spectively (these values refer to the maximal differences seen within 15 minutes of induction). Mean change in heart rate was (+) 4.2 beats/min, and in oxygen saturation, (+) 0.7%. Sedation and muscle relaxation were adequate, intubations were achieved without complication, and no adverse effects were recorded (muscular activity, seizures, dysrhythmias, bronchospasm, nausea or vomiting, pain on injection, thrombophlebitis, infections or clinical multiple organ dysfunction/adrenal insufficiency).

These results are in keeping with other published data on etomidate use for ED RSI.[1–4] Etomidate provides good intubation conditions and some neuroprotective effects with a low incidence of adverse hemodynamic effects. Of the induction agents on the market, it seems to offer "the best balance of utility and safety."[5] We encourage Canadian emergency physicians to expand their experience with this agent for optimal results in most ED intubations. Those interested in applying for etomidate use or in contributing to our prospective registry are invited to contact the authors.

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Prehospital vs. ED pronouncement of death

To the editor:

I read with interest the article by Cheung and colleagues.[1] I believe a significant cost omission was made in the analysis of the costs involved in field pronouncement.

I work as coroner in Windsor, Ontario, a city and county that has been deemed by various reports of the Ministry of Health as underserviced to the tune of 50 general practitioners and 50 specialists. Often I am called to *certify* a death that has been pronounced in the field, either because the deceased has no physician or because the family physician cannot be reached (answering machine indicates to go to the ED or a walk-in clinic) or is unwilling to go to the scene in a timely fashion. In these instances funeral homes will not come to get the body without a death certificate being on the scene.

The cost of a coroner's investigation to the Ministry of the Solicitor General is $155 plus mileage. If the coroner is concerned about the circumstances of the death, an autopsy may be ordered. This necessitates transfer of the body to the nearest morgue (not by an ambulance doing field pronouncement but by a body removal service) ($89), then an autopsy (pathologist's fee: ~$400), not to mention the hidden institutional costs to the ministry for morgue attendants and facility fees.

Finally, there is the time involved in notifying the family of the autopsy results and answering their questions about their loved one's demise. Although this is covered in the $155 fee, it takes time and energy and, for most coroners who are busy family physicians, takes time away from their practices.

Studies into the cost benefits of field pronouncement that make statements such as: "Pronouncement in the field requires more paramedic time but less physician time" (p. 19) and "This study suggests an economic advantage for field vs. ED pronouncement" (p. 24) need to take the above facts into consideration before suggesting a significant saving to the system.

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[The authors respond:]

Dr. Gall has identified an important cost associated with field pronouncement that was not measured in this study. We chose a priori to exclude the cost attributed to the coroner's investigation, mileage, body removal and autopsy for specific reasons.

The patients in the ED pronouncement cohort were cared for in an institution that routinely contacts the coroner for all ED pronouncements. Thus, the cost of the coroner's investigation was the same for each group. Body removal by the coroner's office and autopsy are both at the discretion of the coroner and were similar for the two comparative groups. Body removal by a funeral home was presumed to be the same for both groups. The coroner's

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