

# Standing in a Canoe

So there are no shortages of guidelines and decision rules designed with the intent of standardizing care based on evidence and the cumulative experience (and opinions) of experts. If and when we deviate from the resources, are we ignorant or negligent in our decision-making. While performing an RSI on a burn patient or even in a penetrating neck injury could be labeled as such, it may be the best decision given the circumstances. Our actions can't be judged alone by "the case", context equally influences choice and must take into account the provider's experience, risk tolerance, confidence, knowledge and skills. Gambling involves non-informed choices left to chance while "playing the odds" involves an assessment of risk and benefit and ultimately describes judgement, which at the end of the day is what we are hopefully trained to do as acute care clinicians.



Here is Sam Campbell's paper on [Standing in Canoe](#) and my rant on the subject.



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