

VIEWS & REVIEWS



PERSONAL VIEW

Unconscious bias harms patients and staff

We have a duty to identify it and act

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Human bias can be defined as a disposition to think, feel, or act in a particular way. It may stem from longstanding personality attributes, from particular sets of knowledge or past experience, or from a current predicament. Unconscious bias occurs when such tendencies are outside our awareness and conscious control. Some unconscious bias can seem positive—for example, intuition and “gut instinct”—but not always.

The Nobel Prize winning psychologist, Daniel Kahneman, has postulated the operation of fast and slow cognitive processing systems, where the fast, unconscious system is particularly prone to errors such as unconscious bias.¹ In recent years our understanding of cognitive bias has advanced, both as a general phenomenon² and as a phenomenon within specific domains such as racism.³ Unacceptable disparities in ethnic representation at senior levels raise the issue of conscious or unconscious racial bias in the NHS.⁴

Clinical decisions

In clinical decision making, several studies have shown that errors can occur that are based on unconscious bias.⁵ Consider confirmation bias—that is, seeking information that supports a decision or viewpoint and ignoring or not seeking evidence that would be contradictory.

For example, a patient with a history of heart disease and a recent stent sees a doctor for blank spells, fever, and confusion. The doctor orders an ECG. It's normal, so he orders an echocardiogram, which is also normal. The next day he orders a cardiac angiogram, which is also normal. The next day the patient has a seizure, so the doctor orders a brain scan, which shows high signal abnormality in both temporal lobes, strongly suggestive of limbic encephalitis, which is substantiated by subsequent investigations. The doctor kept looking for evidence to confirm his initial hunch rather than looking for alternative possibilities.

Feelings at work

Biases in healthcare settings may also arise in how we feel and express emotions,⁶ as well as in social settings, such as clinician-patient interactions.⁷ For example, consider a teetotal

doctor who sees a patient in clinic who smells of alcohol and has tattoos and piercings. He is complaining of chest pains and blank spells.

The doctor feels perturbed by the patient, conducts only a brief interview, tells him that he's fine, and does not order any investigations. The doctor forgets to ask about any family history of cardiac disease. After a few weeks the patient is admitted as an emergency, having had a cardiac arrest, and his family history of heart disease emerges.

How staff are treated

Conscious and unconscious biases can also be evident at an organisational level,⁸ in relationships among staff,⁹ and in management settings such as disciplinary hearings: these hearings are designed to be semi-judicial affairs, often with legal professionals present.

A doctor may be dismissed for an “irretrievable breakdown in relationships with colleagues,” for example, because of unconscious racist bias on the part of his or her colleagues, unconscious bias in some members of the internal disciplinary panel because of their past dealings with those colleagues, or both. In a landmark case, a UK High Court judge ruled on the importance of unconscious memory fallibility, such as when people recall distorted versions of events but confidently believe them to be true.¹⁰ The head of the UK Supreme Court, David Neuberger, has recently warned of the possibility of unconscious bias in legal settings.

Assessment and modification

Unconscious bias can be assessed. The US Implicit Association Test has been widely used in a range of settings (<http://implicit.harvard.edu/implicit/>), and similar instruments have been developed in the United Kingdom (www.shirepro.co.uk). In parallel, advances in cognitive modification methodology help reduce bias, including promoting knowledge and awareness of forms of unconscious bias, presentation of scenarios where such bias may occur, and confronting individuals with examples that

run counter to thinking habits that promote unconscious social bias.^{11 12}

Health systems such as the NHS have a duty to accept that conscious bias and unconscious bias exist and to take steps to eradicate them.

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