

Decision-Making Traps

Risk assessment is a means to an end, most certainly not an end in itself. The most frequent purpose of assessing the risks is to inform risk decisions, but the task is fraught with difficulties. Individual practitioners, and multidisciplinary teams, should pay particular attention to the possibilities of error when making risk judgements and decisions. Some of the more familiar pitfalls are summarised as:

- Plunging in... reaching conclusions on insufficient information or thought.
- Off track... setting about the wrong problem, following a focus on the wrong mental framework or attitudes.
- External influence... giving priority to the views of others when defining the problem.
- Over-confidence... allowing your opinions and judgements to obscure key information.
- Short-cuts... using generalisations or convenient information inappropriately.
- Shooting from the hip... failure to balance intuition with systematic procedure.
- Group failure... failure to manage good ideas towards practical decisions.
- Blind spots... incorrectly interpreting the evidence from past history and experience.
- Not keeping track... failure to accurately record the details of past events and sequences.

Can you identify practical examples of how each of the above may occur in your practice, team or service?

Systematic processes and procedures within a team or service may help to avoid some of these traps. However, any system that deals with the intricacies of human behaviour will always need to be tempered by a degree of flexibility to accommodate intuition and individual circumstances.

Systemic failings, leading to poor risk decision-making, may arise from any of the following:

- Inclusion criteria for a service are drawn too narrow or too broad.
 - An emphasis on the bureaucratic functions of administration and paperwork is likely to draw attention away from the level of direct clinical contact; particularly when no additional resources are forthcoming.
 - Roles and responsibilities within changing patterns of service delivery have rarely been adequately clarified in the multidisciplinary teams.
 - Targeting resources has not been as clear in practice as it seems in theory.
 - Little acknowledgment has been made of the time resource required for clinicians to be effective communicators and coordinators.
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