
When a book reaches the bestseller list, it is often just as interesting to speculate on the reasons for its popularity as it is to read the book itself. In the case of the latest blockbuster by Michael Crichton or John Grisham, the author’s “brand name” doubtless contributes to its success at the cash register. However, when the author is Malcolm Gladwell (hardly a household name), the reasons for the book’s popularity are less straightforward. I suspect the main reason for the success of *Blink: the power of thinking without thinking* is that it offers exhausted professionals faced with executive responsibilities a version of epistemology that not only excuses, but glorifies, the snap decision.

According to Gladwell, “decisions made very quickly can be every bit as good as decisions made cautiously and deliberately” (p 14); “there can be as much value in the blink of an eye as in months of rational analysis” (p 17). Gladwell supports his thesis by telling stories—often charming, always compelling, and filled with realistic details—of people whose “blink” decisions end up being better than the “scientific” or “rational” decisions made after gathering and considering large amounts of data. He begins *Blink* by recounting the story of a forged statue, a kouros, which was purchased by the Getty Museum only after extensive scientific analysis showed its authenticity. A number of art experts, he tells us, were immediately able, merely by looking at the statue, to determine it was a fake: “When Federico Zeri and Evelyn Harrison and Thomas Hoving and Georgios Dontas—and all the others—looked at the kouros and felt an ‘intuitive repulsion,’ they were absolutely right. In the first two seconds of looking—in a single glance—they were able to understand more about the essence of the statue than the team at the Getty was able to understand after fourteen months” (p 8).

Every day, medical practitioners must make such high stakes decisions rapidly and often under conditions of stress. Medical practitioners are also under increasing pressure to integrate evidence from scientific studies into their decision making procedures. Gladwell’s advice seems to turn the wisdom of evidence-based practice on its head: “blink” thinking is the very antithesis of the labour intensive effort involved in the thorough literature search, the critical assessment of the quality of the evidence, the painstaking meta-analysis, and the principled consideration of the applicability of the evidence. Indeed, Gladwell claims that often people make bad decisions because they have too much information, because they are unable to determine which aspects of that information are irrelevant, and because they squelch their sound instincts, which are screaming out the correct answer, if only they would listen. Little wonder that harassed professionals drowning in data would be attracted to a book that admonishes them to skip the laborious grind through the evidence and instead “take their instincts seriously” when making decisions.

The main problem with Gladwell’s book is that none of the illustrative anecdotes he uses to support his thesis actually point to the conclusion that “blink” thinking is better than deliberative thinking. Take, for example, the tale he relates of Dr. Brendan Reilly, the chairman of the Department of Medicine at Cook County Hospital in Chicago. Faced with the inevitable resource shortfalls of a public hospital with a high percentage of indigent patients, Reilly desperately needed criteria for diagnosing heart attacks in patients complaining of chest pains that could be both quickly applied and accurate. At Reilly’s instigation, Cook County Hospital eventually adopted guidelines that narrowed the criteria that emergency physicians used to decide which patients to admit down to 4 simple risk factors (electrocardiographic evidence, presence of unstable angina, fluid in the lungs, and a systolic blood pressure <100 mm Hg). This simplified decision tree improved their ability to identify true heart attack patients by 70%. Gladwell cites this as an example of the power of what he calls “thin slicing”—the ability of our “internal computer” to make good decisions on the basis of only “thin slices” of the enormous mass of information available in a given situation, to “find patterns in situations and behavior based on very narrow slices of experience” (p 23). In Reilly’s case, however, and in the case of virtually all of the other “blink” thinkers he mentions in the book, the ability to make these rapid, thin sliced, blink decisions comes only after years of training, experience, and painstaking statistical sifting and computer analysis of reams of evidence...enough to permit the deliberate construction of a sophisticated model of the phenomenon about which decisions must be made. Reilly, for instance, was able to offer the Cook County emergency department a thin slice decision tree because he made use of a model of heart attack produced by Lee Goldman, a clinical
Correction

In the resource review of Essential evidence-based medicine,1 the author of the book was incorrectly spelled. The citation should be as follows:


We apologize to Dr. Dan Mayer for this error.

1 Amit K Ghosh and Narayana S Murali. Evidence-Based Medicine 2005;10:60