obligate us to provide a therapy we believe is unnecessary or irrational. Sometimes the wrong thing is not a little wrong, but simply wrong.

References

**Commentary: Making decisions with all the evidence: What does the patient really want?**

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Modern health care practices have shifted away from the paternalistic model of “doctor knows best” to shared decision-making (SDM) between patients and physicians. In this model, best guideline practices derived from evidence-based medicine are now being applied within the individual context of a patient’s values and preferences.1 SDM is desirable in all disciplines of medicine but especially in the context of coronary revascularization, where morbidity and mortality from one strategy (percutaneous coronary intervention [PCI]) is lower in the short term but the alternative (coronary artery bypass grafting [CABG]) may offer better long-term survival and freedom from adverse events.2 Rubens and colleagues3 navigate the challenges of arriving at the optimal decision for coronary revascularization using an illustrative case example of a patient who would clearly benefit from CABG but chooses ad hoc multivessel PCI. Several key issues are highlighted when balancing best guideline practices and patient-centered care, including cognitive biases, practical challenges to SDM, and specialty bias. The informed consent process can be influenced by the cognitive biases experienced by the patient, including the phenomenon of focusing effect aversion, availability heuristic, and forecasting error.4-6 In the context of effective communication, clinician framing and structural inequities each have the potential to prevent fair SDM. Furthermore, when presenting treatment recommendations, surgeons, interventionists, and clinicians may carry biases about which approach is most suitable.7,8 Addressing these patient and provider issues systematically results from a compassionate stance that prioritizes patient autonomy.
Outweigh the benefits, physicians should not proceed.\textsuperscript{3,15} Beneﬁcent persuasion, when the harms signiﬁcantly
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The complexities associated with SDM in patients requiring
coronary revascularization. With increasing attention on
long-term outcomes of PCI and CABG for multivessel dis-
ease, this is a timely reminder for clinicians to consider both
the ethical considerations in the SDM process and the
value of heart teams to improve patient-related care and
outcomes.

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