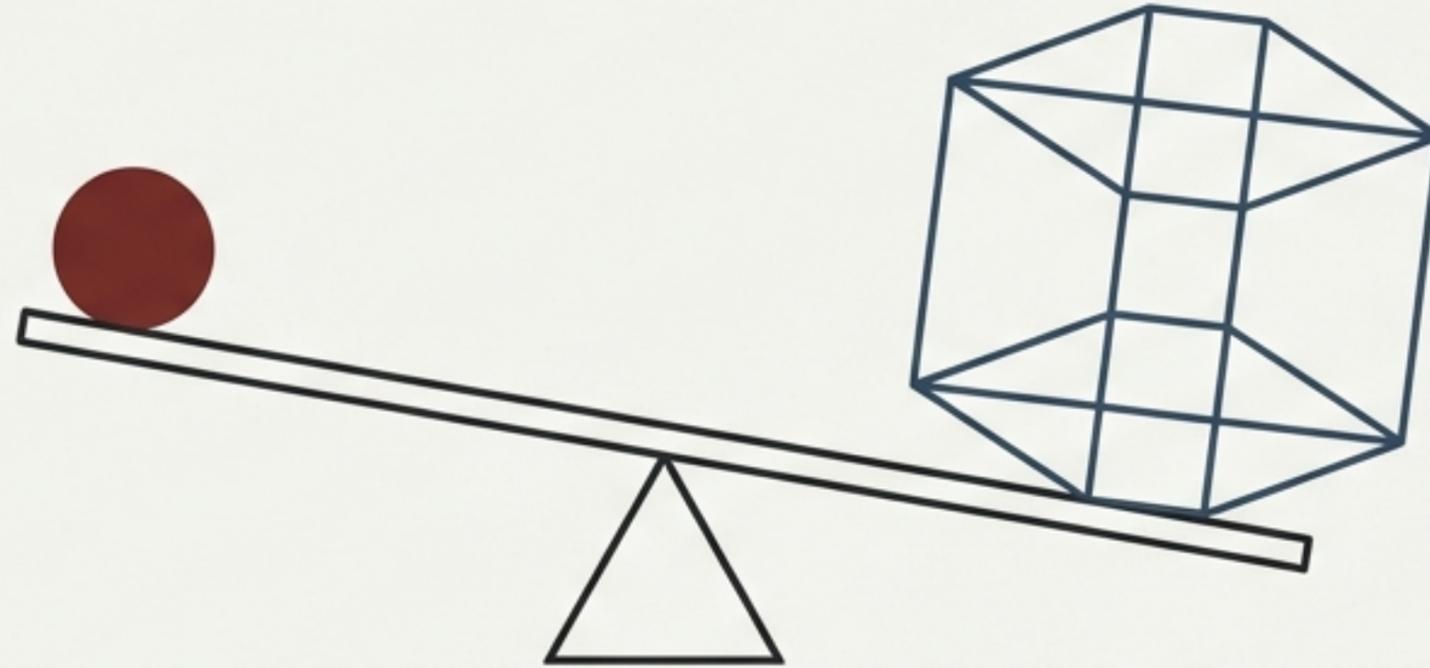


Weighting and Uncertainty in Consult Practice



A Framework for Assigning Importance When the Diagnosis is Unclear

ADAPTED FROM 'CONSULT THINKING' BY WILLIAM AIRD

The Central Cognitive Error

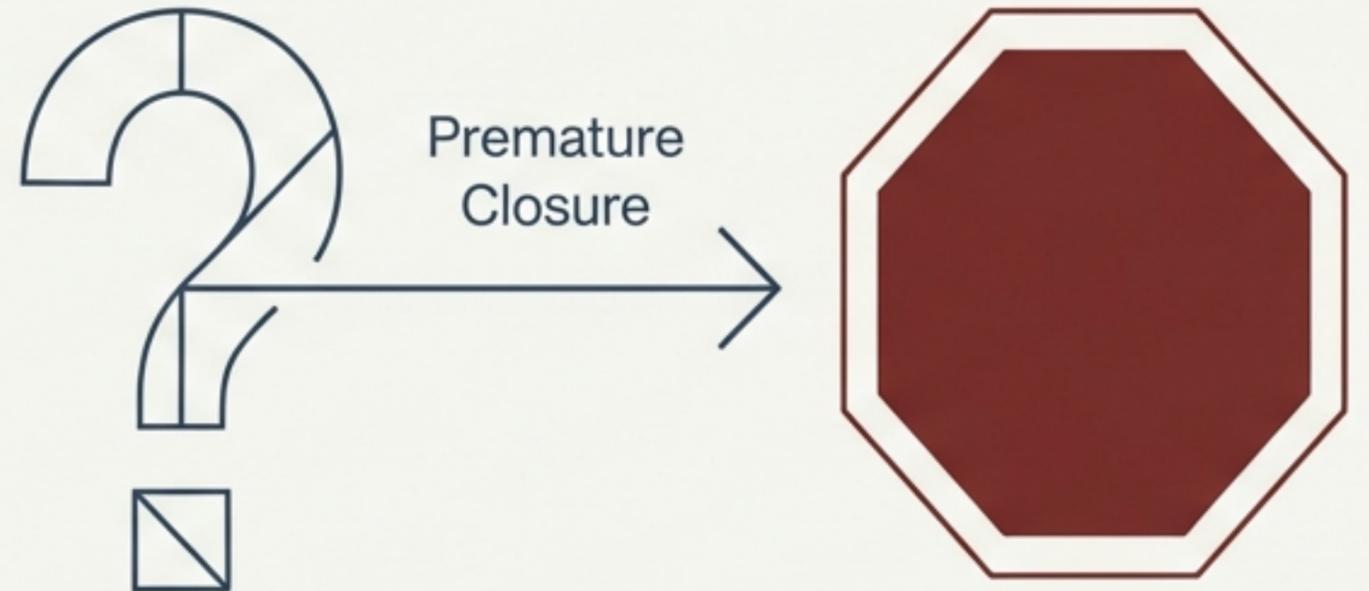
The Myth

~~Error is caused by a lack of knowledge.~~

The Reality

Error is caused by misapplied reasoning—applying the wrong kind of thinking to the wrong kind of problem.

“We often rush to answer “What is the diagnosis?” before asking ‘What kind of situation is this?’”



The Three Layers of Clinical Judgment

1. Orientation
The Terrain. What kind of game are we playing?
What rules apply?

2. Thinking
The Weighting. What matters most within this game?
What do I prioritize?

3. Execution
The Action. Making the thinking visible through tests,
treatments, and communication.

} Focus of
this Deck

Thinking is not
free-form. It is
constrained by
the terrain
Orientation has
already defined.

Thinking is Priority Setting, Not Just Diagnosis

A deliberate shift from Probability to Consequence.

Standard Reasoning (Probability)

- What is most likely?
- Likelihood
- Bayesian Ranking

Consult Reasoning (Consequence)

- What is most dangerous if wrong?
- Stakes
- Asymmetric Risk Assessment

You are not just listing causes. You are asking, “How much should each possibility matter in this specific situation?”

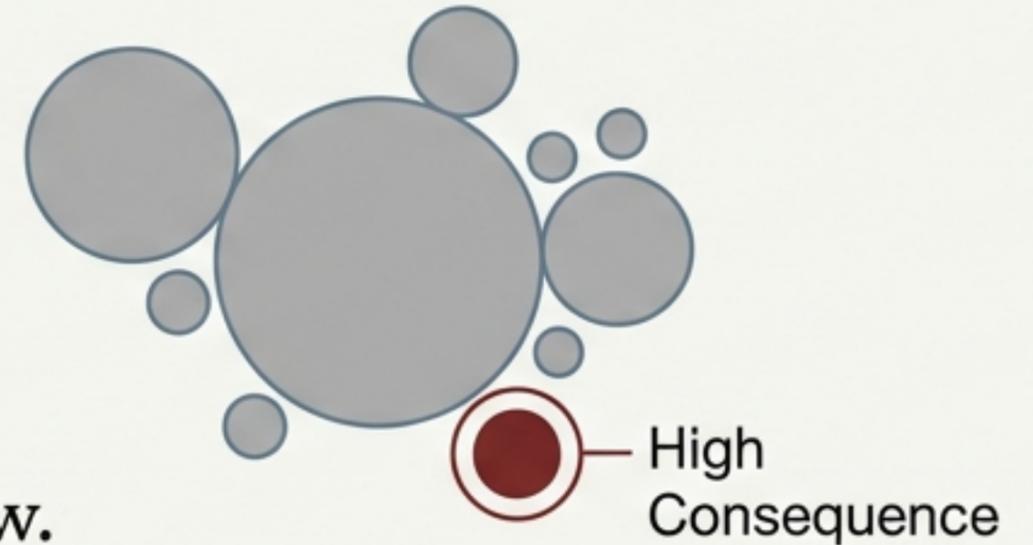


Managing Ambiguity, Not Eliminating It

Thinking is the discipline of deciding which uncertainties are safe to live with and which require action. It is where analytic reasoning meets intuition.

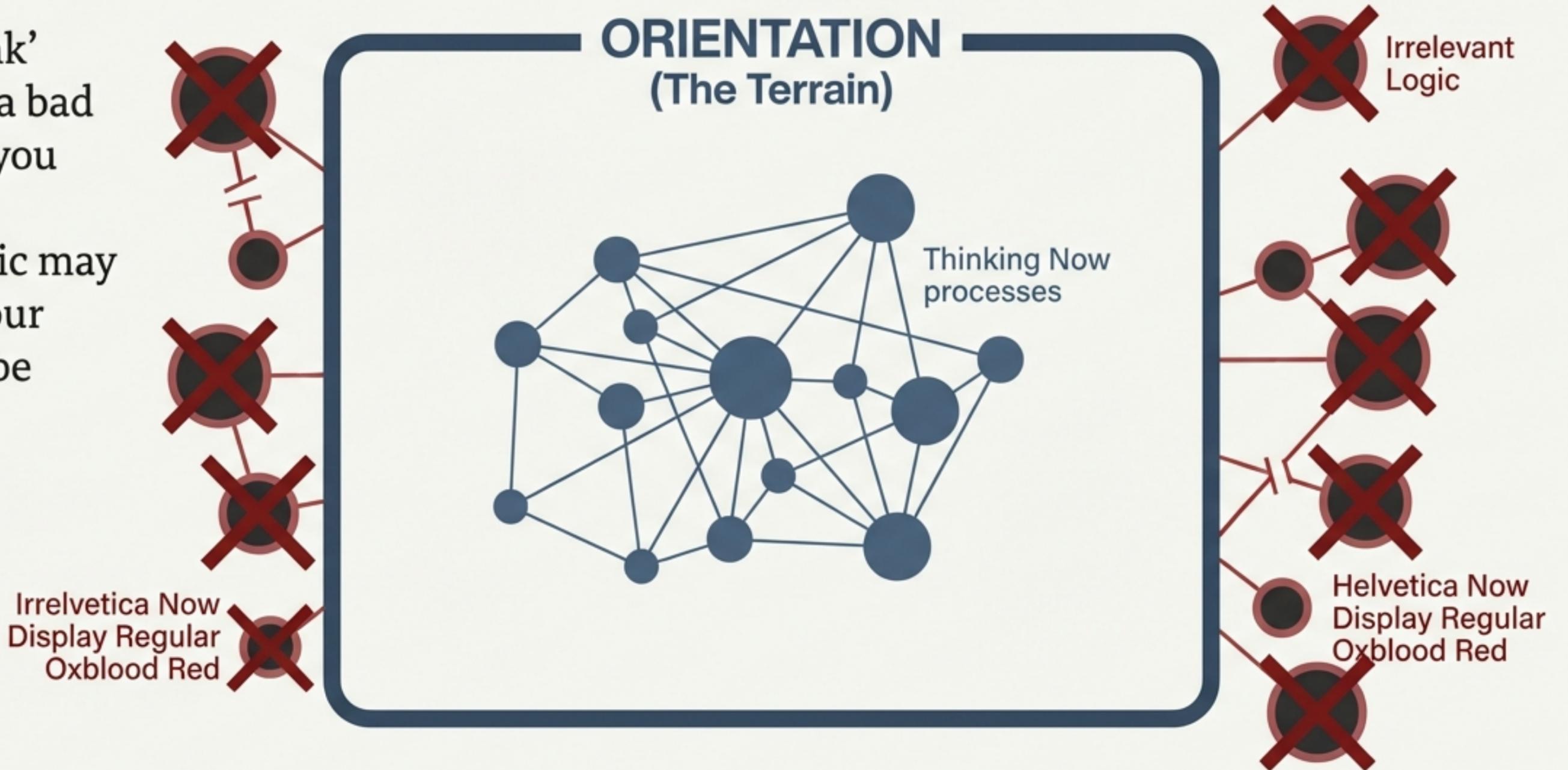
The Function of Thinking

- Rank hypotheses.
- Assign probabilities (implicitly).
- Decide what you are most worried about.
- Decide what uncertainty you can tolerate for now.



Orientation Rules the Thinking

You cannot 'think' your way out of a bad 'orientation.' If you misidentify the terrain, your logic may be sound, but your conclusion will be dangerous.



“Good Thinking can still fail if it is applied to the wrong kind of problem.”

Case I: Bleeding on Anticoagulation

Faulty Workflow: The Diagnostic Hunt

Questions asked: “Where is the bleed? Is it GI? Is there a lesion?”

Result: Treats the situation as a search for a source. Incomplete and dangerous.

Correct Orientation: Competing Harms

Questions asked: “How dangerous is the bleed vs. the risk of clotting? Is this a patient who will stroke if I stop? Or exsanguinate if I continue?”

Result: Optimization under conflict.



The Shift: From “Find the source” to “Balance the asymmetric risks.”

Case II: Neutropenia

Faulty Workflow: The Classification Task

Questions asked: “Is it drug-induced? Viral? Marrow failure? Autoimmune?”

Result: Optimizes for diagnosis.

Result: Optimizes for diagnosis.

Correct Orientation: Tempo & Reserve

Questions asked: “How fast did this develop? Is the patient septic? What is the consequence of waiting? Does this require immediate empiric antibiotics?”

Result: Optimizes for time-to-protection.



The Shift: Etiology matters, but later. Right now, tempo and reserve govern the reasoning.

Case III: Thrombocytopenia in Critical Illness

Faulty Workflow: The Generic Algorithm

Questions asked: “ITP? Nutritional deficiency? Congenital causes?”

Result: Runs a standard differential unrelated to the patient’s current state.

Correct Orientation: Consumption & Collapse

Questions asked: “Is this sepsis-related consumption? Is there evolving coagulopathy? Is this a marker of systemic deterioration?”

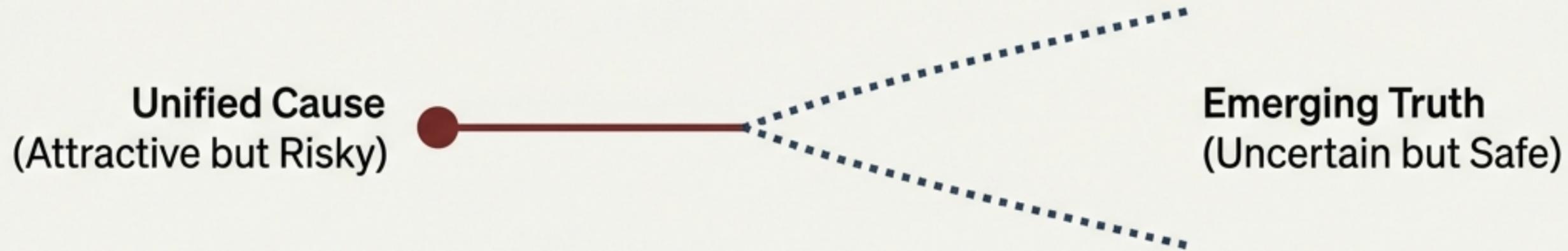
Result: Prioritizes mechanisms relevant to critical illness.



The Shift: From ‘Generic Classification’ to ‘Marker of Systemic Collapse.’

Unification vs. Separation

At the level of truth, symptoms share a cause or they don't. But expert reasoning does not rush to resolve that binary. Premature closure—choosing an explanation because it feels coherent—is the enemy.



“Consultants do not decide what is true early. They decide how to reason safely while truth is still emerging.”

Function Over Speed

Reframing System 1 & System 2

Standard View:	Consult View:
Fast (Intuition) vs. Slow (Analysis)	Intuitive Weighting vs. Analytic Weighting

Both can happen in “Thinking.” What matters is not the speed, but the question being asked: “Within this terrain, what matters most?”

The Taxonomy of Consult Thinking

1 Rank

Which hypothesis kills fastest?

2 Weight

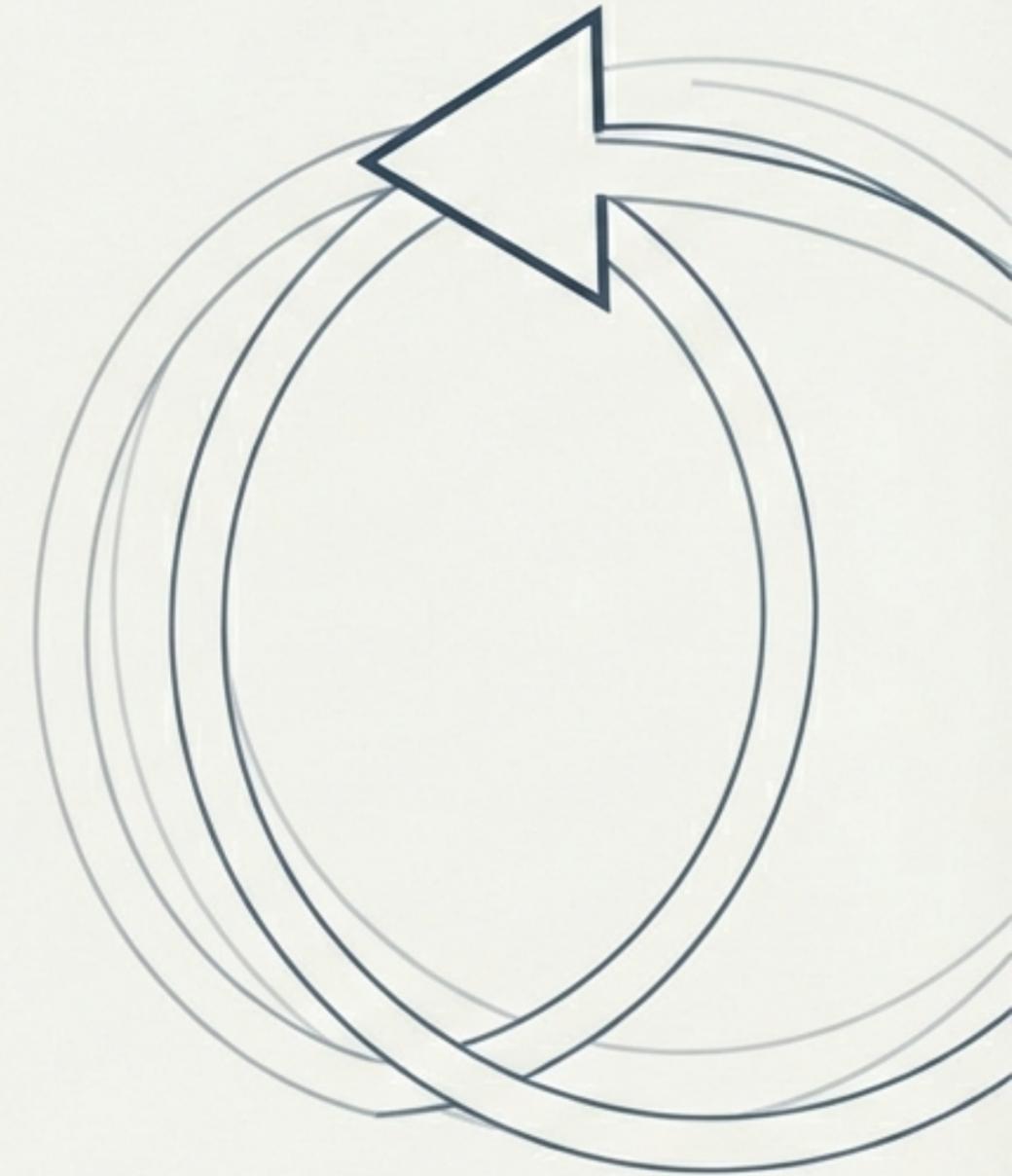
Assign importance based on stakes, not just likelihood.

3 Tolerate

Identify which uncertainties are safe to live with for now.

4 Update

Recalibrate weights as the biology declares itself.



Danger Precedes Explanation

- Trajectory outranks elegance.
- Uncertainty is legitimate.
- Recalibration is the mark of the expert.

Thinking is not the work of naming diagnoses. It is the discipline of weighting what matters most right now.