-30S.
5. Ornato JP, Hankins DG. Public-access defibrillation. *Prehospital Emerg Care* 1999;2:297-302.
6. College of Physicians and Surgeons of Ontario. The delegation of controlled acts [policy statement]. Toronto: The College; 1999. Available: www.cpso.on.ca/faqanswer.asp?FAQNum=18 (accessed 2000 May 30).
7. Asplin BR, Mosesso VN, Lejeune D. Evaluation of layperson competency and skill retention in the use of automated external defibrillators. *Acad Emerg Med* 1998;5:414.
8. Stiell IG, Wells GA, DeMaio VJ, Spaite DW, Field BJ, Munkley DP, et al. Modifiable factors associated with improved cardiac arrest survival in a multicenter basic life support/defibrillation system: OPALS Study Phase I results. *Ann Emerg Med* 1999;33:44-50.

Correction

The third sentence in the second paragraph of a recent letter to the editor from Leo Kahana[1] contained a copyediting error. It should have read: "In controlled studies the protective efficacy varies from –57% to more than 75%, and it is not clear that averaging such disparate results by meta-analysis is of any significance."[2] Kahana's affiliation should have been given as Department of Medicine, McMaster University, Hamilton, Ont.

References

1. Kahana LM. TB among aboriginal Canadians [letter]. *CMAJ* 2000;162(10):1404.
2. Bloom BR, Fine PEM. The BCG experience: implications for future vaccines against tuberculosis. In: Bloom BR, editor. *Tuberculosis: pathogenesis, protection, and controls.* Washington: ASM Press; 1994. p. 531-57.