

Snap judgements



The Dental Defence Union's (DDU's) **Alison Large** looks at unconscious bias and how we can retrain our brains.

Most of us would be horrified at the thought that we have treated someone differently because of the way they look, speak or their background but we are probably doing so without even realising it.

That's because our judgements about people, including ourselves, are influenced by a mass of learned assumptions, experiences and cultural beliefs that we've internalised over the years. So, while the General Dental Council (GDC) expects us to treat patients and colleagues fairly and not unfairly discriminate, we need to recognise how unconscious bias can creep into our practice in subtle ways and guard against it.

Why unconscious bias is a problem

We're all susceptible to unconscious bias which can affect our interactions with patients, interfere with clinical decision-making and damage relationships with others in the oral healthcare team.

If our brain is triggered into making a negative judgement about a patient, it can easily feed into our body language and tone of voice. This might make it harder to establish a good relationship with the patient and achieve the best outcome, making a complaint more likely.

Worse still, this cognitive trap leaves us open to allegations of discrimination which might lead to a GDC investigation or even legal action under the Equality Act 2010 which protects individuals from direct or indirect discrimination because of a protected characteristic such as age, disability, gender or race.

Types of unconscious bias

Unconscious bias isn't just about thinking less of someone who is different. Experts have identified several different ways that our behaviour can be affected by factors outside our awareness. These include:

Affinity bias – A tendency to think positively about someone because they are

like us e.g., someone who went to the same dental school or a patient with a similar age and background. However, this can leave others feeling excluded.

The halo effect – Where our positive view about someone then influences our response to their character and everything they do (potentially blinding us to problematic behaviour).

Confirmation bias – Cherry picking evidence in support of a decision while ignoring or downplaying any evidence that conflicts with it. This behaviour might be taken as a sign of a lack of insight in the aftermath of an adverse incident.

The Dunning-Kruger effect – A gap between our perceived competence at a task and our performance. Overestimating competence or knowledge might lead dental professionals to take on treatment that should be referred to a specialist or refuse to accept advice from colleagues in the oral healthcare team.

'In a busy practice, dental professionals need to make quick decisions about diagnoses and personalised care plans but be careful not to be unduly influenced by assumptions about the patient's understanding, capabilities or wishes.'

Tips for addressing unconscious bias

While we don't always realise the hidden forces that make us behave the way we do, we can put strategies in place to guard against it.

Recognise the problem – Everyone is affected by unconscious bias to some degree so be honest with yourself about the possibility that bias could be affecting your behaviour or decisions. Acceptance is the first step towards change.

Increase your self-awareness – Reflect on interactions with new people, your response to them and the reasons for it. If you had a positive first impression, was it because you felt you had something in common with them? If you didn't, was it because their appearance or views seemed alien? That could indicate unconscious bias at work. It's also useful to think about complaints and incidents from this angle, e.g., did you assume a parent was less engaged with their child's oral health because of the way they were dressed or how they expressed themselves?

Ask questions – In a busy practice, dental professionals need to make quick decisions about diagnoses and treatment plans but be careful not to be unduly influenced by assumptions about the patient's understanding, capabilities or wishes. The GDC expects you to treat each patient as an

individual and listen carefully to what they have to say.

Focus on evidence-based dentistry – Think about how you would explain your clinical decision-making to a colleague. You should be able to point to the patient's history and wishes, as well as recognised guidelines and research.

Seek honest feedback – Don't rely on your own opinion of your strengths and weaknesses, talk to colleagues in the oral healthcare team, fellow dental professionals and appraisers about where you can improve and address this in your personal development plan.

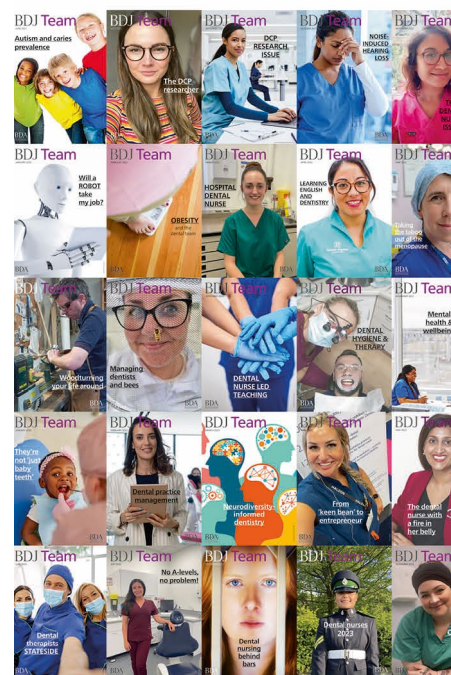
Participate in training – Training courses can help the oral healthcare team to explore the risks and impact of unconscious bias and then apply these lessons in their practice. It's better for practices to arrange this training for everyone than create the perception that it's to 'punish' individuals.

Celebrate difference – One-off training might not rewire our brains but an inclusive practice culture will help ensure that everyone in the team feels equally valued and address the needs of a diverse range of patients.

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