Response to “The nonsense paradigm of rethinking the second link of the chain of survival: “if shock is not advised, wait and do nothing!” Aren’t we condemning our cardiac arrest patients?”

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We acknowledge Dr. Ristagno, et al, for expressing their orthodox viewpoint. The focus of the critique repeats the sacrosanct embrace of CPR and includes several misconceptions about Piacenza’s Progetto Vita and its rapid, and effective, AED implementation by citizens. Perhaps our best response is a simple one. We offer four points upon which to meditate.

First, Piacenza’s Progetto Vita survival data speak for themselves. They represent the best out-of-hospital survival data yet published, specialized circumstances like casinos and airplanes notwithstanding. Body count matters. Lower death rates matter and Progetto Vita shows lower death rates.

Second, there has never been a randomized, prospective trial proving the value of CPR. This is irrefutable.

Third, recent CPR data provide a strong signal that “more” CPR is actually harmful compared to standard CPR. One ponders what even less CPR might show?

Fourth, tradition is good in many things, but after 50 years of no meaningful progress in the field of out-of-hospital resuscitation of cardiac arrest, despite global immersion in the CPR industry, doing something different, anything different, that improves survival beyond its current dismal results, should not be impugned.

Thank you,

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