



"So we must all remain more vigilant about differentiating mothers-with-difficult-teenagers from mothers-who-are-victims."

REFERENCES

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A tourist

I am on holiday and still checking my e-mails. I mostly don't respond but I do keep checking. I find it hard to cut off from the practice completely.

Am I a workaholic? Maybe, but don't judge me yet.

One of the e-mails is a circular about a mother killed by her son. Coming from the adult safeguarding team, their message is that the problem was misclassified. Apparently, the mother was given repeated advice about setting her son boundaries but giving him space too. It turns out however that this was not an adolescent behavioural problem at all: she was a victim. No one she consulted spotted that and now it is too late.

So we must all remain more vigilant about differentiating mothers-with-difficult-teenagers from mothers-who-are-victims.

No doubt there will be a further message to come that advises on the signs by which we distinguish one category from another. Bruises perhaps? The absence of the child at consultations possibly?

Will anyone question whether there is a problem with the categories themselves though?

It is not just us; everyone is doing this. Turning reality into types. Everyone and everything is not itself but rather a list of attributes. I am white, male, British, a doctor, a GP, a son, a father, a tourist, and so on. If I am ill then I become the illness and, when you see me in your surgery, maybe its diagnosis too.

But all of us are familiar with the pitfalls of filing. You know: some things are easy, others take more thought; the categories you started with keep having to be added to; and even so a few items stubbornly refuse to cooperate. And then later you can't find something that was easy to place because you filed it with one aspect of it in mind and now it is another aspect of it that matters. You know this happens because your choice of folders was only ever arbitrary, a convenience, but hope that in time you will become more familiar with the idiosyncrasies of your system. Then later, having become more familiar, you forget how approximate are your categories because your system has become intuitive, though to you alone.

So it is with all of us: we are prone to forget that the category and the person we apply it to are not the same thing. That poor mother always deserved better than to be considered only as another one of those mothers-with-difficult-teenagers. Not because she should have been filed under another title but rather because her story was always going to be more nuanced than any category would allow. If she and her tragic family were let down in some way (not every disaster is avoidable) perhaps it was this: a reduction of her reality to a label which obscured the myriad other possible labels that might also have been chosen.

Confirmation bias leads us to do this: to neglect information that contradicts our prior interpretation of the world around us.¹⁻³ We are wired in such a way as to be prone to make this error without any conscious awareness. Once we have filed a problem we will — predictably — overlook data that suggest another analysis is needed.

Berger described the antidote as far back as the 1960s: continuing relationships with whole families and communities that enable us to see beyond the simple, to see the complexities that defy reflex categorisation.⁴ And to strive to be the GP for our patients rather than just a GP.

It is for this that I check my e-mails on holiday. Judge me how you wish.

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