

Introducing Point-Counterpoint Perspectives in the *Journal of Hospital Medicine*

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Providing high-quality, efficient, and evidence-based healthcare is a complicated and complex process. The right approach or path forward is not always clear. In medicine, decision-making inherently involves uncertainty; evidence may be lacking, or values or context may differ, and thus, reasonable clinicians may choose to make different decisions based on the same data.

In this spirit of fostering education and healthy debate to improve understanding of challenges relevant to the field of hospital medicine, we are pleased to introduce our Point-Counterpoint series within the Perspectives in Hospital Medicine section of the journal. Point-Counterpoint Perspectives presents a debate by content experts. Each provides an interpretation of evidence regarding patient management or other controversial issues relating to hospital-based care. The format consists of an overview of the topic with an original point followed by a counterpoint response and, finally, a rebuttal (Table). We ask contributors to be as outspoken in their points and counterpoints as the evidence allows in order to fully elaborate the questions and uncertainties that may otherwise be familiar only to experts in the field or to those in other disciplines.

Our inaugural point-counterpoint articles address whether healthcare workers should receive priority for scarce drugs and therapies during the coronavirus disease 2019 (COVID-19) pandemic. The intermittent shortage of medical supplies and protective equipment has made it not only difficult but also at times dangerous for healthcare workers to care for infected patients.¹ The risks of developing COVID-19 and fear of transmitting it to loved ones has led to stress, fatigue, and burnout among healthcare workers, leading some to quit and even

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TABLE. Point-Counterpoint Perspectives Formatting Guidance

Section	Requirements
Title	Include the words <i>Point</i> , <i>Counterpoint</i> , or <i>Rebuttal</i> as part of the title. For example, "Counterpoint: Prioritizing Healthcare Workers for Scarce Critical Care Resources Is Impractical and Unjust"
Abstract	None
Text	Point: 1,500 or fewer words and 10 or fewer references Counterpoint: 1,500 or fewer words and 10 or fewer references Rebuttal: 600 or fewer words, including references

attempt suicide. The downstream effects of this stress may adversely affect patients and exacerbate staffing challenges in an already taxed healthcare system.² Do we have a special obligation to those on the front lines? We are grateful to Drs Kirk R Daffner, Armand Antommara, and Ndiidi I Unaka, for addressing this controversial topic.³⁻⁵

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References

- Lagu T, Arstenstein AW, Werner RM. Fool me twice: the role for hospitals and health systems in fixing the broken PPE supply chain. *J Hosp Med.* 2020;15(9):570-571. <https://doi.org/10.12788/jhm.3489>
- Ali SS. Why some nurses have quit during the coronavirus pandemic. NBC News. May 10, 2020. Accessed January 18, 2021. <https://www.nbcnews.com/news/us-news/why-some-nurses-have-quit-during-coronavirus-pandemic-n1201796>
- Daffner KR. Point: healthcare providers should receive treatment priority during a pandemic. *J Hosp Med.* 2021;16(3):180-181. <https://doi.org/10.12788/jhm.3596>
- Antommara A, Unaka NI. Counterpoint: prioritizing healthcare workers for scarce critical resources is impractical and unjust. *J Hosp Med.* 2021;16(3):182-183. <https://doi.org/10.12788/jhm.3597>
- Daffner KR. Rebuttal: accounting for the community's reciprocal obligations during a pandemic. *J Hosp Med.* 2021;16(3):184. <https://doi.org/10.12788/jhm.3600>