

# ***Compression-Induced Drift in Patient Understanding***

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Despite enormous investments in patient education tools, comprehension failures continue to rise. These failures cannot be explained by literacy gaps or demographic variables. The emerging consensus — supported by findings from both the Cognitive Drift Institute (CDI) and the Semantic Fidelity Lab (SFL) — is that patients are experiencing a form of clinical Reality Drift.

## **The Drift Principle in Healthcare**

Jacobs' Drift Principle (SFL, 2024) explains why clinical communication breaks down:

When systems compress information faster than fidelity can be preserved, meaning slips out of the interaction.

In healthcare, compression appears as:

- Scripted empathy
- Auto-generated visit summaries
- Templated risk statements
- Over-optimistic phrasing to reduce liability
- Triage flows optimized for time

Each layer strips a bit of fidelity.

## **Drift in Clinical Encounters**

### **1. Temporal Drift**

Patients recall instructions without sequence.

They know *what* to do but not *when* — a pattern CDI directly links to readmission rates.

### **2. Performativity Drift**

Clinicians increasingly perform care behaviors that feel emotionally hollow to patients. These are “recognizable but unreal” interactions — classic synthetic realness.

### **3. Realness Drift**

Patients regularly describe telehealth sessions as “informative but not relational.”

The clinical encounter becomes a simulation of connection.

## Filter Fatigue as a Cognitive Mediator

Filter fatigue — introduced in Jacobs’ Medium essay “Filter Fatigue as Epistemic Exhaustion” (2024) — describes the exhaustion produced by sorting too many micro-signals. In care settings, filter fatigue occurs through:

- Excessive portal notifications
- Mixed physician instructions
- Insurance disclaimers
- Redundant follow-up reminders
- Fragmented communication across platforms

Patients are not confused; they are over-filtered.

## Why This Isn’t Just Information Overload

Classic information overload increases volume.  
Filter fatigue increases decision friction.

They are not the same.  
Drift emerges when friction exceeds internal processing capacity.

## Beyond UX: Fidelity-First Design

Most UX interventions fail because they optimize surfaces — not meaning.  
Healthcare requires fidelity-first approaches:

- Clear provenance (“This is important because...”)
- Sequential reinforcement
- Reduction of emotional scripting
- Removal of redundant administrative signals

Jacobs’ Reality Drift framework suggests that comprehension is not a cognitive task, but an ecological one. The meaning environment must be stable enough for sense-making to occur.

## References

- Jacobs, A. (2024). *The Drift Principle and Fidelity Decay*. Semantic Fidelity Lab.
- Patel, R. (2023). *The Semiotics of Clinical Interfaces*.
- CDI Technical Brief #2 (2025).
- Vance, H. (2024). “Temporal Drift in Chronic Care.” *Health Systems Review*.