Clinical Decision-Making Rounds at the Tufts–New England Medical Center Hospital

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The first 10 volumes of *Medical Decision Making* carried a Clinical Decision Conference (CDC) in each issue. Those CDCs applied the techniques of decision analysis to conundrums that arose in actual patients. Those CDCs were most often the work of physicians in the training program in Clinical Decision Making and Medical Informatics at the New England Medical Center and illustrated how logic and modeling could provide insights into clinical care. They emphasized the process of decision making and analysis but did not present the patient's clinical course or outcome. Those cases illustrated underlying principles that could be applied to similar situations. In this anniversary issue of the journal, we continue that tradition.

One cannot practice medicine in the 21st century without coming across 1 or more guidelines for action that might apply to a given patient. Many times patients are fairly typical of patients addressed by the guideline or clinical trial, and sometimes those addressed by several guidelines, which occasionally suggest different plans of care. Over the quarter century since the 1st CDC was published in *MDM*, evidence-based medicine has become the watchword of good medical care. Sometimes published clinical trials fit the patient before us quite well, but not infrequently our patient is "just a little bit different"—in age, in comorbidities, in risk, or in his or her preferences about care. In such circumstances, a clinical decision analysis can help inform both the patient's choice and the advice clinicians provide to the patient. At the Tufts–New England Medical Center, clinicians can still request a formal decision analysis for complex or unusual patients, particularly ones for whom difficult tradeoffs are involved. With the instant availability of the literature at the bedside and with the ubiquitous presence of computers that can perform even fairly complex tasks, a new day for decision modeling may be dawning.

We hope that this clinical decision analysis and case discussion serves both to re-introduce real-world material to *MDM* and to re-awaken clinicians to the benefits that these tools provide.

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