



GARY S. HOFFMAN, MD, EDITOR

NEW SERIES: Clinical decision-making at the crossroads

IN OUR DAILY PRACTICES, we often must choose one of several decision paths, each of which could be a legitimate choice for diagnosis or treatment. We weigh clinical data, risks, and benefits. When the data are available, we consider test sensitivity, specificity, and predicted values. Sometimes these data are not available. Nevertheless, we still make the best decision we can, based on our experience.

In this issue we introduce a new section, “Clinical Decision-making at the Crossroads,” which will offer brief, peer-reviewed articles that illustrate how physicians make everyday diagnostic and therapeutic decisions while faced with multiple good choices and issues of cost-effectiveness.

Each article in this section will include a descrip-

tion of an issue, an illustrative clinical vignette, and a logic analysis that illustrates decision-making pathways and preferences.

In some instances the decision tree will be supported by hard data, while in others the ideal data may not be available, and one must make decisions based on personal experience and judgment.

As editor of this section, I hope that the brief communications offered in “Clinical Decision-making at the Crossroads” will be especially useful to practicing physicians, who make these tough choices every day.

GARY S. HOFFMAN, MD
Chairman, Department of Rheumatic
and Immunologic Disease
The Cleveland Clinic Foundation