

Making a change: Status quo bias in health decision making

July 30 2013

Medical noncompliance—or failure to follow the doctor's orders—is estimated to increase healthcare costs in the US by \$100 billion per year. Patients sometimes opt not to take medicines, for instance, because the side effects are unbearable or the dosing regimens are too complicated. But medical noncompliance may also stem from sheer inertia—the tendency to stay in the current state, even when that state is undesirable.

In a series of studies, Gaurav Suri and colleagues from Stanford and Tel Aviv Universities tested whether this status-quo [bias](#) could result in behavior that is detrimental, and whether such a bias could be lessened with minimal interventions.

Their results are published in *Psychological Science*, a journal of the Association for Psychological Science.

In the first study, [participants](#) were told that the research would involve receiving electric shocks. One group was told that they were required to choose one of two options: They could press a button to stop the shock 10 seconds earlier, or press another button to keep the waiting time the same. As the researchers expected, most people opted to get the shock over with early.

In contrast, those participants who were told that they could press a time-decrease button if they wanted to were more likely to stick with the status quo: Only about 40% chose to push the button in order to shorten the trial.

The researchers saw similar results when they told participants that pressing a button would reduce the chance of shock by as much as 90%. Those participants who had to make a proactive choice to press the button opted to leave it untouched about half the time, even though it meant they had to withstand shocks they themselves rated as highly undesirable.

These studies clearly demonstrate that, when faced with a choice that requires them to make a proactive decision, people often opt do nothing, even when actions that are easy to perform could noticeably improve their current state.

Interestingly, the researchers found that simply requiring participants to press the button on an early trial made them more likely to hit the button on later trials. Thus, while medical noncompliance may sometimes result from patient inaction, the researchers conclude that people may be capable of making productive choices about their health if given a nudge in the right direction.

Provided by Association for Psychological Science

Citation: Making a change: Status quo bias in health decision making (2013, July 30) retrieved 5 May 2024 from <https://medicalxpress.com/news/2013-07-status-quo-bias-health-decision.html>

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