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A doctor explains how he makes good decisions when the stakes are high in the ER

Sudip Bose, Contributor | Feb 27, 2019, 9.45 AM



Dr. Sudip Bose

- **Dr. Sudip Bose is an emergency physician and Cofounder and Chief Medical Officer at liveClinic.**
- **He was trained to resist confirmation bias, the natural human tendency to seek out evidence that supports a conclusion you've already drawn.**
- **Here, he explains why it's so important, how he does it, and how anyone can make better decisions.**

One of the worst things you can do in medicine is to diagnose a patient before evaluating all the relevant information. You reach a quick decision and then look for information that supports that decision and ignore evidence that runs counter to that decision. It's called confirmation bias.

Confirmation bias isn't limited to medicine. It rears its head in virtually every area of life and business. People get a "gut feel" about a situation and look for evidence to support that feeling.

It happens frequently in job interviews, for instance. The hiring manager forms an opinion after a few minutes and that first impression determines whether the person is offered a job. Is it any wonder why about 50% of new hires don't work out as planned?

As an ER doctor, I have to make rapid decisions. When confronted with a medical emergency or a large number of patients, I have to fight against what psychologists call heuristics — mental shortcuts that we all utilize to make decisions every day.

Those heuristics include:

- **Representativeness:** When shopping for a used car, you may judge that the sparkling exterior, immaculate interior, and clean engine indicate the car was well cared for — even though you have not seen any maintenance records or had the car examined by a mechanic.
- **Recency effect:** This is the tendency to overweight recent events relative to an entire data set. Let's say a sales rep who has consistently exceeded their quotas has a bad month. You may wonder if something has changed to cause the poor month and if the underperformance will continue.
- **Anchoring bias:** This is where an individual relies too heavily on an initial piece of information offered (considered to be the "anchor") when making decision. For example, you're looking to buy a small company and the initial asking price is \$3 million. You may feel like you won the negotiation when you get the company for \$2.5 million — even though that price may be slightly above its market value.

When diagnosing a patient, we're taught in medical school to ask: What else could it be? That's useful, to a point. It forces us to look for additional symptoms and to consider alternative diagnoses.

Let's say several critically injured people arrive in the ER from a car wreck along with another patient who has suffered a massive heart attack. While we're scrambling to keep these people alive, a young man comes into the ER with the following symptoms: paralysis on one side of his face and inability to make facial expressions, slight drooling, and tearing from one eye.

Given the patient's age and appearance of good health, I immediately think he has Bell's palsy — which is not life threatening and is easy to treat. However, even though I'm busy with other patients, it's absolutely critical that I conduct further tests to rule out the slim possibility that he

may have suffered a stroke. And, as I conduct those tests, I must remain as objective as possible and not allow my tentative diagnosis to color my interpretation of new information.

How to make better decisions

Most of us make decisions through a combination of gut feel, incomplete information, and variety of emotional and cognitive biases. We can and should do better. Here's how:

Become more self-aware. Ask yourself why you're making a particular decision — whether it's which something important, like approving a new product to develop, or something less important, like which phone message at you're going to return first.

Review your most important life and business decisions, good and bad. Why did you choose your profession or the company where you work? Why did you choose the person you married? Are there patterns to your good and bad decisions?

Broaden your options when making decisions. Frequently, we believe we have to decide between two options, when, in reality, there is a multitude of choices. Give yourself the space and latitude to explore all avenues before making a decision.

When you feel yourself being pulled to make a quick decision, **stop and make a counter-argument** about taking a different path. Strive to be objective and fight against emotional and psychological biases.

Accept that you might be wrong. No one makes the right decision every time. Understand you can undo most decisions.

Identifying the factors that cause you to make poor decisions and investing time and attention on improving your decision-making skills will pay a lifetime of dividends. It's hard to think of a more worthwhile self-improvement endeavor.

After completing his MD at 25 years old and serving one of the longest military combat tours by a physician since World War II, Dr. Bose loves teaching others how to defy limits to accelerate achievement and impact. He is currently an emergency medicine physician and professor based in Texas and Chicago, and is the cofounder of several leading medical-tech companies. Learn more at SudipBose.com.

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