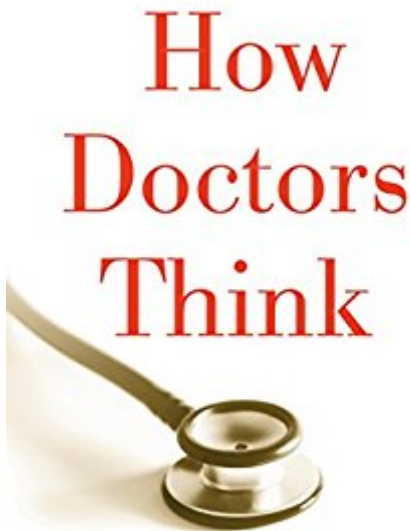


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# How Doctors Think

"A unique, important, and wonderful book... You'll never look at your own doctor in the same way again."  
—Steven D. Levitt and Stephen J. Dubner, authors of *Freakonomics*



JEROME GROOPMAN, M.D.



## Synopsis

On average, a physician will interrupt a patient describing her symptoms within eighteen seconds. In that short time, many doctors decide on the likely diagnosis and best treatment. Often, decisions made this way are correct, but at crucial moments they can also be wrong -- with catastrophic consequences. In this myth-shattering book, Jerome Groopman pinpoints the forces and thought processes behind the decisions doctors make. Groopman explores why doctors err and shows when and how they can -- with our help -- avoid snap judgments, embrace uncertainty, communicate effectively, and deploy other skills that can profoundly impact our health. This book is the first to describe in detail the warning signs of erroneous medical thinking and reveal how new technologies may actually hinder accurate diagnoses. How Doctors Think offers direct, intelligent questions patients can ask their doctors to help them get back on track. Groopman draws on a wealth of research, extensive interviews with some of the country's best doctors, and his own experiences as a doctor and as a patient. He has learned many of the lessons in this book the hard way, from his own mistakes and from errors his doctors made in treating his own debilitating medical problems. How Doctors Think reveals a profound new view of twenty-first-century medical practice, giving doctors and patients the vital information they need to make better judgments together.

## Book Information

File Size: 1181 KB

Print Length: 325 pages

Publisher: Mariner Books; Reprint edition (March 12, 2008)

Publication Date: March 12, 2008

Sold by:Â Digital Services LLC

Language: English

ASIN: B003JTHWGE

Text-to-Speech: Enabled

X-Ray: Enabled

Word Wise: Not Enabled

Lending: Not Enabled

Enhanced Typesetting: Enabled

Best Sellers Rank: #37,115 Paid in Kindle Store (See Top 100 Paid in Kindle Store) #2 inÂ Kindle Store > Kindle eBooks > Medical eBooks > Physician & Patient > Diagnosis #3 inÂ Kindle Store >

## Customer Reviews

Jerome Groopman's "How Doctors Think" has been given generally favorable reviews in the lay press and many readers have echoed that praise. From this physician's point of view, the book is a disappointment. On the positive side, Dr. Groopman's book is an attempt to bring to light some issues surrounding errors in medicine, a topic that is not discussed often enough in the medical and general literature. He discusses how physicians can make cognitive errors when they attempt to distill an array of scattered bits of information in order to arrive at a conclusion to the question: what condition is this patient suffering from? He also tries to identify forces in the current American medical system that undermine a physician's ability to think more broadly and deeply about a patient's illness. His limited efforts in these areas can be a helpful starting point for patients, medical students, and physicians who are beginning to grapple with a simple fact: doctors are human, and they make mistakes. On the negative side, Dr. Groopman offers little in the way of concrete suggestions for clinicians to fix the problems he identifies. He indicates the current system is driving physicians to see more patients in less time, but offers no realistic proposals for doctors or patients that would allow for a less hurried atmosphere. He makes a number of suggestions on how physicians can think more clearly: think outside the box, be wary of "going with your gut", don't judge a patient by her outward appearance, be prepared in your mind for the atypical patient, consider the possibility of more than one diagnosis, and other pearls of wisdom. While they are good recommendations, they fall far short of a concrete program for improving one's diagnostic skills and thought processes.

Most doctors are highly educated, hard working people. They may sometimes get a bit tetchy because they are overwhelmed by the demands made on them, but most of the time they do their best. Yet in our blame culture there are places in America where you can't get a specialist to treat you: they have all been driven out of business by lawyers representing unhappy clients. The question of why this has come to pass has occupied the minds of the American medical profession for three decades. For more than a decade, Groopman's trenchant analyses have always been illuminating, and he has a rare gift for communicating them. This is one of the best books that he has written, about one of the issues that may lead to medical errors: simply not thinking well. It is a very real factor. We all - and not just doctors - jump to conclusions; believe what others tell us and trust the

authority of "experts." Clinicians bring a bundle of pre-conceived ideas to the table every time that they see a patient. If that have just seen someone with gastric reflux, they are more likely to think that the next patient with similar symptoms has the same thing, and miss his heart disease. And woe betides the person who has become the "authority" on a particular illness: everyone coming through his or her door will have some weird variant of the disease. As Abraham Maslow once said, "If the only tool you have is a hammer, you tend to see every problem as a nail." To that we have to add that not all sets of symptoms fall neatly into a diagnostic box. That uncertainty can cause doctors and their patients to come unglued. Sometimes when doctors disagree it is based not on facts, but on different interpretations of this uncertainty.

This alarming statistic introduces Dr. Jerome Groopman's compelling analysis of how doctors think--and what this means for patients seeking diagnoses. Groopman is curious to discover how one doctor misses a diagnosis which another doctor gets. Interviewing specialists in different fields, he analyzes the ways they approach patients, how they gather information, how much they may credit or discredit the previous medical histories and diagnoses of these patients, how they deal with symptoms which may not fit a particular diagnosis, and how they arrive at a final diagnosis. Throughout, he considers the doctors' time constraints, the pressures on them to see a certain number of patients each day, the limitations on tests which are imposed by insurance companies or by hospitals themselves, and the many options for treating a single disease. He is sympathetic, both toward the patient and the physician, and, because he himself has had medical problems, he provides insights from his own experience to show how physicians (and patients) think. Case histories abound, beginning with the 82-pound woman, whose celiac disease was not diagnosed for fifteen years. Here Groopman analyzes the uses and misuses of clinical decision trees and algorithms used by many doctors and hospitals to assess probabilities and make decision-making more efficient. Sometimes, however, it is necessary for a doctor to depart from the algorithm and obey intuition. Recognizing when the physician is "winging it"--depending too much on intuition and too little on evidence--is a challenge for both patients and other physicians.

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