

Episode: *Author Interview: “How Does Cognitive Bias Affect Conversations with Patients Around Dietary Supplements?”*

Guest: David Satin, MD

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Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr David Satin, an Assistant Professor and physician in the Department of Family Medicine and Community Health at the University of Minnesota Medical School, where he directs the Core Medical Arts and the Social Science curriculum. He’s here to discuss his article coauthored with Drs Ila Harris and Christine Danner, *How Does Cognitive Bias Affect Conversations With Patients Around Dietary Supplements?*, in the May 2022 issue of the Journal, [Underregulated Supplements](#). Dr Satin, thank you so much for being on the show with me today. [music fades out]

DR DAVID SATIN: Thanks for having me, Tim.

HOFF: To begin with, what’s the main ethics point that you and your coauthors are making in this article?

SATIN: Most people are familiar with the concept of bias as it applies to race and gender. We tend not to think of it as a phenomenon that affects cognitive activities in everyday medical practice like diagnosis and treatment decisions, in this case related to dietary supplements. But there are a host of known biases that predictably muck up our thinking. For example, one that we talk about in the paper is confirmation bias. That may be familiar to your listeners from Psych 101 or everyday life.

HOFF: Mmhmm.

SATIN: The idea that we notice evidence that supports what we already think, and ignore, not consciously, though—this is a non-conscious phenomenon—we ignore evidence against our current beliefs. If we start off believing that dietary supplements are a bad idea across the board because of our allopathic training or our family of origin, our brains will use confirmation bias to protect that belief even in the face of a mountain of countervailing evidence. So, the key here is that the process is not conscious. It’s cognitive software constantly running in the background of our brains. And what’s cool is that our species has figured out ways our brains predictably steer us away from our conscious intentions. And we’ve also figured out some ways to mitigate unwanted bias.

HOFF: Hmm.

SATIN: So, our paper goes over six bias mitigation strategies. I like practical strategies. One is called “feedback,” which is basically, after a diagnostic or therapeutic decision, it’s important to know how that turned out for the patient. That keeps us from maintaining

unhelpful beliefs in the face of bad outcomes time after time. Other fun mitigation strategies are called “making task easier.” As the name suggests, you make the task easier. Or another one, you reduce time pressure. It allows us to employ more deliberative thinking, also called Type 2 thinking, rather than automatically letting our brains drive the bus.

HOFF: Hmm. Mmhmm. So, what do you think is the most important thing for health professions students and trainees who perhaps haven’t had time to really interrogate these biases in practice, what do you think’s the most important thing for them to take from your article?

SATIN: Well, the ethics connection here is about responsibility. Our brains are running this background software whether we like it or not. And we all have biases which are not about whether you’re a good or bad person. Now, we do have a choice when it comes to what we do about that. So, building responses to predictable biases becomes a moral responsibility once we realize that my brain is hurting my patients.

HOFF: Hmm.

SATIN: So, these responsibilities are individual, and the paper goes over some individual mitigation strategies. But some of these responsibilities are also systemic.

HOFF: Mmhmm.

SATIN: So, my organization has the power to employ the strategy of minimize time pressure and can help make task easier. So, it’s not all on me to develop, or medical students to develop, a Zen master like mindfulness.

HOFF: [chuckles]

SATIN: It’s a team effort that includes individual and organizational moral responsibilities.

HOFF: Hmm. And finally, if you could add a point to your article that you didn’t have the time or space to fully explore, what would that be?

SATIN: Bias is a fact of life. It’s how our species has evolved. It permeates decisions one might think of as technical or purely cognitive, like decisions about dietary supplements. We have the tools to counteract having your non-conscious biases hijack your conscious intentions, and we have a responsibility to use these tools to be better doctors. [theme music returns]

HOFF: Dr Satin, thank you so much for your time and your expertise and your contribution to both the podcast and the Journal this month.

SATIN: Thank you, Tim.

HOFF: To read the full article, as well as the rest of the May 2022 issue for free, visit our site, JournalofEthics.org. We’ll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.