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The decision I never thought I would have to make

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REFLECTION ON CLINICAL DECISION SCIENCE: The decision I never thought I would have to make

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Bob Bernanke [pseudonym] sits in the exam room, bags under his eyes, audibly wheezing. He was recently discharged from the hospital with COVID pneumonia, on 3L of oxygen and unable to taper, talking in choppy sentences because he can't catch his breath fully. He is unvaccinated against COVID. He still does not want the vaccine. "I don't think -- I really need it," he gasps, visibly agitated that I even brought it up.

We all want to emerge from medical training equipped with information to share with grateful, motivated patients. Patients may not understand evidence-based medicine—it's our job to explain the science to them. Once pillars in our communities, the glut of information on the Internet has diluted our stature and role as physicians. No one wants to think of themselves as not as intelligent as the next and answers are a few taps away on a smart phone.

Bob and I stare at each other, both equally frustrated for opposite reasons, each planted in our own conflicting thoughts. From my perspective, the difference is that I am rooted in science, and he is rooted in misconception.

Dispassionately, I know it is bigger than me, and bigger than Bob who sits in front of me. It should be easy to shrug off; it is really a public health issue. But I'm not dispassionate: I love the practice of medicine, and I worked my whole life to do this job. The reality dawns that the burden of care falls to me.

In war time, we triage the soldiers who are more likely to live. On transplant services, we distribute organs to those most likely to benefit the longest. Not everyone can be saved. The clinical decision I never thought I would have to make is how to care for those who will benefit the most from my knowledge.

At the end, I can only save those who want to be saved.

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