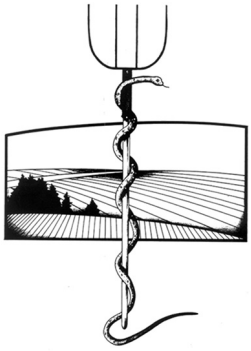

We don't want to think about it

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We may aspire to be Dr House (in parts!), but in reality, we diagnose badly. I think everyone admits that we are human and prone to error. However, it is hard to admit how really bad we are at it. We really do not want to think about our thinking. At the last Rural and Remote conference, a plenary speaker and expert on meta-cognition, Dr Pat Croskerry, had his talk, 'Teaching the Scarecrow' stalled, if not derailed, by the audience's incredulity at his assertions.

Medical error is the third most common cause of death. Can't be so, can it? One in ten diagnoses is incorrect, and not for the fact that the information was incomplete at the time? Not me. There must be something wrong with the definitions used in the studies. They are American studies, right?

If you looked for it though, there was plenty of additional evidence later in the conference. Teri Price's talk on the not-for-profit 'Greg's wings' is based on a patient where there was a delay of over 400 days from the chance finding of epididymis thickening to the treatment of testicular cancer. It shows, despite good intentions, how badly we can follow through.

Dr Shirley Lee presented, 'Is no news good news' and reaffirmed that misdiagnosis is the primary thing we get sued for. We may not get sued often, but it is all in the Venn diagram of the larger errors that people suffer, but may not take us to court or to the college over.

It is not that we intend to fail. Luckily we, and our patients, often get second chances. However, without thinking about thinking, we will continue to rule out acute coronary syndrome (ACS) and ignore the evidence for pericarditis. Without looking at, and making our recall systems more robust, we continue to risk fumbling the follow-up of the shadow on the chest X-ray.

To think that we ourselves are above average, is a terrible bias to succumb to. To simply aspire to be better is not enough, as thinking harder, in the same way, will not make us better. We need to think better to better avoid the traps and biases that we as humans suffer. We should want to not need a second chance. We need to design follow-up systems that are more robust the first time. Our patients deserve no less.

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