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Coronary stents—the role of experience and evidence in making clinical decisions

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Today, our first-year medical student small group interviewed a standardized, role-played patient by the name of Jeff Samples, who has come in with a complaint of “chest pain on and off for about two months.” Jeff is known to over 4,000 Wayne State University School of Medicine graduates. However, our experience was different than that of those who came before us, because our instructor gave us a copy of a *New York Times* article and the corresponding clinical research paper suggesting that angina is *not* a problem of clogged pipes to the heart.^{1,2} Guidelines have been pushing the use of stents for years, despite there only being one other trial comparing percutaneous coronary intervention (PCI) to optimal medical therapy.³ Clinically, it has been difficult to go against what has been known to be the “correct solution” to artery blockage because medical practice is rooted in hierarchy, culture, and sometimes the comfort of immediate results and quick fixes. Science and evidence disagreeing with the standard of care is assailed as “unbelievable” and doctors question the validity and practicality of pursuing this line of inquiry. This is troubling because when we see a research article that calls into question a method of treatment, the medical community should try and gather more research on this topic as opposed to making excuses to ignore the evidence, or worse, to shut down further inquiry as suggested in the *New York Times* article. Would Jeff really be best served by a stent? We’d like to have access to more evidence before making that decision.

As first-year medical students, we all agree that more time and effort should be invested in treating the lifestyle habits that lead to coronary artery disease. Because we don’t have years of experience and comfort with the current standard of care, we still seek high quality clinical research to help us best advocate for our patients. Based on our “patient” today and the readings we discussed, it falls on our upcoming generation of doctors to continue to ask important questions and challenge the status quo with evidence.

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