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Advice versus choice

Jason Dana and Daylian M Cain

Despite the near universality of the maxim that one should treat others as one ought to be treated, even well-intended advisers often advise others to act differently than they choose for themselves. We review several psychological factors that contribute to biased advice. Absent pecuniary motives to the contrary, advice tends to be paternalistically biased in favor of caution. Policies that would intuitively promote quality advice — such as making advisers accountable, taking advice from advisers who value the relationship, or having advisers disclose potential conflicts of interest — can perversely lower the quality of advice.

Address
Yale University, United States

Corresponding author: Cain, Daylian M (daylian.cain@yale.edu)

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Introduction

A fundamental ethical principle is that we should treat others as we ought to be treated. Yet, what people advise others to do is often different than what they choose for themselves. For example, a recent survey of female obstetricians and gynecologists found that they advise patients to undergo mammography screenings earlier and more often than they get themselves screened [1]. This gap between physicians' advice and their personal choices could exist for several reasons. Some physicians may advise as they do out of self-interest because they receive compensation for referrals, or want to deflect liability in case a patient develops breast cancer. But many 'innocent' explanations are also possible. Just as the proverbial cobbler's children go shoeless, perhaps these experts give good advice about screenings but procrastinate getting screened themselves. Or, perhaps they strategically exaggerate the urgency of mammography to motivate patients who might otherwise delay proper screening. Alternatively, the physicians may simply experience more risk aversion for their patients, perhaps because they weigh costs and benefits differently when thinking about them vicariously.

Economics and related fields have already extensively researched how to align financial incentives between adviser and advisee. Our focus is on nonpecuniary, psychological factors that lead advice to diverge from choice. Following recent trends in behavioral ethics that show well-intended people can do bad things [2,3], we review reasons why seemingly well-intended people advise differently than they choose for themselves.

Advisers feel your pain, but not your gain

One way to understand the psychology that underpins advice, free of strategic concerns about how advice will be followed, is to study how people choose for others. A recent meta-analysis of 18 such studies finds that decision-makers are significantly more risk averse when choosing for others than when choosing for themselves [4••]. This effect is almost entirely moderated, however, by the presence of losses; choices for others are more cautious only when there is potential to incur losses on others, rather than just incurring uncertain amounts of gain. This finding is not simply an instance of *loss aversion* [5], because however loss averse decision-makers are, they are apparently *more* loss averse when choosing for others.

One reason that losses might outweigh foregone gains more acutely when deciding for others is the limited capacity for *symhedonia* — the positive emotion associated with observing others' good fortune [6•]. Sympathy for others' losses is a more powerful emotion than happiness for others' gains, and thus people may be prone to weighting gains and losses differently when choosing for others than when choosing for themselves. Indeed, symhedonia's role in describing experience is small enough that researchers had to create a new word for it because none existed [6•]. At least two studies comparing advice and personal choice point to a more general pattern of advisers weighting decision factors differently than advisees [7,8]. Advice tends to rely on a single important attribute even when advisees' choices weight attributes equally [7]. This advice/choice gap apparently stems from a cognitive misunderstanding rather than a lack of motivation [8]. Advisees do not necessarily appreciate these tendencies. For example, physicians' treatment choices are more cautious for their patients than for themselves, but patients predict they will be the same [9].

The evidence above suggests that difficulties in understanding others' preferences are one route to advising differently than choosing. It is possible, however, that subjects do understand what others prefer, but for accountability reasons, still prefer not to choose it or advise it for others. While these studies may not involve any formal type of accountability in that the subject does not know or expect to interact with the other person, substantial evidence suggests that when making choices that impact even anonymous others, the imagined appraisals of those choices are still powerfully influential [10]. Advisers and proxy decision-makers may thus be reacting to implicit accountability rather than being unable to guess preferences. Further research, such as using secret proxy choices so targets cannot know how their outcomes were determined, is necessary to disentangle these explanations.

Accountability and relationship concerns favor biased advice

Either implicitly or explicitly, advisers can expect to be held accountable for advice. Intuitively, we might think of accountability as a positive influence on advice quality, but the effects of accountability are probably more nuanced [11•]. On one hand, accountability promotes deliberative 'system 2' thinking, and thus an adviser who is accountable should make fewer mistakes that arise from automatic 'system 1' thinking. For example, people are swayed by physical attractiveness when choosing a charity recipient, even though they say that need should trump such factors. When asked to advise others how to direct charity, however, this beauty premium disappears [12]. On the other hand, biases such as loss aversion and status quo bias are exacerbated by accountability [13,14], perhaps because people endorse them even upon reflection. Since both of these biases favor caution, advisers who feel accountable can be motivated to give overly prudential advice. While we argue that prudential advice is problematic, it apparently shields blame. As Atanasov states, 'We rarely hear stories of people who are irresponsibly risk-averse for others' [4••].

The desire to maintain a good adviser/advisee relationship may also bias advice. People are generally blamed more for losses than they are credited for gains [15], and consistent with a general negativity bias in what is psychologically impactful [16], they tend to weigh negative information more heavily than positive when evaluating others [17]. Thus, advisors concerned with maintaining a good relationship will be overly wary of giving advice that can incur a loss. Even minimal relationship concerns can apparently produce paradoxical results in light of the nearly universally held maxim of treating others as one ought to be treated. When two otherwise unrelated parties choose reciprocally for each other, the conservative shift in choice for others versus choice for self is significantly larger [4••]. This finding is particularly puzzling given several previous findings of 'magical thinking' [18,19] such that when people choose simultaneously, they behave as if their choice will influence what others do. If people choose less conservatively for themselves, it seems they would choose similarly for others in hopes that others make the less conservative choice for them. The 'relational model' [4••] reconciles this puzzle by proposing that people do not want to be blamed or end up blaming the other party. As a result, they are overly cautious of incurring losses on others, but also want others to be overly cautious for them. As another example of relationship concerns, there is some evidence that advice reinforces advisees' preexisting beliefs [20], even when advisers are better informed [21], because advisers want advisees to like them.

An important exception to the rule of cautious shift in advice occurs in domains where risk taking is socially desirable. Studies on the 'risk-as-value' model [22,23] demonstrate that people are more likely to endorse social risks for others, such as asking someone out on a date, than they are to take social risks themselves. Conversely, in the domain of health and safety, where risk taking is rarely seen as socially desirable, people are highly unlikely to advise others to take more risks then they do themselves [4••,24•]. More research is needed to understand why risk is socially acceptable in some domains but not others, but the common motivation across domains is to shift risk preferences for others so as to be socially desirable.

One might not think of goals such as maintaining a good relationship and justifying advice as typical conflicts of interest, but indeed they represent personal interests that are often at odds with giving the best advice. These conflicts are likely underappreciated. Without a psychologically informed view, one might think that holding advisers accountable or taking advice from someone who values the relationship are ways to get good advice. In the next section, we show that when advisers have apparent pecuniary conflicts, intuitively appealing solutions have similarly perverse effects on the quality of advice.

The dynamics of advice with apparent pecuniary conflicts

The potential for pecuniary conflicts of interest is sometimes unavoidable. For example, the person who is paid to perform a medical procedure may also be the most appropriate to determine whether someone is a good candidate for the procedure. When real or apparent pecuniary conflicts of interest are present, even advisers who want to give sincere advice will find it difficult to do so. First, it is not clear that conflicted advisers are mentally capable of giving unbiased advice due to unconscious and unintentional self-serving bias [25,26]. For example, ample evidence suggests that gifts from industry bias physicians' treatment decisions, even while physicians are unaware of the influence [27,28].

Even high-quality, unbiased advice might be discounted if it apparently aligns with the adviser's self-interest. For example, players in an economic game often suffered costly coordination failures when a third-party adviser suggested they play a strategy that happened to benefit the adviser [29]. When players chose without advice, they were more likely to choose that very same strategy and make more money. Thus, people may reject advice that is perceived to reflect the adviser's self-interest, even when the advice was something they were going to do on their own.

Holding constant that an adviser has such a conflict of interest, having the adviser disclose the conflict makes advice more exaggerated [30,31]. Two processes contribute to this effect. First, advisers can anticipate that advisees will discount their advice. Thus, they engage in *strategic exaggeration* to compensate: if advisees cover their ears, advisers yell louder. Second, advisers who have disclosed deem it more morally acceptable to give biased advice because the advisee has been 'warned.' Empirically, the increased exaggeration by advisers often more than countervails any discounting by advisees, and thus disclosing financial conflicts of interest can make advisees worse off for being warned.

Perhaps an underappreciated feature of financially conflicted advice is that the adviser's interest in the outcome constitutes a form of social pressure on the advisee. Consider a salon client who buys hair products because he or she does not want to say no to the hairstylist. Advisers who have apparent financial conflicts exert a similar sort of sales pressure. Indeed, even when disclosures cause advisees to trust advice less, advisees may still be more likely to follow the advice because they know it helps the adviser [32•], or because they do not want to insinuate that the advisor is corrupt [33]. The pressures to comply with conflicted advice can be exacerbated in deeper relationships. For example, the longer patients have been seeing the same medical provider, the less likely they are to seek second opinions and the more costly their care is [34•].

Discussion

We have reviewed a number of reasons why advice diverges from choice. As a result, advisers are not directing people to the courses of action they think best. How can advice and advice-taking be improved? We are skeptical that advisers can rid themselves of the cognitive and motivational biases that skew advice. But a potential curative for those genuinely interested in giving good advice is to project one's own tastes and advise others to act as one would act oneself. This sort of projection has been treated as a bias in social psychology [35], but it has also shown to be an effective way of making social predictions [36]. By definition, a majority of us are in the majority a majority of the time, so that absent strong evidence that one is in the minority, it is probably an improvement to assume others want what we do when giving advice.

Advisees have a tricky path to navigate. When the adviser is closely connected, the advisee can probably expect overly cautious advice and may have to adjust accordingly. When advisers have potentially self-interested motives, advisees would do well to take the 'outside view' — rather than asking themselves whether they are willing to seek a second opinion, they should ask what they would tell others to do. Indeed, taking this perspective helps healthcare consumers seek second opinions and get better treatment outcomes [34•]. Ironically, advisees might be wise to reduce accountability pressures on advisers. For example, instead of asking an advisor, 'What should I do?' it might be better to ask, 'What would *you* do?' Further, to reduce pressure to comply with biased advice, advisees may want to reduce accountability pressures on themselves, e.g., by deciding during a cooling-off period away from the prying eyes of interested advisors [32•].

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