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Biased decision-making in the evaluation of physicians:
Sources and solutions

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Nothing to disclose
An individual has been described by a neighbor as follows: “Steve is very shy and withdrawn, invariably helpful but with little interest in people or in the world of reality. A meek and tidy soul, he has a need for order and structure, and a passion for detail.”

Is Steve more likely to be a librarian or a farmer?

The resemblance or representativeness heuristic

This is independent of whether or not I am biased about farmers or librarians, men, or men named Steve
We are capable of making decisions rapidly and mostly, accurately, utilizing a variety of heuristics – decision making shortcuts.

These heuristics are largely out of consciousness.

These processes can also lead to systematic errors.

Errors can be corrected by the slow, analytic brain processes, but this requires mental effort, and the analytic system is lazy.

Studies of judges demonstrate that they make decisions more favorable to offenders after lunch, and less favorable at the end of the day.

My contribution today is not about our biases, it is about reaching biased conclusions/judgments based on the process we employ.
What may be biased?

• Diagnosis
• Prognosis
• Recommendations for treatment
• Findings regarding fitness for duty
Associative coherence

- Banana – Vomit
Example 1

• Heuristics: associative coherence – (the need for an explanatory narrative), substitution (answering an easier question)

• Especially problematic in the psychiatric/psychological world, as we’re trained to articulate a formulation (what led the patient to the current problem)
Example 1

• 23 year old medical student referred for questions about her boundaries and recent poor performance

• She attributed boundary issues to misunderstandings, and said that a family member had committed suicide causing her academic problems

• We discovered that her family member was alive

• Multiple other dishonest matters found

• Referred for intensive evaluation
Example 1

• Evaluators found multiple problems (including passing a polygraph in which she successfully answered untruthfully)

• Recommendations detailed and demanding, with very guarded prognosis. Included intensive treatment that if successful would lead to a 2 year recovery plan and re-evaluation at another facility

• Asked to leave school by promotions committee with the possibility of returning
Example 1

• She ultimately returned to the same facility for treatment

• Treatment revealed lying from an early age. Attributed to managing family issues. It was believed it was a coping mechanism to alleviate fear of criticism and abandonment

• Those doing treatment became very supportive, ultimately determining that she could return to school

• In the process, forgot their own recommendations – time frame, need for re-evaluation at another facility
Example 1

- When treatment facilities recommended she return to school, we re-evaluated her.
- Confronted with inaccurate information on her LinkedIn page, she clearly lied about it, and immediately took down the page.
- Was dishonest with the promotions committee about our recommendation.
- When interviewed by the committee, members were frightened of her. Denied re-entry.
The need for and power of a good narrative (associative coherence)

When asked what led one evaluator to be convinced of the change in her level of honesty he believed had occurred, he gave an example in which she was more self-aware and humble

Substituting an answer to an easier question that did not address honesty
Example 2

• The availability heuristic; role of chance (base rates)
• Neurosurgeon with a serious of 3 complications in a row, privileges suspended, referred for evaluation of cognition and potential psychiatric problems.
• All complications were known complications of the surgeries
• No evidence of medical/psychiatric/addiction/cognitive problem
• No underlying or unifying cause found by peer review
• Previous and subsequent surgeries without complications
Example 2 - discussion

- Certain events are rare and occur randomly
- When rare events occur together, we may assume, consciously or otherwise, that they are not random
- The problematic cases were those most immediately available to consider, not the hundreds of cases that went well (availability heuristic)
- While it may have been reasonable to refer this physician for evaluation, it was done in concert with suspending him, which was a biased decision rationalized by concerns about safety and legal ramifications
The safety bias

- Safety considerations are essential in our work.
- At CPHP, fitness for duty is evaluated constantly.
- Concerns about safety lead to caution. When cautious decisions are made when the facts are unknown, confusing, or contradictory, I call this “the safety bias”.
- The safety bias is necessary and good, up to a point, but it is a bias
- This bias is further enhanced by priming
Priming

• Those who were expected to put money in an “honesty box” to pay for the coffee and tea of the office, put in more money when there was picture of two eyes by the box and less when it was a picture of flowers.

• If, in a dictatorship, large pictures of the Dear Leader hang in every office, do we not expect less spontaneous thought and independent action from those who work there?
Scrutiny and hindsight bias

- Think of the Dear Leader portrait, in spirit
- How best to cope with the force that leads us to think: What would the licensing board think about what we’re doing with this case? A clear pressure in the direction of caution, which can lead to fear and overkill – be it in diagnosis, treatment recommendations, monitoring requirements, work limitations
“When outcomes are bad, clients often blame their agents for not seeing the handwriting on the wall – forgetting that it was written in invisible ink that became legible only afterward. Actions that seemed prudent in foresight can look irresponsibly negligent in hindsight.”

Because adherence to standard operating procedures is difficult to second guess, decision makers who expect to have their decisions scrutinized with hindsight are driven to bureaucratic solutions – and to extreme reluctance to take risks.”
Solutions

• Overcoming fear-motivation requires extreme mental effort. It is best to have systems to promote mental effort, accept unpopular or risky conclusions if they are believed to be correct, and to support the courage it takes to make those calls.

• The need for group consultation

• The danger of “group-think”; need for gadfly
The Mental Health Implications of Equity, Diversity and Inclusion in Health Care

Dr. Ivy Lynn Bourgeault, uOttawa Chair in Gender, Diversity & the Professions
Faculty: Ivy Bourgeault

Relationships with financial sponsors:
- **Grants/Research Support:** CIHR, SSHRC, SWC
- **Other:** Employee of University of Ottawa

Disclosure of Financial Support

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Potential for conflict(s) of interest:
- Ivy Bourgeault has received funding from CIHR, SSHRC and SWC for these research projects.
- LEADS is a professional development program of the CCHL that may be discussed in this program.
Equity, Diversity & Inclusion (EDI)

"Equity is being invited to a dinner; Diversity is when everyone attends; Inclusion is when everyone shares the food.”
Empowering Women Leaders in Health

Global Health Leadership Pyramid

Women's representation in global health leadership, based on influence

- Fortune 500 Healthcare CEOs [1]
- Heads of global health organizations & boards of global health organizations [2]
- Ministers of Health [3]
- World Health Assembly Heads of Delegations [4]
- Deans of top Public Health & Medical Schools [5]
- Health and Social Workforce [6]
- Long-Term Care Workforce [7]

The mental health consequences of micro-incivilities and micro-aggressions


Sex/Gender affect mental health at the individual, familial, workplace and population health levels

- ILO moving towards the first international treaty to end violence and harassment in the world of work
  - Health care has the highest levels of gender-based violence and harassment

- Intersectionality reflects interlocking systems of privilege and oppression
MHCC Thirteen Psychosocial Risk Factors

- Psychological Support
- Organizational Culture
- Clear Leadership & Expectations
- Civility & Respect
- Psychological Competencies & Requirements
- Growth & Development
- Recognition & Reward
- Involvement & Influence
- Workload Management
- Engagement
- Sexual orientation
- Income
- Religion
- Ethnicity
- Disability
- Age
- Race
- Geography
- Education

Protection from Violence, Bullying and Harassment
Protection of Physical Safety

-MHCC, CSA, & BNQ (2012)
Healthy Professional Worker Partnership

1. How does gender influence personal, familial and work-related mental health issues, the experience of contemplating and negotiating leaves of absence and return to work?

2. What interventions can explicitly mediate these gendered experiences?
Thank you/
Merci!

@DrIvyBourgeault
@EWoLIHC
@ProfHealthy
Towards Gender Equity
Faculty: Kimberley Kelly, MD

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- **Grant:** Canadian Medical Association
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Kimberley Kelly has received payment from AHS and AMA in her leadership roles.
1) We all have influence.

1) In which sphere is my power?

1) Process is not linear.
Transformation via:

- Building community through relationships and trust.
- Challenging world views compassionately.
- Holding space for others. Listening.
Truth Telling, Trauma and Physician Health

Dr. Alika Lafontaine
Associate Program Medical Director, Indigenous Health Program – Alberta Health Services
Faculty: Alika Lafontaine

Relationships with financial sponsors:

Chief Medical Officer, Lead Mobile App Development at Alignment by Design Labs
Physicians want to share their trauma, but we aren’t always prepared to hear it.

There is risk to both physicians and the health system in hearing the truth.
Do you believe these stories?

Do those around you - especially those within decision-making positions - believe these stories?

Do you see the hidden rules that lead to burnout and moral injury?
Narrative Funneling

Complete
Context
Clarity

Filtered Narrative

ALIGN Model © Lafontaine and Lafontaine