Cognitive Influences That Contribute to Diagnostic Errors

BIAS	DEFINITION
Affective	Also called visceral bias; emotional influences can induce thinking errors, including the feelings physicians have about their patients, both positive and negative.
Anchoring	Narrow focus on a single feature in a patient's presentation to support a diagnostic hypothesis, even if other concurrent features or subsequent information refutes the hypothesis.
Availability	The tendency to think that things that come to mind immediately are more likely or more common.
Blind obedience	Inappropriate deference to the recommendations of authority, either by direct superiors or by expert consultants, even in the absence of a sound rationale.
Confirmation	The tendency to search for evidence to support an initial diagnostic impression, and the tendency not to search for, or even to ignore, evidence that refutes it.
Diagnostic momentum	The tendency of a diagnostic label to become propagated by multiple intermediaries (patients, physicians, nurses, other team members) over time; what might have begun as a possible "working diagnosis" becomes "definite."
Framing effect	The susceptibility of diagnosticians to be disproportionately influenced by how a problem is described, by whom it is described, or even by the environment where an encounter takes place.
Hindsight bias	Knowing the outcome of an event influences the perception and memory of what actually occurred; in analyzing diagnostic errors, this can compromise learning by creating illusions of the participants' cognitive abilities, with potential for both underestimation and overestimation of what the participants knew (or could have known).
Overconfidence	The tendency to think one knows more than one does, especially in physicians who might place faith in opinions without gathering the necessary supporting evidence.
Premature closure	Making a diagnosis before it has been fully verified.

One of the most prevalent types of cognitive bias is "anchoring." This occurs when a physician locks on to one symptom or piece of information in the patient's initial presentation and discounts subsequent information that may be critical to finding the right diagnosis. "Anchoring" may be seriously compounded by "confirmation bias," which is the tendency to seek out or interpret data in a way that confirms an initial diagnosis. If a physician has a diagnosis in mind, he/she may be more likely to ask questions, test for, and recognize signs and symptoms that support this diagnosis, and dismiss more definitive evidence that might refute it. The case study in this issue of *The Scope* provides a warning on the dangers of anchoring.

One of the most prevalent types of cognitive bias is "anchoring."

Biases in decision making may also result in "premature closure," which accounts for a large proportion of diagnostic errors. This occurs when the physician fails to consider reasonable alternatives after an initial diagnosis is made.

Strategies to Reduce Diagnostic Error

- Document all clinical decision-making processes using evidence-based practice and justify any deviations from the established standard of care.
- Promptly obtain test results and consults and modify diagnoses and plans of care as indicated.
- Consult with collaborating and/or supervising physicians on all cases of difficult or delayed diagnoses.
- Refer unstable and/or undiagnosed patients with acute symptoms to emergency services.
- Request second opinions and consults as indicated.
- Communicate any changes in diagnoses among all providers of a given patient.
- Enhance clinical skills and reasoning by understanding the sources of cognitive error.
- Recognize any potential diagnostic or cultural biases that may negatively impact care.

Diagnostic error can occur as the result of numerous factors that influence individual healthcare practitioners. Recognizing the risks associated with these factors and deploying strategies to mitigate their potential impact on the processes associated with healthcare delivery will improve the safety of patient care while lessening the potential for significant exposure to litigation. In future issues of *The Scope*, MLMIC will present other risk management topics that impact healthcare liability and offer strategies to reduce those liability risks.

To review the entire report *Million Dollar Claims – A Closer Look*, please visit our website, **MLMIC.com**.

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> **“It’s a good idea to review past mistakes before committing new ones.”**
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> –Warren E. Buffett