Ekman and O'Sullivan once asked, “Who can catch a liar?”—and they demonstrated that it was not mental health clinicians. As observed by Slovenko, “A good poker player probably knows better than a mental health professional whether or not a person is lying. A psychiatrist is a doctor, not a lie-detector” (Ref. 2, p 122). Six actors recently provided a dramatic demonstration of these concerns when they feigned the symptoms of Posttraumatic Stress Disorder (PTSD) at a clinic specializing in the assessment and treatment of that disorder; all were accepted as genuine.

An extensive body of literature, heretofore ignored by mental health and medicolegal experts, further documents the inability of health professionals to identify individuals who feign disorders. These studies test physicians with “simulated patients”—normal persons trained to mimic the typical signs and symptoms of common disorders. This use of pseudopatients has its origins in the 1960s, when standardized clinical vignettes were developed to teach and test clinical skills in medical trainees. Over time, the method was extended to assess physicians in community practice and health organizations.

In a search of the medical literature, we identified 12 studies in which (1) normal persons presented significant clinical complaints as simulated patients (SPs), and (2) physicians were provided with a mechanism to report patients suspected to be simulators. In all 12 studies, doctors detected simulators at low rates, ranging from 0 percent to 25 percent. Most studies simply reported the percentage of simulators whom physicians correctly identified, but Gordon et al. provided additional and important data. These authors recruited 54 interns and trained six SPs to feign one of three clinical problems (urinary frequency, cough, and headache). A total of 233 SP cases resulted, of which only 22 (9.4%) were correctly identified by physicians as “definitely” not genuine. When the standard of judgment or level of confidence was reduced from “definite” to “probable,” the number of correctly identified simulators increased to 56 (24.0%). Physicians also had 477 consultations with genuine patients and incorrectly labeled 10 (2.3%) as simulators when making “definite” judgments. When the standard of confidence was lowered to “probable,” the rate of false positives increased; 45 (9.4%) genuine patients were misidentified as simulators.

It might be argued that studies using SPs overestimate the likelihood that physicians can be fooled, since clinicians are denied the additional information that may result from repeated visits and an ongoing relationship. However, no studies demonstrate that these factors improve physicians’ detection of feigned disorders. Further, malingerers can be consistent when misreporting, and lie detection is not necessarily more accurate in ongoing relationships.

Findings on simulated patients and the general literature on lie detection demonstrate that clinicians are not skilled in judging the credibility of their patients. In the context of a physician-patient relationship, in which a working alliance must be developed, there are good reasons to accept subjective complaints at face value. In the context of legal proceedings, however, physicians should be more circumspect. Testimony should be based on objective findings and the awareness that we all can be fooled. Treating physicians bear special responsibility, since their testimony can create “echo attributions,”

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wherein a false perception of validity attaches to a message delivered by a prestigious source. The problem can be illustrated by the patient who reports a subjective symptom like “nightmares,” after which the doctor testifies in court that “the patient suffers from nightmares.” Such a declaration, untempered by the evidence from SP studies, creates a false sense of certainty. Clinicians who rely on their patient’s reports are advised to state the subjective and objective findings and offer their professional assessment. When questioned about the actual occurrence of subjective symptoms, or the truthfulness of a patient’s report, the wise clinician would do well to be less than certain.

References