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FACTSHEET

The Dangers of Medical Misdiagnosis and How to Avoid Them

There are two kinds of misdiagnosis: wrong diagnosis and missed diagnosis. The first can be described as identifying a problem but choosing the wrong diagnosis for the symptoms, while the latter is failing to identify a problem at all.

They can be equally dangerous, but for different reasons.

How it happens

There are many reasons why misdiagnosis occurs. We have found that there are three common themes:

1. Making assumptions based on symptoms

In a busy hospital, especially when acute admitting, it can be easy to take the first diagnosis that appears to fit. A touch of Occam's razor: the simplest explanation is usually the correct one. Unfortunately, this is not always the case.

Take meningitis, for example. The early symptoms of this illness can seem very similar to other viral illnesses, such as the flu. In busy environments with under-experienced doctors, this has led to numerous cases of patients being wrongly diagnosed, with serious consequences.

A situation may also arise where the patient is suffering from multiple illnesses with overlapping symptoms (for example fibromyalgia and irritable bowel syndrome). The risk here is that the doctor only diagnoses one of the illnesses and misses the other.

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2. Not listening to the patient

Regular check-ups and check-ins are essential to maintaining patient health. This is the case no matter the patient's illness although the frequency of check-ups/ins might vary depending on the seriousness of the illness.

New Zealand seems to have a culture of just "sucking it up" which means that people often fail to go to the doctor, even when their symptoms change or do not improve. It is important for doctors to be mindful of this and ensure that patients are informed of the importance of checking-in with their doctor and feel that they are able to do so.
That means listening completely to the patient during consults and being careful not to interrupt unnecessarily, or make assumptions about a diagnosis before you have all the relevant information (considering also the patients notes and examination).

Let the patient tell their story and record all symptoms they consider noteworthy (and prompt them if they seem reticent). Even if the initial diagnosis is something common, such as a cold, the patient's symptoms may later worsen making the initial diagnosis less likely. The notes you take during the consult could later be the key to uncovering a less obvious problem.

The same is true for a missed diagnosis. If a patient comes to you with issues that do not seem to adhere to anything particularly dangerous, at the end of a consult you should still make a management plan with the patient, which includes appropriate safety netting (i.e. information about steps the patient should take if their condition changes or fails to improve).

It is helpful to be as specific as you can with the patient about what red flags to look out for e.g. a change in mucus colour or blood in the patient's stool. The more specific you are, the more likely the patient is to let you know. It is important too to check-in with the patient after a few days, these are all steps that protect against a missed diagnosis.

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3. Not considering all alternative diagnoses

It's never lupus: except when it is. Doctors need to consider all alternative diagnoses when consulting with their patients, or they will run the risk of a wrong or a missed diagnosis.

The key to this is ordering the right tests to confirm or deny a particular problem. Bloods are a good start, but anything unusual in the results should prompt you to check further, even if the diagnosis that could result is rare. Take creatinine levels, for example. If you detected this problem with your patient but then failed to follow-up with a urine test, you may miss the correct diagnosis. Not only may this put the patient's health at risk but it could also expose you to a complaint.

It is important also to ensure the appropriate referrals are made for further investigations (e.g. X-rays or colonoscopies), or to another practitioner or service. Doctors need to be proactive in doing this.

Treatment pathways should also be adhered to, unless there is a good reason for not doing so. If you do not adhere to a pathway, then you should record the reasons for this in the clinical notes.

Summary

If you want to avoid misdiagnosis, you need to avoid assumptions about symptoms, listen to your patient from start to finish, and always follow up with tests, referrals and check-ups to ensure that the problem is gone or on the way out.

Contact Us

NZMII are here to help!

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