How do physicians make decisions about a course of treatment for patients to engage in? This area of research has emerged as the erosion of confidence in doctors has increased. At one time, physicians were revered and their judgments, unquestioned. Now, with the growing complexity of medical procedures and surgical options, the explosion of pharmaceuticals and information on *drug interactions, and the dramatic rise in hospital negligence, leading to injury or death, no one is under the illusion any more that an individual doctor can know everything about how to treat a lesion, handle a contusion, or interpret aphasia. It is not surprising that the conclusions juries arrive at occasionally include huge *damage awards to patients for malpractice. While we should expect some confusion and uncertainty and error, how can these points of imprecision be minimized? Beyond improving vigilance, a study of risk in *decision procedures is helping to answer this question.

Wayne B. Dickerson

/ʒ/ /ðʒ/ /ʒ/-/ðʒ/
abrasion raging Asian - aging
revision language conversion - converging
Caucasian shortage lesion - legion
conversion strange fusion - fugitive
persuasion agenda incursion - urging

*compound noun