Common Cognitive Biases in Clinical Work

What are they?

Pattern & Memory
- Availability – Reacting based on a recent/memorable case.
- Anchoring – Fixating on first info and under-adjusting.
- Representativeness – Assuming the case fits a textbook pattern.
- Recency – Overweighting the latest obs/event.

Confirmation & Direction
- Confirmation bias – Only looking for data that fits your hunch.
- Search satisficing – Stopping once you find one plausible cause.
- Diagnosis momentum – Accepting an early label without review.

Emotion & Pressure
- Authority bias – Following seniors blindly.
- Overconfidence – Overestimating certainty.
- Fear-of-miss – Over treating to avoid worst case.
- Sunk cost fallacy – Continuing a flawed plan due to investment.

Framing & Context
- Framing effect – Decision changes based on wording.
- Context bias – Environment/workload shapes choices.
- Base rate neglect – Ignoring actual prevalence.

Outcome & Hindsight
- Outcome bias – Judging a decision by result, not process.
- Hindsight bias – "I knew it all along" after outcome is known.

Anti-Bias Check

1. Pause — Am I reacting or thinking?
2. Check — What fits for my plan? What fits against it?
3. Context — Is my judgment swayed by a recent case, a senior's opinion, or the environment?
4. Compare — Does this fit the patient's actual baseline/normal range?
5. Decide — If I'm wrong, what's the harm? If I delay, what's the harm?

Remember, being human is inevitable, but also improvable.

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