

# The Diagnosis That Creates a Blind Spot

Absurd Health Institute · Hypothesis and mechanistic perspective

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## Central hypothesis

A diagnosis can accurately describe a syndrome and still narrow inquiry too early. The proposed failure mode is diagnostic reification: treating the name of a symptom pattern as though it were a complete explanation of why this patient has those symptoms.

## The biological route

Psychiatric, neurological, inflammatory and metabolic syndromes often contain biologically heterogeneous populations. Once a label becomes the dominant narrative, symptoms may be attributed to it even when a new feature—such as seizures, focal deficit, unusual electrolyte changes or rapid cognitive decline—warrants reconsideration. Diagnostic work is a process of updating probabilities, not accumulating labels without review.

## An illustrative scenario

A diagnostic label is valuable when it predicts course and guides effective intervention. It becomes a blind spot when it prevents reassessment after new findings emerge. For example, new focal deficits or fluctuating consciousness warrant renewed medical attention rather than automatic attribution to a longstanding psychiatric diagnosis. The corrective principle is not endless testing but disciplined updating when the evidence changes.

## Alternative explanations and limits

Diagnoses are not merely arbitrary social constructions: many have robust prognostic and treatment value. Endless skepticism can also create harm through missed treatment, needless testing and medical anxiety. A differential diagnosis must be proportionate to red flags and prior probability.

## What would change the conclusion?

One could examine rates of delayed medical diagnosis after an initial syndrome label and determine which new findings should trigger reassessment. If changing labels indiscriminately does not improve outcomes, the critique should remain focused on demonstrable anchoring errors.

## The distinctive prediction

The corrective test is whether reconsidering a diagnosis when defined red flags appear actually detects treatable disease sooner. Mere proliferation of differential diagnoses without improved outcomes is not intellectual progress.

## Clinical interpretation

This essay advocates epistemic humility within evidence-based medicine, not a blanket rejection of diagnostic criteria or validated psychiatric treatment.

## Selected scientific reading

Contextual background, not direct validation of the proposed hypothesis.

Seth AK, Critchley HD. Extending predictive processing to the body: emotion as interoceptive inference. Behav Brain Sci. 2013.  
<https://www.cambridge.org/core/journals/behavioral-and-brain-sciences/article/abs/extending-predictive-processing-to-the-body-emotion-as-interoceptive-inference/A53E081B5EEBD7CF7658F3D484714AFE>

Editorial note: Original theoretical perspective, not an original clinical study, validated diagnosis, or treatment protocol.