DATA

DECISION

The Distance Between Data and Decision

The Distance Between

Living with Uncertainty in Clinical Medicine

A page from the hematology fellow late in the evening is rarely about the laboratory value.

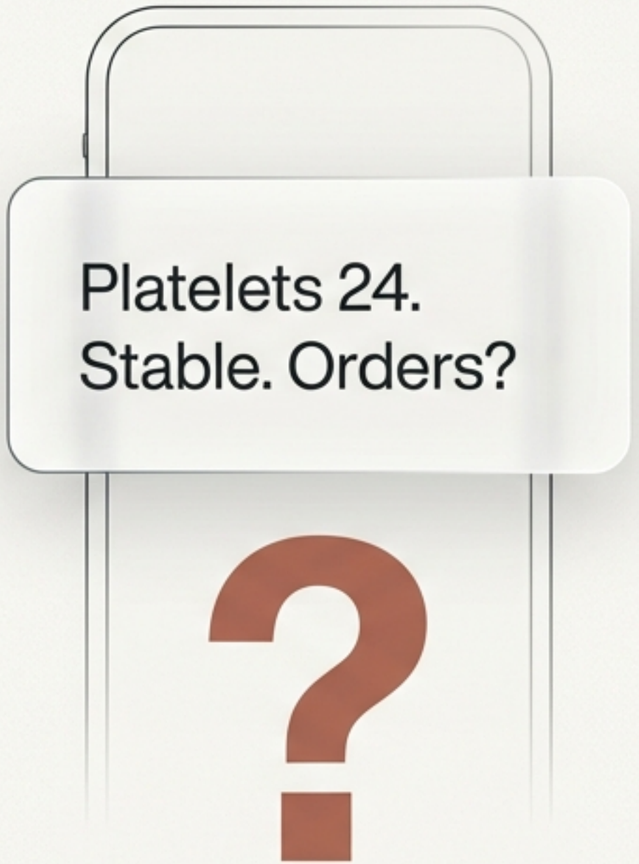
The platelet count is 24.

The patient is stable.

There is no active bleeding, no accelerating physiology.

And yet the page comes: “What should we do?”

The question appears to be about platelets. Ultimately, it is about uncertainty.



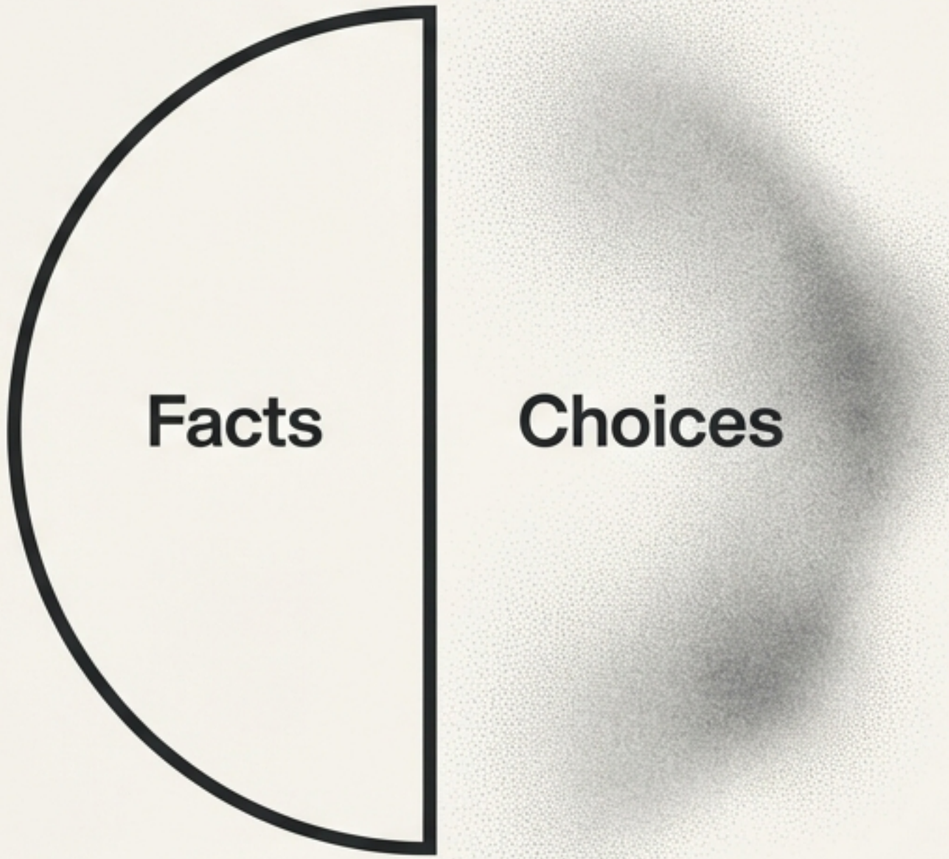
Clinical medicine lives in a gap between information and intervention.

Suggests. Implies. Approximates.

Data rarely dictate action. Between these inputs and the final intervention sits judgment.

Discomfort is not ignorance; it is ambiguity.

- For many trainees, the gap is destabilizing.
- They are not confused about the facts. They are uncomfortable occupying the space where more than one reasonable action exists.
- The page is a request to share that discomfort.



Trainees are trained for correctness. Medicine requires responsibility.

The Training

Exams had answers.
Performance had metrics.
Mastery meant precision.
Speed and certainty = Competence.

The Reality

The task is not to be right with certainty.

It is to act responsibly without it.

To bridge the gap, we must tolerate three realities.

1. The data will be incomplete.

2. Reasonable clinicians will disagree.

3. Responsibility cannot be deferred indefinitely.

A central error is conflating urgency with discomfort.

If every uncomfortable decision is treated as urgent, the system saturates with unnecessary escalation.

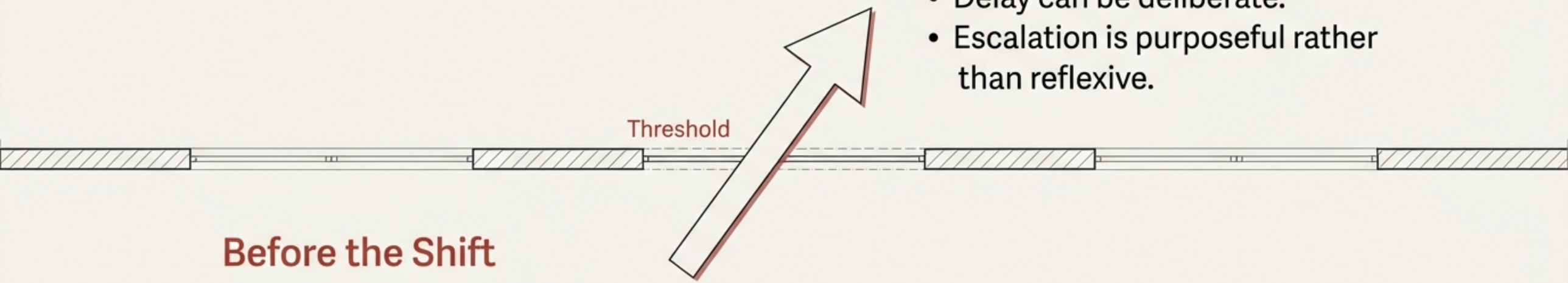
If true urgency is minimized, harm follows.

The work is not eliminating uncertainty. It is weighting it.

At some point, a quiet shift must occur.

After the Shift

- Uncertainty is expected.
- Delay can be deliberate.
- Escalation is purposeful rather than reflexive.

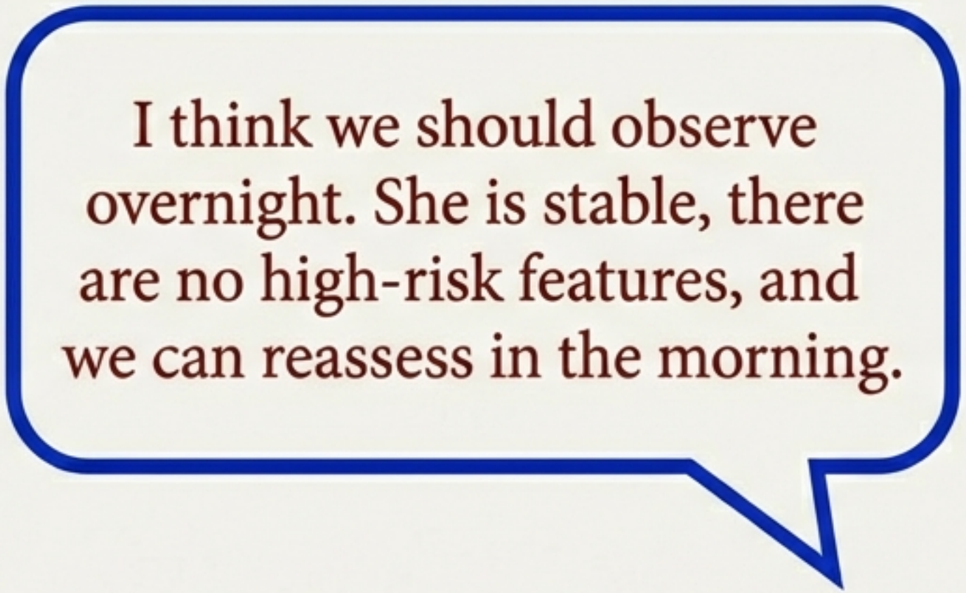


Before the Shift

- Uncertainty feels unsafe.
- Escalation feels protective.
- Silence feels negligent.

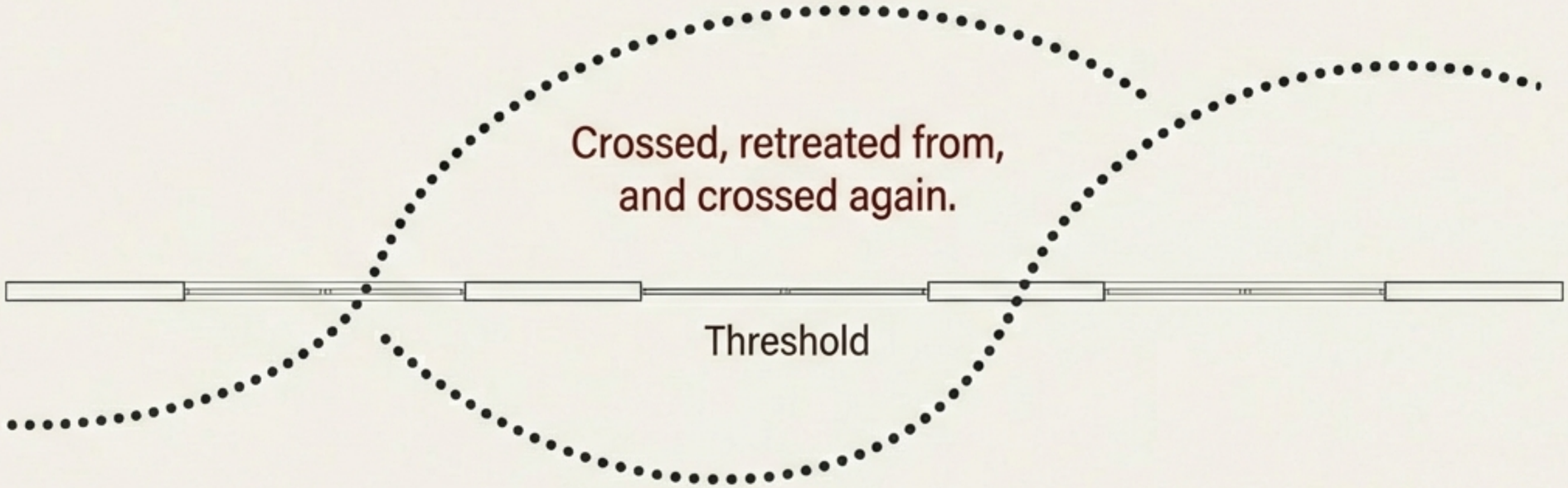
The difference is not knowledge.
It is ownership.

(Transferring the burden of decision)



(A position has been taken)

Ownership precedes polish.



When ambiguity produces immediate escalation, anxiety decreases, but judgment does not mature.

The page is answered. The skill is not built.

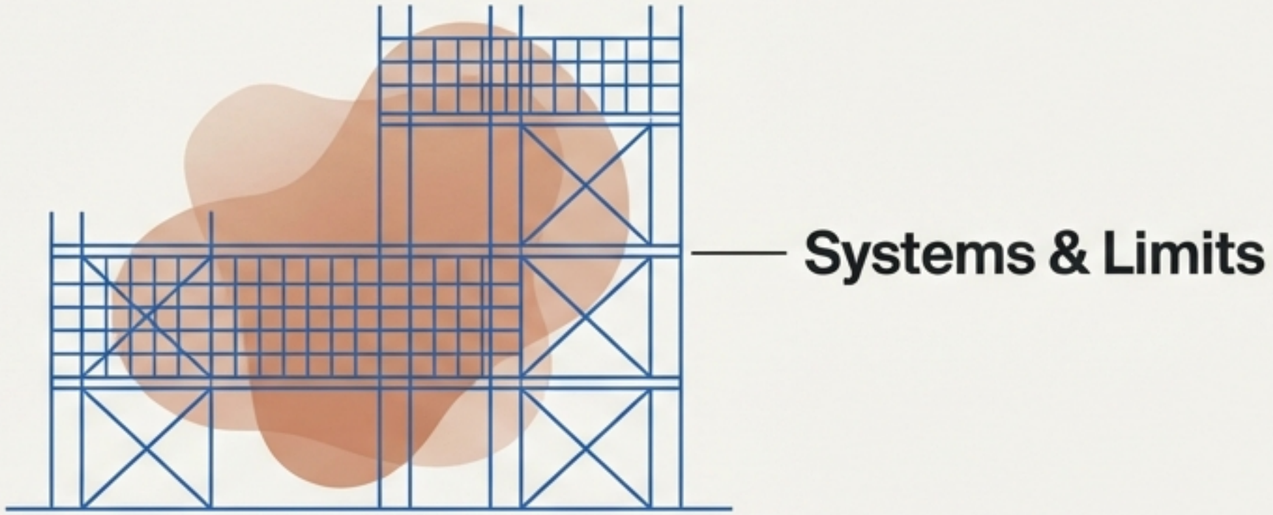
Confidence in medicine is retrospective.

It forms *after* decisions are made and outcomes observed.

Seniority does not eliminate uncertainty. It changes the terrain.

Knowing when to call colleagues is not avoidance;
it is a calibrated response.

Professional steadiness is not emotional numbness.



It is clarity about the limits of one’s domain and confidence in the systems that support those limits.

Uncertainty is acknowledged, bounded, and scaffolded.

The definition of a colleague.

A colleague is not the one who knows the most.

It is the one who can stand in the gap between data and decision long enough to take responsibility for choosing.

Formation is learning to **internalize uncertainty** rather than export it.

The goal of training is not certainty. It is steadiness inside uncertainty.

Doubt absorbed. Doubt examined. Doubt acted upon.