BOOK REVIEW

As doctors, have we ever thought what is in our mind when we deal with patients, whether in the comfort of our consultation room or in the chaotic setting of an emergency room? How do we make diagnoses or rather how do we err in our diagnosis quite often? How helpful the patients and their relatives are in our decision making? What are the thought processes and forces behind the decisions we make? Yes; that is what Dr. Jerome Groopman tries to answer in his book *How doctors think*, a New York Times best seller published in 2007. Dr. Groopman with his thirty years of clinical and teaching experience
experience lucidly discusses these issues. He holds the Dina and Raphael Recanati Chair of Medicine at Harvard Medical school and is Chief of Experimental Medicine at Beth Israel Deaconess Medical Center in Boston.

Groopman views the problems faced by clinicians in making a diagnosis, from both sides of the fence as a doctor as well as a patient himself (as he was one when he wanted to have a hand surgery). His style of presentation is simple with anecdotes and interviews with clinicians and researchers involved in medical communications and behavioral sciences. He pinpoints why doctors succeed and why they err some time. He explains how doctors with the help of patients quite often can avoid misjudgments and communicate effectively.

Medicine is an uncertain science in its core and as doctors we are not infallible and we do make mistakes, both technical and cognitive. Autopsy studies have proven that about 10-15% of clinical diagnosis were wrong. The technical errors we make are negligible compared to the cognitive errors; that is where we go wrong in diagnosis. Misdiagnosis is like the proverbial elephant in the drawing room. Everybody knows but nobody wants to discuss about it. The first detour away from correct diagnosis is often caused by miscommunication. Modern medicine is aided by dazzling array of technologies but still language is the bedrock of clinical medicine, a fact we should never forget. William Osler, who was acutely sensitive to the power and importance of words said “If you listen to the patient, he is telling you the diagnosis”. Time is the most valued commodity in health care and we are very short of it as clinical appointments are often clocked and we spent very little time with patients and we try to ignore their stories.

Misdiagnosis starts with a cascade of cognitive errors which as clinicians we are used to make usually. Groopman quoting examples lists these cognitive errors such as anchoring errors, attribution errors, availability errors, representative errors, and search satisfaction. If we can avoid some of these errors and incorporate the patients’ story in the proper context surely it would lead us to the correct destination.

After going through this 300 odd pages of precious collection of wisdom by Groopman, one can say that, essentially it distills down to medical communication and time spent with the patient. Sensitivity to language and emotions makes a better clinician. Competency and communication skills should complement each other. Remember once you
are removed from the patient’s story you are nowhere.

Whenever we go wrong in diagnosis always ask “Is there anything that does not fit”? “What else it could it be – a Horse or a Zebra?” Finally always ask the patient “Tell me your story again”.

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