# Presenting diagnostic alternatives early in the diagnostic process to reduce cognitive biases

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# BACKGROUND

- Previous research has highlighted the importance of physicians' early diagnostic hypotheses for their subsequent judgments (1). It has also been shown that physicians' diagnostic accuracy improves when they are presented with a list of diagnostic suggestions to consider at the start of the patient encounter (2). The psychological mechanisms underlying this improvement in accuracy have not yet been explored.
- Our main hypothesis was that the provision of early diagnostic hypotheses has a debiasing effect on physicians' thinking. In three experiments, we looked into four different aspects of the diagnostic process, as well as into the associated biases that potentially operate during this process: Diagnostic certainty (overconfidence), information search (premature closure), information evaluation (information) distortion) and diagnostic shift (resistance to change mind).

# METHODS

Clinical scenarios: Each patient scenario had two parts: initial description and additional information. In all three experiments, the initial description was designed to steer participants toward certain diagnoses. In experiment 1, the additional information was somewhat inconsistent with the initial steer. In experiments 2 and 3, the additional information was **neutral** and open to interpretation.

Participants: 194, 248 and 248 UK GPs in experiments 1, 2 and 3 respectively.

Design and procedure: GPs were presented with two patient scenarios at random, one with and the other without diagnostic suggestions. They provided their diagnosis CONCLUSION (free text) and confidence (0-10 scale), before and after the suggestions. They also |requested additional information from a list of seven items and, finally, evaluated each||Early diagnostic suggestions may have some effect on physicians' diagnostic litem in relation to their initial diagnosis (i.e., how much it supports it) on a 0-10 scale.

In experiment 2, the list of diagnostic suggestions included GPs' own diagnosis.

In experiment 3, the list of diagnostic suggestions did not include GPs' own diagnosis.

#### Initial patient description

Patient name: David H. Age: 51 BMI: 23 Smoking history: No

Past medical history: Osteoarthritis of the knee

Last consultation: URTI a year ago.

David says: "I've been getting a pain in my chest for a week now. I was helping my daughter move house and when I lifted the washing machine, I felt the pain coming on".

#### Additional patient information 1

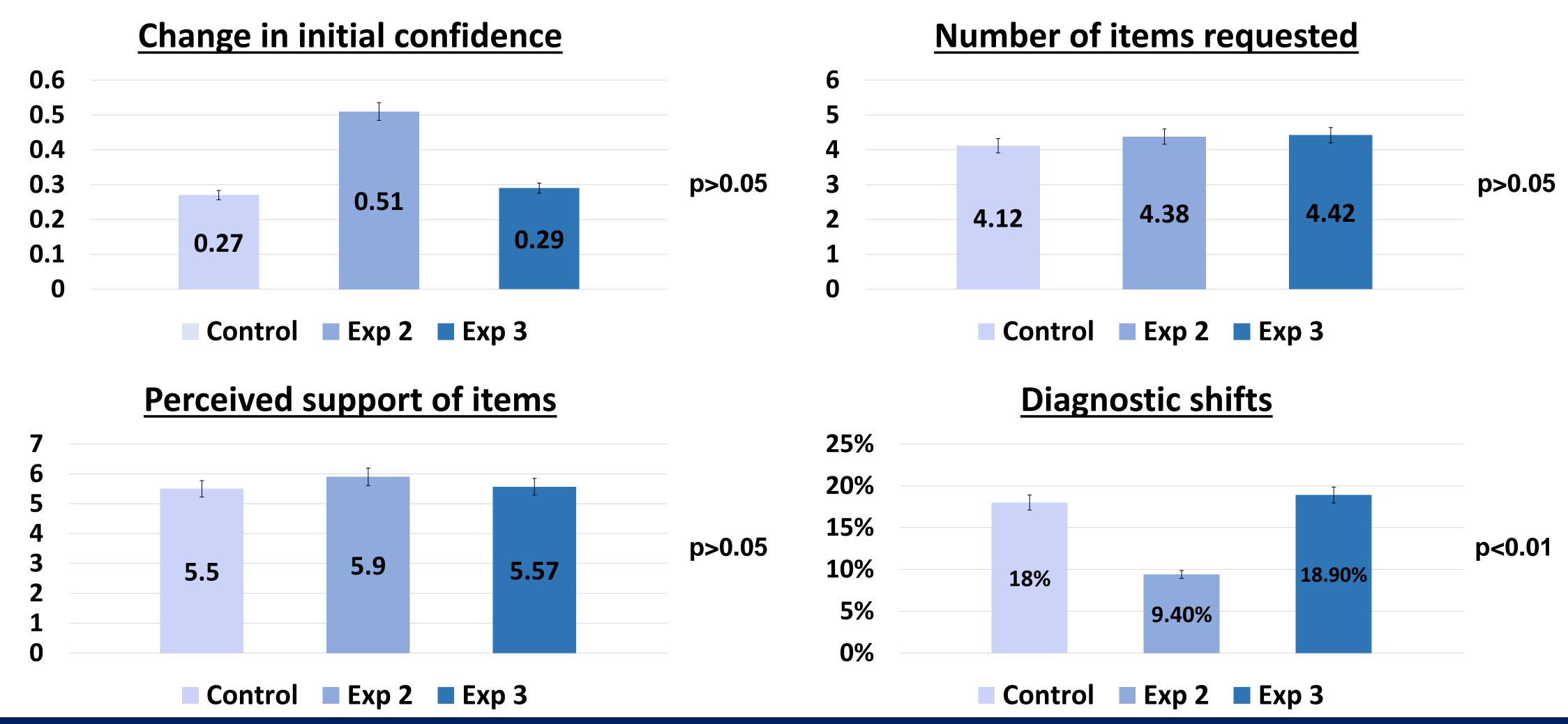
David says: "The pain is not really intense but it makes me want to stop what I am doing".

### Additional patient information 2

Resting ECG results: It is normal.

## RESULTS

- Diagnostic suggestions had only minimal effects on physicians' thinking.
- In all three experiments, initial confidence was negatively associated with changes in diagnosis (p<0.001).
- In experiments 2 and 3, GPs with higher initial confidence a) requested fewer items of information before reaching a conclusion, b) evaluated this information in a more biased fashion and c) recorded fewer differential diagnoses (p<0.001).



Comparison between conditions: No suggestions (Control) vs. suggestions with GPs' own diagnosis (Exp 2) vs. suggestions without GPs' own diagnosis (Exp 3).

confidence and willingness to change their mind. However, physicians' confidence in their initial diagnostic hypothesis has a much stronger impact on reasoning, as it appears to be the main driver that significantly affected the psychological mechanisms explored in the experiments described above.

## References

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# Funding

The research was supported by the National Institute for Health Research (NIHR) Imperial Patient Safety Translational Research Centre (PSTRC). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.