**Selected Biases**

**Premature Closure Biases** – Failure to adequately consider alternative diagnoses

- **Framing** – The way in which a problem is presented has too powerful effect on how the information is interpreted
- **Anchoring** – Relying too heavily on information obtained early in the diagnostic process and allowing that to overly influence the interpretation of new data
- **Diagnostic momentum** - Allowing collective input from prior intermediaries to inordinately influence diagnostic decisions

**Confirmation Biases** – Selectively using evidence to confirm a diagnosis and not valuing evidence that brings that diagnosis into question

- **Search satisficing** – The “eureka” diagnosis that results in failure to consider other evidence
- **Overconfidence** – Overreliance on one’s own skills or those of an expert
- **Semmelweiss reflex** – Rejecting evidence that contradicts the favored diagnosis

**Estimation of Probability Biases** - Misrepresenting the true prevalence of a disease due previous experiences or perception

- **Availability** – Thinking that the current patient has the same diagnosis as a patient cared for recently or a previous patient whose case had a particularly strong impact on your thinking
- **Severity** – Exaggerating the likelihood of the diagnosis with the worst potential outcome
- **Base rate neglect** - Failing to consider the prevalence of the disease on which you are basing the diagnosis
- **Representativeness restraint** – Illness script does not adequately account for less common presentations

**Biases Related to Emotion Biases** - Impact of feelings toward a patient or about the circumstances around their care on clinical judgement

- **Affective/Visceral** – Allowing emotions, positive or negative, about your patient, to influence your judgement
- **Regret** - Tendency to follow a pattern of behavior due to discomfort over a previous patient experience