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<< DOCTOR MISTAKES (Continued): **First**, there may be incomplete or misleading information. Patients may not feel comfortable reporting all their symptoms to a doctor - or, as studies show, physicians may prematurely cut off a patient who is reciting his or her problems (in fact, research reveals that most physicians interrupt a patient within 18 seconds of beginning an interview).

Second, pattern recognition is difficult because cases may not be "typical." This means that diseases can have different manifestations, sometimes quite subtle, because every individual is different. Most significant is how the doctor selects the clinical elements, weighs their importance, and arranges them in his or her mind, a process that can result in several different patterns, leading to quite different diagnoses.

There are three major cognitive mistakes that can occur in the mind of the doctor and lead to misdiagnosis. The **first** is termed **anchoring**, meaning the tendency to grab on to the first symptom, physical finding, or laboratory abnormality.

Such snap judgments may be correct, but they can also lead physicians astray. A **second** common cognitive error is termed **availability**. This refers to the tendency to assume that an easily remembered prior experience - what is most readily available in the physician's memory - can explain the new situation he or she is trying to diagnose. The **third** mistake in thinking is termed **attribution**, and this accounts for many of the misdiagnoses in the elderly. Attribution refers to the tendency to mentally invoke a stereotype and "attribute" symptoms to it. Alas, often this stereotype is a negative one, such as an older person who is seen as a complainer, a hypochondriac, or a person unable to cope with his or her naturally declining abilities. The doctor ignores the possibility of an illness not specifically linked to "old age," as in the case of the woman with B12 deficiency. Imagine how much it would have cost in physical resources - not to mention emotional ones - to keep her in a nursing home for the rest of her life.

What can patients do to help prevent medical thinking from going astray? I have formulated three simple questions to ask. It is quite appropriate for patients and their families to pose these questions to their doctor when he or she is making a diagnosis.

SEE DOCTOR MISTAKES ##