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Gut reactions and clinical decisions

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REFLECTION ON CLINICAL DECISION SCIENCE: Gut reactions and clinical decisions

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The bowels are the mirror of the soul. A recent patient encounter taught me this lesson, as I left the exam room and felt a churn in my gut about making the right clinical decision. This patient, a 46-year-old female, had a past history of degenerative disc disease but presented with severe neck pain following an awkward turn of the head where she felt a loud pop. At our initial visit, we ordered x-rays which did not reveal any new information. She was given medication for pain and a muscle relaxant, and while I hoped to see improvement at our follow-up, I had a feeling in my stomach that there was still more to the story. "I'm worried my head may pop off," she stated. She returned a week later with her shoulders shrugged high and a robust resistance to movement. It appeared she was exhibiting a reflexive response to protect her brain and spinal cord through muscular splinting. I could visibly see muscle spasms during my examination. My clinical observations at this second visit worried me that there was a higher probability of cervical instability. With concern about her health and possible subluxation of her C1 and C2 spine, I mirrored my patient's fear. A gut feeling told me that her transverse ligament of the atlas could possibly be at risk given her intense pain and refusal to turning her head. Ordering the correct imaging this time became a decision driven by my own emotions. I still am awaiting her MRI results. I believe further research is required in clinical decision science to assess and measure physician emotion and the way it affects decision-making.^{1,2}

1. Stolper E, Van de Wiel M, Van Royen P, Van Bokhoven M, Van der Weijden T, Dinant GJ. Gut feelings as a third track in general practitioners' diagnostic reasoning. *J Gen Intern Med*. 2010;26(2):197-203. <https://doi.org/10.1007/s11606-010-1524-5>
2. Smith CF, Drew S, Ziebland S, Nicholson BD. Understanding the role of GPs' gut feelings in diagnosing cancer in primary care: a systematic review and meta-analysis of existing evidence. *British Journal of General Practice*. 2020;70(698):e612-e621. <https://doi.org/10.3399/bjgp20x712301>

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