Recently, a gentleman from a Michigan EMS system asked me to render my professional opinion regarding his city’s current EMS unit-response philosophy. As I understood from his letter, his system’s medical directors had verbally directed the local ambulance service to respond “emergency status” to all unscheduled calls. I assumed that meant all ALS units were being dispatched red-light-and-siren (RLS, or “HOT”) to the scene. This mode of dispatch, he said, was based on the medical assumption that such calls represented “presumed life-threatening emergencies.”

After significant thought regarding the possible interpretation of my opinion that might not be appreciated by other members of his system, I decided to respond in writing in the following manner.

The Medical Priority Dispatch System (MPDS) concept was initially developed from 1976 to 1979. Its specific intent was that—from an emergency medical standpoint—the vast majority of people who request mobile aid are not in a life-threatening situation and, in most cases, the aid received at scene does not have a significant effect on the patient’s eventual outcome. Since EMS evolved primarily out of public safety and not out of the medical community, the amount of medical expertise and confidence in medical decision-making in the public-safety community was largely absent. This resulted in the perpetuation of old fire- and police-response traditions in EMS, or the “maximal response disease,” as it has recently been described.

The main objective of MPDS is to “send the right thing to the right person in the right way at the right time.” To my knowledge, not a single article has been published in this century that proves or even strongly indicates that the use of RLS saves lives. I will agree that a strong correlation does exist between early defibrillation of V-fib (in less than 600 seconds) and any time saved in delivering that response. Early reversal of choking and complete airway obstruction also pose good arguments for this practice. A weaker extrapolation can similarly be made for critical trauma patients and the “golden hour.” However, as one official of the American Ambulance Association was once quoted as saying, “Red-lights-and-sirens never saved anyone’s life in the history of the world.” He may be right.

Please do not confuse “saving significant time” with “RLS response,” as no published data prove that RLS response does save significant time. In an unpublished study conducted in Salt Lake City, it was demonstrated that fire