

**EDITOR-IN-CHIEF**

**JOHN HICKNER, MD, MSc**  
Professor Emeritus  
Michigan State University  
College of Human Medicine

**ASSOCIATE EDITOR**

**RICHARD P. USATINE, MD**  
University of Texas Health,  
San Antonio (*Photo Rounds*)

**ASSISTANT EDITORS**

**DOUG CAMPOS-OUTCALT, MD, MPA**  
University of Arizona

**RICK GUTHMANN, MD, MPH**  
Advocate Illinois Masonic Family Medicine  
Residency, Chicago

**GARY KELSBERG, MD, FAAFP**  
University of Washington, Renton

**COREY LYON, DO**  
University of Colorado, Denver

**KATE ROWLAND, MD, MS**  
Rush-Copley Medical Center, Chicago

**E. CHRIS VINCENT, MD**  
University of Washington, Seattle

**SAMINA YUNUS, MD, MPH**  
Cleveland Clinic, Chagrin Falls, OH

**EDITORIAL BOARD**

**FREDERICK CHEN, MD, MPH**  
University of Washington, Seattle

**MARK S. JOHNSON, MD, MPH**  
Howard University College of Medicine  
Washington, DC

**JEFFREY T. KIRCHNER, DO, FAAFP, AAHIVS**  
Penn Medicine/Lancaster General Hospital, PA

**TRACY MAHVAN, PHARM D**  
University of Wyoming, Laramie

**MICHAEL MENDOZA, MD, MPH, MS, FAAFP**  
University of Rochester, NY

**FRED MISER, MD, MA**  
The Ohio State University, Columbus

**MICHAEL RADDOCK, MD**  
The MetroHealth System, Cleveland, OH

**KATE ROWLAND, MD, MS**  
Rush-Copley Medical Center, Chicago

**LINDA SPEER, MD**  
University of Toledo, OH

**DIRECT INQUIRIES TO:**

Frontline Medical Communications  
7 Century Drive, Suite 302  
Parsippany, NJ 07054  
Telephone: (973) 206-3434  
Fax: (973) 206-9378

Have a comment or  
feedback?

Email: [jfp.eic@gmail.com](mailto:jfp.eic@gmail.com)

## EDITORIAL

**John Hickner, MD, MSc**

Editor-in-Chief

[jfp.eic@gmail.com](mailto:jfp.eic@gmail.com)

doi: 10.12788/jfp.0387



# The power of the pause to prevent diagnostic error

**N**one of us like being wrong, especially about a patient's diagnosis. To help you avoid diagnostic errors for 4 difficult diagnoses, read and study the article in this issue of *JFP* by Rosen and colleagues.<sup>1</sup> They discuss misdiagnosis of polymyalgia rheumatica, fibromyalgia, ovarian cancer, and Lewy body dementia to illustrate how we can go astray if we do not take care to pause and think through things carefully. They point out that, for quick and mostly accurate diagnoses, pattern recognition or type 1 thinking serves us well in a busy office practice. However, we must frequently pause and reflect, using type 2 thinking—especially when the puzzle pieces don't quite fit together.

**I recall vividly a diagnostic error I made years ago. I was treating a patient for hyperlipidemia but my partner recognized it as a case of severe hypothyroid.**

I still recall vividly a diagnostic error I made many years ago. One of my patients, whom I had diagnosed and was treating for hyperlipidemia, returned for follow-up while I was on vacation. My partner conducted the follow-up visit. To my chagrin, he noticed her puffy face and weight gain and ordered thyroid studies. Sure enough, my patient was severely hypothyroid, and her lipid levels normalized with thyroid replacement therapy.

A happier tale for me was making the correct diagnosis for a woman with chronic cough. She had been evaluated by multiple specialists during the prior year and treated with a nasal steroid for allergies, a proton pump inhibitor for reflux, and a steroid inhaler for possible asthma. None of these relieved her cough. After reviewing her medication list and noting that it included amitriptyline, which has anticholinergic adverse effects, I recommended she stop taking that medication and the cough resolved.

John Ely, MD, MPH, a family physician who has spent his academic career investigating causes of and solutions to diagnostic errors, has outlined important steps we can take. These include: (1) obtaining your own complete medical history, (2) performing a "focused and purposeful" physical exam, (3) generating initial hypotheses and differentiating them through additional history taking, exams, and diagnostic tests, (4) *pausing to reflect* [my emphasis], and (5) embarking on a plan (while acknowledging uncertainty) and ensuring there is a pathway for follow-up.<sup>2</sup>

To help avoid diagnostic errors, Dr. Ely developed and uses a set of checklists that cover the differential diagnosis for 72 presenting complaints/conditions, including syncope, back pain, insomnia, and headache.<sup>2</sup> When you are faced with diagnostic uncertainty, it takes just a few minutes to run through the checklist for the patient's presenting complaint.

**JFP**

### References

1. Rosen PD, Klenzak S, Baptista S. Diagnostic challenges in primary care: identifying and avoiding cognitive bias. *J Fam Pract.* 2022;71:124-132.
2. Ely JW, Graber ML, Croskerry P. Checklists to reduce diagnostic errors. *Acad Med.* 2011;86:307-313. doi: 10.1097/ACM.0b013e31820824cd