

April 23, 2025

BY E-MAIL to BCCSInquest@gov.bc.ca

BC Coroners Service
Office of the Chief Coroner
Legal Services and Inquests
Metrotower II
Suite 800 - 4720 Kingsway
Burnaby, BC V5H 4N2

Attention: John McNamee and Steven Liu

Re: Cailin Shea "Sidney" McIntyre-Starko - Inquest
Your File No. 2024-1008-0019

To whom it may concern:

I am writing to offer my expertise to this important public inquiry. I currently serve as Professor and Chief of the Section of Emergency Medicine at the University of Chicago. I am a board-certified physician in both Emergency Medicine and Emergency Medical Services (EMS), currently employed clinically as an Emergency Physician as well as a Clinician-Scientist. In addition, over my 29-year career in EMS, I have served as a Duty Captain, EMS Operational Medical Director, dispatch medical director, flight physician, infield track physician for NASCAR, EMS Fellowship research director, international transport physician, and was a Nationally Registered Paramedic until 2021. I am a Fellow of the American College of Emergency Physicians (ACEP), National Association of Emergency Medical Services Physicians (NAEMSP), and the American Heart Association (AHA).

Academically, I have authored over 170 peer-reviewed manuscripts, editorials, and reviews, including work published in the New England Journal of Medicine, the Journal of the American Medical Association, Circulation, Critical Care Medicine, and the Annals of Emergency Medicine. I have contributed to the AHA Emergency Cardiac Care Committee (ECC) guidelines since 2010, was the volunteer Chair of the Telecommunicator-CPR taskforce (2016-2020), and serve as the current Chair of the 2025 AHA advance life support (ALS) guidelines.

My academic research has primarily focused on sudden cardiac arrest, its recognition, treatment, and pre-hospital resuscitation. I have been funded by the National Institutes of Health (NIH), the United States Department of Defense (DOD), along with multiple private foundations and professional organizations. I have served as an expert grant reviewer for the Canadian Institute for Health Research (CIHR), the Health Research Council (HRC) of New Zealand, the Dutch Heart Foundation, the Italian Ministry of Education, Universities, and Research (MIUR), and more than 25 medical journals. I am knowledgeable about evidence-based pre-hospital care recommendations, and I have collaborated with other leading physician scientists with extensive knowledge and expertise in pre-hospital care. I am routinely asked to speak internationally about innovations in EMS, resuscitation science, and the available scientific literature in these areas.

In my academic work, I advocate for the importance of promoting systems of care that rapidly recognize patients in need of time-dependent critical care in the pre-hospital setting. A failure or delay in recognizing cardiac arrest and the need for CPR directly results in preventable deaths. In my capacity as Chair of the T-CPR Taskforce, I made several attempts to engage Dr. Jeff Clawson and Medical Priority Dispatch System (MPDS) to participate in the development and adoption of evidence-based guidelines to improve timely recognition of cardiac arrest and CPR initiation. During the 24 months prior to the release of the AHA T-CPR policy statement on March 24, 2020, MPDS choose not to participate in the development and adoption of these evidence-based guidelines, which have become the international standard of care recognized by the medical community.

It is my clinical and academic opinion that the protocol system used by MPDS leads to significant delays in the timely provision of critical care, which results in the risk of serious harm or death. The protocol system employed by MPDS prioritizes specific resource allocation at the expense of early recognition and treatment of time-dependent medical conditions such as cardiac arrests and overdoses. This approach leads to adverse outcomes where the therapeutic window is vanishingly small.

It is my desire to provide this inquest with an unbiased scientific assessment of the protocol system used by MPDS and make suggestions to align its use with internationally accepted evidence-based guidelines. The proprietary nature of MPDS fundamentally undermines the ability of the scientific community to critically evaluate its system. Failure of MPDS to adopt evidence-based T-CPR guidelines results daily in preventable public health deaths, such as the tragic one that prompted this inquiry.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Kurz', with a stylized flourish at the end.

Michael Christopher Kurz MD MSc FACEP FAEMS FAHA
Professor and Chief
Section of Emergency Medicine
Department of Medicine
University of Chicago