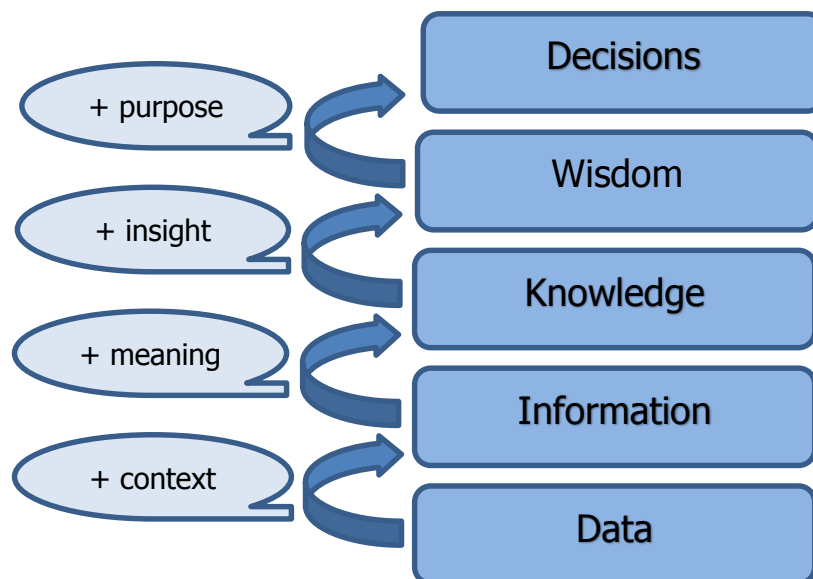


Some key points from Learning Afternoon 25 February 2015 Thinking Fast and Slow, and some Cognitive Biases

We may believe that we make all our decisions in a logical way, by analysing data then making conclusions which lead to logical decisions



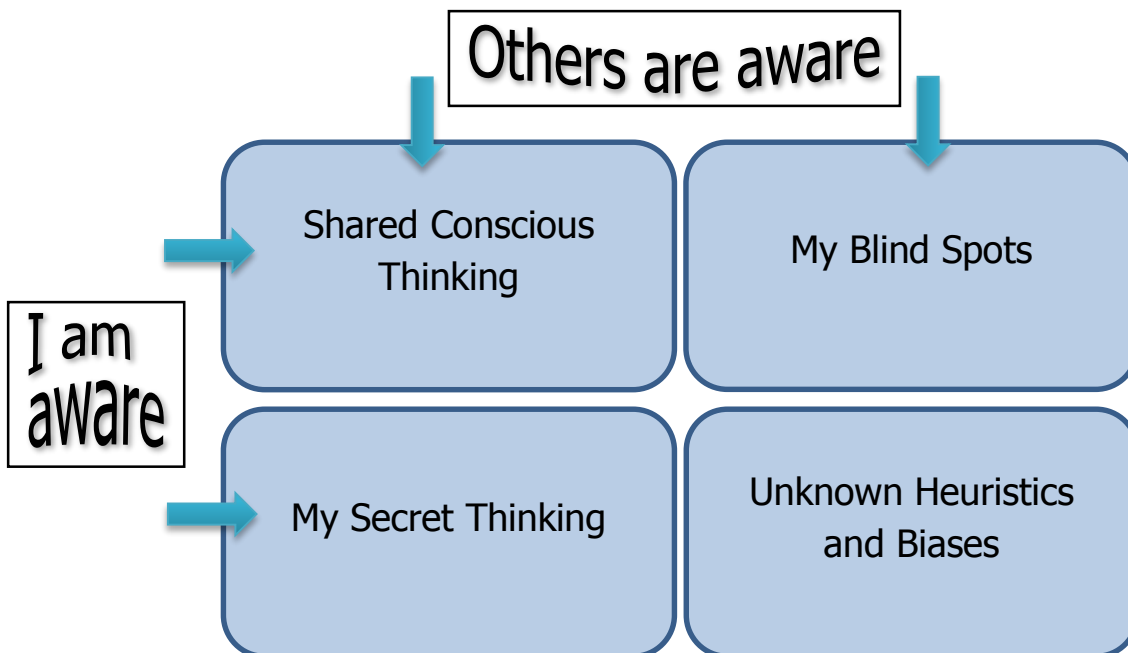
In fact, we make many decisions using shortcuts, rules of thumb, intuition etc. (heuristics)

Compare the differences between System 1 and System 2 thinking:

System 1	System 2
Unconscious reasoning	Conscious reasoning
Automatic	Controlled
Rapid	Slow
Non-Logical	Logical
Parallel	Serial
Low Effort	High Effort
Heuristic	Analytic

At all times we are faced with thousands of pieces of data from the world around us, and our System 1 identifies the relevant pieces of data for our current situation. This is done subconsciously, and it is only these relevant pieces of data that are presented to our conscious System 2 which is then able to analyse and make a decision.

Although we may believe that we are making rational decisions, we are doing so only on the basis of information that we are aware of, and it is our unconscious System 1 which may lead us into making some decisions based on cognitive biases of which we are unaware.



Group Work

We considered how decisions are made and how they are influenced by cognitive biases, including personal decision-making, practice decision-making and national bodies decision-making.

During the group discussions the groups identified and discussed:

- colleague bias: colleague is usually right
- consultant bias: consultants must be right
- fatigue bias: too tired to think clearly
- social bias: stigma, certain types of people
- situational bias: in this situation it is usually X
- gender bias: self-selecting cohort of patients
- confirmatory bias: more time is spent in areas of specialist interest
- trainer/trainee bias: previously reviewed patients can influence each other's assessment
- halo effect: good relationship can mean it is more likely to accept the other person's biases and develop similar blind-spots
- personal circumstances bias: oneself or a family member has a particular disease

Suggestions from the groups for managing our biases

- accept that biases happen, be aware, reflect
- safety net during consultations
- be aware that continuity of care can include continuity of biases
- seek a second opinion, looking for impartial advice, broad sources of information
- try not to introduce bias when handing patients over to trainees
- keep an open mind in review meetings
- if a diagnosis turns out to be wrong then reflect on why this was so