Excerpts from How Doctors Think

Dr. Jerome Groopman

How we think affects us in both our personal and professional lives. Dr. Jerome Groopman has written a fascinating book—*How Doctor Think*—about common errors in thinking made by physicians. Many of these errors are also found in other professions:

1. Pattern Recognition and Stereotyping. Groopman notes that there is plenty of time in a medical school classroom to consider various symptoms and hypotheses and then rule them out until the correct diagnosis emerges. In real life, particularly in hospital settings, doctors don't have the luxury of time and they rely on quick judgments.

> Physicians at the bedside do not collect a great deal of data and then leisurely generate hypotheses about possible diagnoses. Rather, physicians begin to think of diagnoses from the first moment they meet a patient. Even as they say hello they take the person's measure, registering his pallor or ruddiness, the tilt of his head, the movement of his eyes and mouth, the way he sits down or stands up, the timbre of his voice, the depth of his breathing. Their notions of what is wrong continue to evolve as they peer into the eyes, listen to the heart, press on the liver, inspect the initial set of x-rays. Research shows that most doctors quickly come up with two or three possible diagnoses from the outset of meeting a patient—a few talented ones can juggle four or five in their minds.

Groopman cites examples of well-trained physicians making "attribution errors"—snap judgments based on stereotypes—when they encounter a recognizable pattern. One such error, made during her medical training, was recounted to Groopman by Dr. Karen Delgado:

> A young man was brought to the emergency ward of the hospital in the wee hours. The police had found him sleeping on the steps of a local art museum. He was unshaven, his clothes were dirty, and he was uncooperative, unwilling to rouse himself and respond with any clarity to the triage nurse's questions. Dr. Delgado was busy that night attending to other patients, so she "eyeballed" him and decided that he could stay on a gurney in the corridor, another homeless hippie who would be given breakfast in the morning and returned to the streets. Some hours later, she felt a nurse tugging at her sleeve. "I really want you to go back and examine that guy," the nurse said. Delgado was reluctant, but she had learned to respect an ER nurse who felt that something was really wrong with a patient. "His blood sugar was sky-high," Delgado told me. The young man was on the brink of a diabetic coma. He had fallen asleep near the art museum because he was weak and lethargic and unable to make it back to his apartment. It turned out that he was not a vagrant but a student, and his difficulties giving the police and the triage nurse information reflected the metabolic changes that typify out-of-control diabetes.