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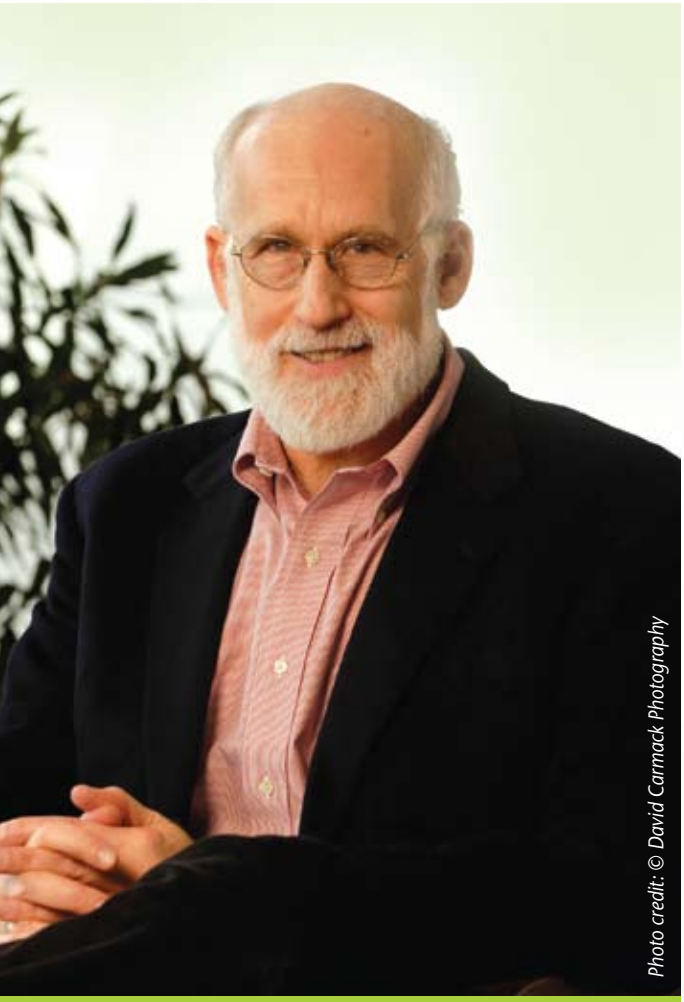

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Interview with

Prof Jerome Groopman

Prof Jerome E Groopman holds the Dina and Raphael Recanati Chair of Medicine at the Harvard Medical School and is Chief of Experimental Medicine at the Beth Israel Deaconess Medical Center. His research has focused on the basic mechanisms of cancer and AIDS, with his laboratory research being the understanding of how blood cells grow and communicate ("signal transduction"), and how viruses cause immune deficiency and cancer.

Recently, he extended the research infrastructure in genetics and cell biology to studies in breast cancer and neurobiology.

Prof Groopman also established a large and innovative programme in clinical research and clinical care at the Beth Israel Deaconess Medical Center, an institution which provides specialised medical services to people with cancer and AIDS. Active in community education projects, he has helped to foster AIDS awareness among teenagers and young adults.

Following his first popular book *The Measure of Our Days*, published in October 1997, which explores the spiritual lives of patients with serious illness, and the opportunities for fulfillment they sometimes find, he went on to produce another three well-received books – *Second Opinions: Stories of Intuition and Choice in the Changing World of Medicine, The Anatomy of Hope* and *How Doctors Think*.

SMA News: What prompted you to become a doctor?

Prof Jerome Groopman: My deep interest in science and my desire to work directly with people in need.

SMA News: What motivated you to write the book *How Doctors Think*?

JG: I noted how many young doctors were not thinking deeply or broadly about diagnosis, and wanted to teach them to think better. Then I realised

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that I did not know how I thought and why I would make a correct diagnosis and why sometimes I was led astray into misdiagnosis.

SMA News: Do you draw on personal experiences as examples when writing your book?

JG: Yes. In fact, the most dramatic thinking errors in the book are my own.

SMA News: What is the commonest kind of cognitive error?

JG: Anchoring, meaning to seize upon the first bit of clinical data from the history, physical examination or laboratory testing and to quickly draw a conclusion about the diagnosis. When a doctor "anchors" his mind, he is stuck and will ignore other information that could lead to solving the clinical puzzle.

SMA News: Shortcuts are necessary but when do shortcuts become dangerous?

JG: They become dangerous when we fail to question them and believe that our snap judgments and first impressions are true.

SMA News: You mentioned the problems of overworking. Any advice for doctors who are under training and overworked (that is, when cutting down workload is not an option)?

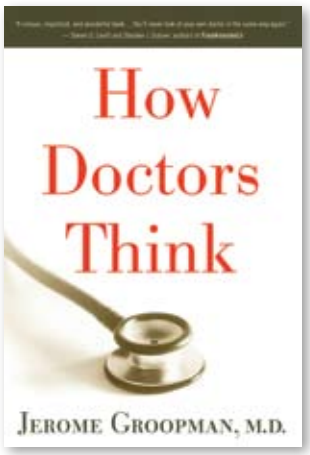
JG: To ask a few simple questions when making a diagnosis, particularly "what else could it be?". This, despite the workload, makes the doctor consider other possibilities and not fall into the trap of anchoring.

SMA News: Should a doctor treat his close friends and immediate family?

JG: No. There is too much risk of emotion blurring his judgment.

SMA News: How does one strike a balance between being caring and not being emotive?

JG: This is a struggle for us all. We need to "take our emotional temperature" and be aware of how our feelings of caring can cause us to make mistakes, as I did with the young man in the book whom I did not examine carefully because I did not want to further burden him.



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SMA News: In your opinion, are there certain specialties at significantly higher risk of cognitive errors compared to others?

JG: No. All branches of medicine are plagued by cognitive errors.

SMA News: Is there a definite correlation between errors and (1) patient loads, (2) exhaustion (physical and mental), and/or (3) physician seniority? (Does the paradox whereby more senior doctors make more cognitive errors exist?)

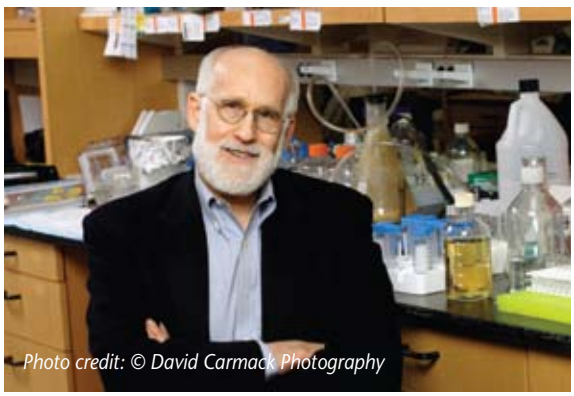
JG: This is a subject of current study but the impression of experts in the field supports the idea that high patient load and exhaustion cause cognitive errors. Doctors who are younger tend to make certain kinds of errors, particularly knowing only about typical cases and not being alert to atypical or subtle presentations of diseases.

SMA News: Psychiatry is left out in your book. What are the common cognitive errors psychiatrists make?

JG: I just received a paper from psychiatrists where they assert that their field suffers from the same types of cognitive errors as I outlined for other disciplines.

SMA News: Do you have another book in the pipeline? If yes, what subject/s will you be covering next?

JG: I do not yet, but whatever I undertake in the future will be a new subject because writing is a form of discovery for me. ■



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Editor's Note:
The review of How Doctors Think can be found in the November 2007 issue of the SMA News on pages 6 and 7.