

# Wilful Blindness in Healthcare

By Gracia Ong

Cognitive psychology shows that people are not disciplined and dispassionate decision makers who systematically collect relevant information. Instead, they are often easily swayed by emotions, biases, impressions, vivid stories, and easily recallable but unrepresentative evidence. Ideology holds sway even when there is ample evidence that it inadequately or inaccurately depicts reality. Examples of such “wilful blindness” abound; many are described in Margaret Heffernan’s book *Wilful Blindness: Why We Ignore the Obvious at Our Peril*.

Ms Heffernan visited Duke-NUS Graduate Medical School on 8 November 2011 to present a lecture, “Dangerous Convictions in Healthcare”. She also gave a presentation at the SingHealth Academy BrownBag Symposium on 23 February 2012, titled, “Wilful Blindness... and the Leadership Imperative”. Arguing that deeply held ideological convictions could also affect doctors and medical professionals, she drew on examples from Social Medicine and Epidemiology, showing how cognitive errors have held back public health and disease prevention.

In this article, we bring you the best of both her speeches.

## On wilful blindness

The idea of wilful blindness came to Ms Heffernan in 2008, in part because the banks were imploding and everyone said that nobody saw it coming. Thinking that many people *had* indeed seen it coming caused her to reflect on a number of what she thought of as catastrophic business mistakes. They all seemed to have one thing in common – namely an undercurrent of a problem that was ignored until it came out in a huge disaster.

“One self-blinds to uncomfortable information because this provides short term comfort in ignoring risks and threats. However, all it does is give time for the problem to grow. Only when the issue becomes a crisis do people wonder how they could have been so blind,” Ms Heffernan began. After observing this phenomenon, she became interested in why people were blind, why imagining that ignoring problems would make them go away, and why people felt comfortable when they were in fact putting themselves in greater peril.

Interestingly, “wilful blindness” is also a term used in law, where an individual seeks to avoid liability by intentionally putting himself in a position where he is unaware of facts which would render him liable.

## Dr Alice Stewart

Ms Heffernan raised the example of Dr Alice Stewart, a British epidemiologist and physician who worked in Oxford during World War II. Dr Stewart wanted to understand the rise in childhood cancer, and in particular, why childhood cancers preferentially afflicted children of affluent families, when other diseases were typically correlated with poverty. After a nationwide postal survey, she found that the families

with children who died from childhood cancers were three times more likely to have had mothers who were x-rayed when pregnant. This was such an extraordinary finding that Dr Stewart rushed into print.

However, it was 25 years before the British Medical Association abandoned the practice of x-raying pregnant women. This was an interesting scenario, as on one hand there was a huge body of data suggesting a course of action, and on the other, it was a long time before any action was taken.

## Orthodoxies and bias

Ms Heffernan explained that what Dr Stewart was up against was essentially an orthodoxy at the time known as threshold theory: the idea that everything is safe up to a point after which danger begins. However, Dr Stewart argued there was no safe level of radiation for a foetus. Despite the data, it was the medical establishment’s orthodoxy that won for 25 years. While it is convenient to pin the blame on an error by the medical establishment, Ms Heffernan emphasised that everyone possesses such orthodoxies and mental models of how Medicine or diseases ought to work.

She elaborated that orthodoxies attract confirming data and marginalise disconfirming data. Thus one can be blinded to truths and changes that should be implemented within one’s professional or personal life. “Orthodoxies are not just a medical phenomenon – everyone builds mental models in order to make sense of the world, and they are very effective and powerful ways of organising information until they blind us to things that do not fit in,” Ms Heffernan noted. Because orthodoxies give priority to evidence that support them and trivialise threatening data, this leads to the shaping of beliefs, which in turn affects how one views the world.

## Organisational silence

Moving into the topic of organisational silence, Ms Heffernan explained that it was a huge issue that happens when people get together and feel that they should not rock the boat. It is a particularly an issue in Medicine, where the cohort is self selected to be conservative individuals.

Postulating that medical training makes students more likely to be silent, she expounded on the “hidden curriculum” in Medicine. She described studies where, if medical students were asked at the beginning of their training whether they would comply with a doctor’s request they were uncomfortable with, the answer overwhelmingly was yes. When the students were asked the same question after finishing their training, the answer was still yes, but at a higher proportion. The “hidden curriculum” is that one will do as told. What this suggests is that if organisational silence is a prevalent problem, it is likely to be more so in Medicine.



Ms Heffernan speaking at the SingHealth Academy BrownBag Symposium on 23 February 2012

### Obedience

Ms Heffernan also examined the phenomenon of obedience. Bringing up the scenario of a highly abusive and dysfunctional staff member in a hospital, she underscored the point that everybody is aware of the situation. However, the first thing that happens is nothing. As the problem worsens, the staff start talking to each other about the issue. She then explained bystander behaviour: "In talking to each other, people feel as if they have done something but in fact they haven't because nothing changes." In addition, she noted that silence becomes exacerbated with human obedience.

With this, Ms Heffernan cautioned that there is a need to be careful over how obedient people are, and understand that when someone is asked to do something immoral, there is an immense probability that the person will do as told. "They will not save us from ourselves," she warned, and emphasised that one has to wield authority with immense care.

### Does money change what you see?

Querying the money factor, Ms Heffernan posited that in Medicine, money could distort the type of diagnoses that physicians see. Money disables one's sense of social connectedness as it leads people to think about self and not communal collective concern. The ones who are thinking the most about money will do the least about helping.

With all these in mind, how can one combat such dangerous convictions? Ms Heffernan brought up several solutions:

### Seeking disconfirmation and third opinions

Dr Alice Stewart had a good relationship with a statistician named George Neal, whose job was to prove to her that she was wrong. To embark on to disconfirmation requires much courage and intellectual stamina, and Ms Heffernan opined that

should one have a hypothesis, one should take it to those who disagree with it. Testing hypotheses is a good way to responding to weak signals if they have deeper underpinnings.

A good way of seeking disconfirmation is to embark on a deliberate attempt to seek out different mental models, and recruiting for more opinions will increase the robustness of hypothesis testing. With that in mind, what happens if orthodoxies turn out to be untrue? "Not all of them turn out to be untrue, because they wouldn't have persisted for so long if that was the case. In questioning why they are different, we will often come across issues not seen before because orthodoxies stood in the way," she explained.

### Celebrating mistakes

Can celebrating mistakes actually reduce wilful blindness? Ms Heffernan spoke on celebrators of mistakes such as Paul Levy, who ran the Beth Israel Deaconess Medical Center in Boston, US. He had an idea – that the hospital would publish a book on avoidable physician errors and in publishing mistakes, one would have to talk about and learn from them. With this concept in mind, he started publishing them internally and strangely enough, the number of errors started to go down.

When Levy published the errors externally, this was met with resistance as other administrators felt that patients would not visit the hospital. However, the converse was true. People felt that the hospital was being transparent and honest, and this resulted in other hospitals in the Boston area starting to publish their errors as well, because if they didn't, it looked as if they were covering things up.

"At this point, *everyone's* error rates started decreasing. This is counterintuitive but mistakes can be learning opportunities if one has the courage to improve upon them. In fact, in Massachusetts, it is now legally required to publish errors,"

concluded Ms Heffernan. Discussing mistakes will restore patients' faith and confidence, and it is imperative that institutions learn to rectify their processes.

### Diversity and doing conflict well

Delving into diversity, Ms Heffernan opined that it should be protected and listened to within an institution. She underscored that diversity has nothing to do with political correctness, but rather to have different eyes to see different things, so as to surface a wider cross section of problems and solutions.

Diversity is needed in conflict resolution, and what surprised Ms Heffernan most was that conflict, though normally thought of as negative, can be a force for good. There is a need to rethink conflict, she emphasised: "Conflict is really just thinking. This means that we have to be good at conflict in a way that is driven by an urge to surface problems early and to bring up solutions. Ways of doing this include bringing up meetings that aren't about pleasing the leadership, of having devil's advocates and people who ask questions. You have to protect dissent if you wish to get it. While organisational silence is about being a pleaser; you have to go a long way to protect dissent."

Ms Heffernan suggested several ways of managing conflict: meetings without a senior leader present, where thoughts would be more freely shared; parallel meetings to increase the range of ideas generated; as well as skip grade meetings going beyond the immediate reporting hierarchy, so as to tap into information available at the periphery of an organisation, which might otherwise be filtered out.

### Collecting data

Ms Heffernan described a case in Bristol, England, where for many years, a paediatric cardiac surgeon was allowed to practise despite many of his patients dying. His surgeries were very slow, and there were concerns about his competency. Ms Heffernan somberly noted that had data been collected, the fact that he was an extreme outlier would have appeared very quickly.

The anaesthetist who worked with the surgeon carried out an interesting experiment when he moved to Australia. He equipped his staff with PDAs to collect data about everything that was done in the course of the day. Trends could be seen, and this gave him the opportunity to identify extremes that meant there was either a problem, or someone was so good that everyone else could emulate him. Interestingly, it gave people data that could be used to improve their own performance.

Ms Heffernan addressed a possible concern: did people feel as if they were being spied on? On the contrary, staff could see how they were doing and how they could improve their own professional expertise. The key was that the use of data identified problems very early and provided very good warning signs.

### Moral courage and courageous conversations

Lastly, Ms Heffernan examined moral courage and the use of courageous conversations. In all whistle blowers she spoke to, there was a common thread of wanting to protect and defend the institution from harm that would result from wilful blindness.

However, there remains fear in organisations that if one tells the truth, one's career will be damaged. She described present difficulties: "How do you articulate issues in a manner that is both safe for you, and meaningful and actionable by the organisation? There is a stalemate between leaders who want to know what's going on, but are in positions of power that make them too far away from the action, and the workforce that has the information but is too scared to share." Unless and until everyone becomes very practiced at doing conflict and very good at having courageous conversations, this situation will endure. Till this happens, the danger is that organisational leaders will remain blind and the workforce will remain silent.

In closing the SingHealth symposium, Ms Heffernan shared her concluding thoughts: "In wilful blindness, we could and should see more than we do. To be truly well sighted, we can if we have the courage to institute the processes that are needed." **SMA**

### About Margaret Heffernan

Margaret Heffernan is an entrepreneur, chief executive and author. Prior to becoming a published author, she directed and produced shows for the BBC, developed multimedia products and ran Internet businesses.

She is Visiting Professor of Entrepreneurship at Simmons College and Executive in Residence at Babson College (both colleges are located in Boston, USA). She is a member of the Council of the Royal Academy of Dramatic Art in the UK as well as a board member of several private companies. In addition, she blogs for the Huffington Post and BNET, and writes for Fast Company, Real Business, MORE, and other magazines around the world.

In her latest book, *Wilful Blindness: Why We Ignore the Obvious at Our Peril*, Heffernan argues that the biggest threats and dangers we face are the ones we don't see, not because they're secret or invisible, but because we're wilfully blind. She examines the phenomenon and traces its imprint in our private and working lives, and within governments and organisations, and asks: what makes us prefer ignorance? What are we so afraid of? Why do some people see more than others? And how can we change?