



THE CURSE OF KNOWLEDGE

One of the worst lectures that I ever attended was given by a brilliant, prize-winning particle physicist who was cursed with too much knowledge. The topic was a fascinating one, and there was arguably no one on the planet with a better understanding of it. The lecture was designed for the lay public, but it was clear 10 minutes into the talk that he had lost most of the audience. *The curse of knowledge* is a phrase that refers to a cognitive bias wherein an individual incorrectly assumes that the recipients of his or her communication have the appropriate background to understand it.¹

As this physicist spoke on and on about different categories of subatomic particles and the theoretical components thereof, he casually used terminology that was completely unfamiliar to the audience. He cited esoteric concepts that would have been elementary to his peers but were mind-boggling to most of his listeners. As a very casual student of particle physics, I knew just barely enough to comprehend that I had no idea what he was talking about. He simply knew way too much, and he could not adjust his mindset to consider the ignorance of the rest of us.

The curse of knowledge is not restricted to the brilliant. We have all been in situations where someone incorrectly assumed that we share the same knowledge residing in his or her mind. This can be as simple as an acquaintance's recounting a completely bewildering story while you silently reflect that you do not know any of the people, context, background, or significance of the story. The experience is a bit like walking into a theater in the middle of a movie and feeling totally lost.

We physicians sometimes suffer from the curse of knowledge, too. I once visited a prominent colleague and followed him through the day in his clinic as he discussed different surgical options with his patients. He used the term IOL as though his patients knew what that meant.

It seemed clear to me that many of his patients had no idea what an IOL was. Some seemed to guess from context clues that the word referred to a lens implant, but most were very confused. The term IOL is so familiar to us that it is easy to forget that it is a term of art. Similarly, it is easy for us to incorrectly assume that our patients understand concepts that are elementary to us. We casually throw around terms such as dominant eye and nondominant eye, yet many of our patients enter the exam room having no idea that such things exist. It has been well established that patients' comprehension of physicians' communication is often incomplete.²⁻⁴ I suspect that the curse of knowledge contributes to this phenomenon more often than we realize.

The potential for confusion is already great enough as we attempt to explain surgical options to our patients. It is important for us to remember that, although we think in the complex language of ophthalmology, our patients typically do not. Although there is a fine line between oversimplification and underexplanation, keeping the concept of the curse of knowledge in mind is vital to effective communication. ■

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2. McCarthy DM, Waite KR, Curtis LM, et al. What did the doctor say? Health literacy and recall of medical instructions. *Med Care*. 2012;50(4):277-282.
3. Safer RS, Keenan J. Health literacy: the gap between physicians and patients. *Am Fam Physician*. 2005;72(3):463-468.
4. Feifer R. How a few simple words improve patients' health. *Manag Care Q*. 2003;11(2):29-31.

A handwritten signature in black ink, appearing to read 'Steven J. Dell'.

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