Tips for Avoiding Anchoring Bias

By Katherine Kahn

Cognitive biases are at the core of many diagnostic errors. Anchoring bias is a common type of cognitive error that involves "anchoring" onto initial impressions of a patient and basing the diagnosis on those early impressions—even as additional information points toward a different diagnosis. Edward Etchells, MD, senior faculty quality improvement advisor at the Centre for Quality Improvement and Patient Safety at the University of Toronto, provides advice for clinicians to avoid anchoring bias during the diagnostic process.

Don't Be Swayed by Initial Information

Consider a 65-year-old man presenting with chest pain who has a high-stress job and a history of depression. "This information might lead you to the incorrect diagnosis of a panic attack or depression with somatization, when really you should just note that this is a 65-year-old man with chest pain," Etchells says.

Seek Information to Challenge Initial Impressions

Etchells recommends actively seeking additional information that may refute an initial impression or diagnosis. Consider, for example, a patient with symptoms that indicate pneumonia. "Perhaps I should ask about leg swelling because leg swelling would make me think less about pneumonia and more about a pulmonary embolism," Etchells explains.

Use Cognitive Forcing to Consider Multiple Diagnostic Possibilities

Cognitive forcing is a method in which one consciously considers alternative diagnoses to initial diagnostic impressions. "I try and write down whatever I think the provisional diagnosis is, and then I write down four other thoughts," Etchells says. "It doesn't mean I have to investigate each possibility to the 'nth' degree, but it forces me to keep an open mind."

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Weigh the Diagnostic Probabilities

Using the example of the 65-year-old man with chest pain, Etchells points out that weighing statistical probabilities may help clinicians reach an accurate diagnosis. "If I see 100 patients in my clinic with chest pain syndrome," Etchells says, "what are the final diagnoses going to be among those patients?"

Engage System-Wide Approaches

Medical team consultations are an important antidote to anchoring and other cognitive biases in the diagnostic process. Etchells suggests using case discussions or rounds to further challenge initial impressions. "I tell my residents to always try to prove me wrong," he says.

Additionally, brief educational interventions, such as CME activities, have been shown to increase awareness and combat anchoring bias. The routine use of structured diagnostic assessments, real-time decision support tools, or diagnostic software can also help clinicians consider other possibilities.