**Journal Review Assignment– 2**

**Cognitive Bias and Clinical Decision Making**

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We as humans depend on thinking every second of our lives. Human brain processes information in two ways: intuitive and analytical, or as referred to a psychologist, Type 1 and Type 2 processes. Intuitive thinking originates in the subconscious mind and the analytical thinking originates in the conscious mind. Although Intuitive thinking helps in laying, a strong basis to materialize the idea it deviates from truth sometimes. On the other hand, analytical thinking involves a lot of thought process and will lead to accurate results most of the times but it involves a lot of resource investment, making it a slow process. Most of the times general diagnoses are based on the person’s experience. Such repetitive acquaintance with situations lead to the feeding of the information and so, the mind accesses it unknowingly.

A 21-year-old man is hospitalized to a trauma center due to the multiple stabs over his arms, chest, and head. The doctors performed checks on the chest wounds and performed a CT scan. The doctors might have presumed that there was a serious issue with the patient’s chest as the injury seemed deep on the chest area. Since the patient coordinated well it ruled out the possibility that there was any problem with his head and that was ignored altogether. As the coordination seemed normal. The doctors, intuitively thought (Type-1 process) there was nothing fatal in the head injury and ruled out all subsequent possibilities of testing and reasoning.

To avoid such situations, one should check for all affected areas, a whole body scan should be performed. Even if the wound is small and seems insignificant, internal injuries can sometimes be fatal. Instead of leaving, that decision in the hands of the person in charge a complete documented report of all the emergency cases should be submitted and hospitals should have policies to scan for all possible injuries in emergencies. It is always better to get multiple opinions to eliminate any flaws involved by one doctor’s personal diagnosis. Patient's family or close relatives should be vigilant on what tests are being performed and the causation and the purpose of the tests being performed.

In this case, the 18-year-old woman showed symptoms of anxiety and depression. The family doctor requested her to visit the psychiatrist. The psychiatrist wanted to check if the patient’s case was due to a respiratory issue. After the chest film checkup done by the emergency department, they decided it was not pneumonia. The patient is declared having anxiety issues since the respiratory problem has not been diagnosed. However, the patient dies and is diagnosed to be having pelvic vein thrombosis extending from the femoral vein and saddle emboli in both lungs.

It is to be noted that the actual diagnoses are done during the autopsy, instead of when the person is living. This is a fatal case and the intuitive thinking of the psychiatrist that cost the patient’s life. For instance, there should have been an MRI scan or CT scan, which will enable the doctor to understand the serious concerns of the patient. There should have been a proper communication between the psychiatrist and a general physician to discuss all the doubtful possibilities.

To conclude, it is totally fine to come up with all possibilities and be wrong as it might cost a life if the wrong diagnosis happens. The cognitive thinking should aid one to choose all the plausible paths in one sector of the area along with the help of analytical thinking to come up with the best solution. In serious situations such as injuries or accidents, one has to ensure that the person is clearly out of doubt about any other issue that the person might be suffering from.