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How to manage uncertainty in clinical decision making of the complex inpatients

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From the beginning of the 1990s Evidence-Based Medicine (EBM) promoted the use of high quality clinical research in clinical decision making through systematic reviews and meta-analyses of best available research. EBM has challenged clinicians to modify their way of action based on practical reasoning and clinical judgment. At the same time increased life expectancy has resulted in an aging population with multiple chronic conditions and different clinical presentation. So that uncertainty is often present in clinical decision making. In this sense it is worth remembering what Sir William Osler said: Medicine is a science of uncertainty and an art of probability. According to Mishel's theory uncertainty arises from complexity, unpredictability, ambiguity and a lack of information. In the clinical real world uncertainty may develop from patients' inadequacy to give a complete history, the unpredictable response of diseases to treatment, patient's desire to participate, incompletely informed, in the clinical decision making process so that both physicians and patients are facing the uncertainty of treatment success with any strategy in a particular disease condition and with the impact of treatment outcome on overall prognosis. For this reason physician must be aware that standardized methods cannot provide all the answers for an optimum strategy for each patient. About this issue Lonergan's thought can help us. According to the Canadian philosopher, mathematician, theologian and economist science involves interpretation and needs methods not only for measurement and explanation but for how to perform interpretation as part of the scientific endeavor. This need for interpretation does not only concern science methodology but also clinical practice. Uncertainty does not represent a regrettable and unavoidable aspect of clinical decision making but a productive component.

Biography

Corrao Salvatore is an Associate Professor in the University of Palermo, Italy. He is the Member of the Biomedical DPT of Internal and Specialist Medicine, Director of C.R.E.A.M. (Interdipartimental Center of Research for Effectiveness and Appropriateness in Medicine), Director of Internal Medicine DPT with rheumatology, dermatology, geriatric and rehabilitation service, ARNAS Civico, Di Cristina e Benfratelli, Palermo. Director of Internal Medicine DPT with Rheumatology, Dermatology, Geriatric and Rehabilitation Service, ARNAS Civico, Di Cristina e Benfratelli, Palermo. He completed degree in Medicine and surgery at University of Palermo, masters in Business Management and specialization in Internal Medicine.

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