

01 / SUMMARY

Disclosure after an injection error

An endodontist knows that an anesthetic injection entered an artery and that aspiration was omitted. The patient has serious symptoms. Urgent assessment and care have begun under both choices; the final outcome remains uncertain. The decision is what to tell the patient and what to record.

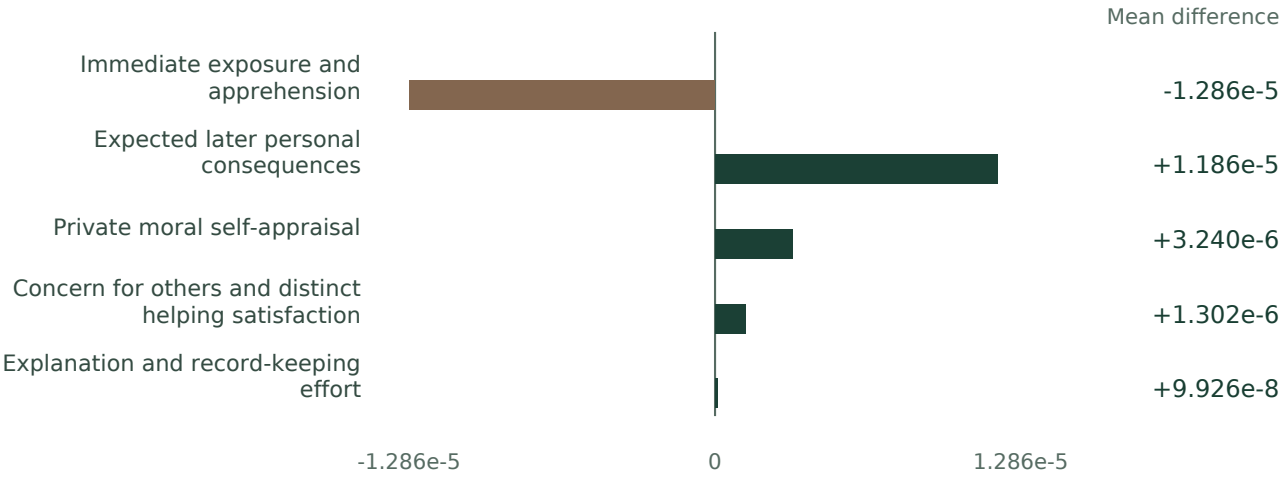
Among the 100 original supplied profiles, each equally trained and informed as the endodontist, how many choose disclosure and accurate documentation, how many choose the alternative explanation and omission, and how many have an unresolved exact comparison?

Disclose and document	Alternative explanation and omission
Acknowledge the injection error and omitted aspiration; explain the uncertainty and care; make an accurate clinical record.	Attribute the reaction to an unknown patient-specific response; promise recovery within thirty minutes without lasting effects; omit the known error from the record.



Why the model produces this result

Admitting the omission brings immediate exposure and apprehension. The alternative account reduces that exposure but retains worry, possible self-reproach and later professional and financial risks. Under the recorded assumptions, disclosure has the greater total for 87 profiles. The other 13 face a substantially larger mean burden from admitting the error in front of the patient.



Left favors the second option; right favors the first. Mean Expected Net Utility differences over 100 mutually eligible profiles; the outcome count comes from individual comparisons, not the mean.

Conditional result for 100 synthetic profiles, not a measured population rate. Recorded actor contributions are calculated; independent or supposed-target gaps remain. Unknown is not zero; see Assumptions and limits.

02 / MODEL ANALYSIS - TARGET CONSEQUENCES

What changes for The patient

Independent target values are not added to the actor. Differences compare the first option with the second. Where target settings vary across profiles, values are means over the modeled settings, not sums of 100 targets.

The patient

Disclosure does not reverse the injection or earn credit for the urgent care already underway. The differences concern what the patient understands, can decide and may experience because of the explanation and record.

Factor and consequence	Option 1	Option 2	First minus second
Life, health and bodily condition Presenting clinical compromise (common)	-1.000e-5	-1.000e-5	0
Bodily and sensory experience Presenting bodily symptoms (common)	-1.000e-6	-1.000e-6	0
Information and understanding Truthful facts or misinformation	4.000e-6	-6.000e-6	+1.000e-5
Liberty and self-direction Informed control over the response	2.000e-6	-4.000e-6	+6.000e-6
Dignity and respectful treatment Respectful involvement in the encounter	2.000e-7	-1.000e-6	+1.200e-6
Institutions and shared services Usable route to subsequent review	1.000e-6	-3.000e-6	+4.000e-6
Security, predictability and familiar order Immediate unease or reassurance	-3.500e-7	5.600e-7	-9.100e-7
Life, health and bodily condition Additional harm through a misleading account	0	-4.000e-6	+4.000e-6
Material resources and access Extra cost of correcting misleading information	0	-2.000e-6	+2.000e-6
Security, predictability and familiar order Distress if deception is recognized	0	-9.000e-7	+9.000e-7

Common does not mean valueless. Original injection, presenting clinical compromise and unknown underlying prognosis. The present state has equal numerical cells; the residual prognosis is a shared target-only estimation gap, never a disclosure benefit. The already-present unpleasant bodily symptoms. Equal values cancel from the choice difference but remain real patient burdens.

03 / MODEL ANALYSIS - OTHER TARGETS

The other affected interests remain visible

These are separate target accounts, not costs automatically assigned to the actor. Conditions with covering accounts remain visible without adding their values twice.

Target, factor and consequence	Option 1	Option 2	First minus second
Later clinicians or helpers - Information and understanding Usable or impaired understanding	4.000e-7	-1.200e-6	+1.600e-6
Later clinicians or helpers - Cognitive ease and mental effort Avoidable reconstruction work	0	-1.200e-7	+1.200e-7
The dental practice - Institutions and shared services Case-level reliability and learning	1.500e-6	-1.000e-6	+2.500e-6
The dental practice - Material resources and access Handling or correcting the event	-1.500e-6	-4.000e-6	+2.500e-6
Close people, where present - Security, predictability and familiar order Conditional emotional spillover	-2.000e-7	-3.000e-7	+1.000e-7

Covered, not erased: The clinical record. Represented through patient information, later-user understanding and practice reliability, rather than a second record value.

Covered, not erased: Future users of the practice's safeguards. Condition-only, numerically covered by the practice reliability capability. No unsupported future patient count, injury rate or full prevention benefit is manufactured.

The clinician's experience concerning another target is placed independently on the four-quadrant ladder. No patient-welfare multiplier, relationship-class coefficient or automatic malevolence is introduced. Self-protection under concealment is instrumental, not pleasure in harming the patient.

The actor's felt responses concerning targets

Target reaching the actor	Option 1	Option 2	First minus second
The patient	-1.120e-6	-1.878e-6	+7.576e-7
Later clinicians or helpers	1.500e-8	-4.000e-8	+5.500e-8
The dental practice	9.720e-8	-3.300e-7	+4.272e-7
Close people, where present	-8.600e-9	-1.824e-8	+9.640e-9

Future users of the practice's safeguards: not material. The full target-response basis remains in the analytical JSON.

04 / MODEL ANALYSIS - THE ACTOR

What each personal experience contributes

Present apprehension, the already-known performance failure and the possible common self-reproach for the original omission remain separate from target-linked money, social exposure, private honesty, work discretion, role, effort and contribution experience. Actual prospective losses and current fear have distinct horizons and inclusions.

Factor and personal experience	Option 1	Option 2	First minus second
Material resources and access Possible personal financial loss	-1.523e-5	-1.828e-5	+3.047e-6
Liberty and self-direction Possible restriction of professional discretion	-2.079e-6	-6.237e-6	+4.158e-6
Reputation and audience goodwill Possible loss of voluntary professional support	-1.456e-5	-1.748e-5	+2.913e-6
Social approval and felt standing Embarrassment when admitting the omission	-7.785e-6	0	-7.785e-6
Social approval and felt standing Embarrassment if misleading handling is exposed	0	-1.246e-6	+1.246e-6
Security, predictability and familiar order Present apprehension about accountability	-7.000e-6	-2.000e-6	-5.000e-6
Integrity and moral self-appraisal Private appraisal of the explanation and record	2.400e-7	-3.000e-6	+3.240e-6
Cognitive ease and mental effort Explaining and maintaining the account	-1.787e-7	-2.779e-7	+9.926e-8
Identity, particulars and continuity Possible disruption of professional role	-1.000e-7	-6.000e-7	+5.000e-7
Accomplishment and performance appraisal Performance disappointment (common)	-2.000e-6	-2.000e-6	0
Integrity and moral self-appraisal Self-reproach for the original omission (common)	-6.000e-7	-6.000e-7	0
Privacy and personal boundaries Unwanted personal scrutiny	-7.705e-8	0	-7.705e-8
Helping and protective agency Satisfaction from enabling informed follow-up	5.260e-8	0	+5.260e-8

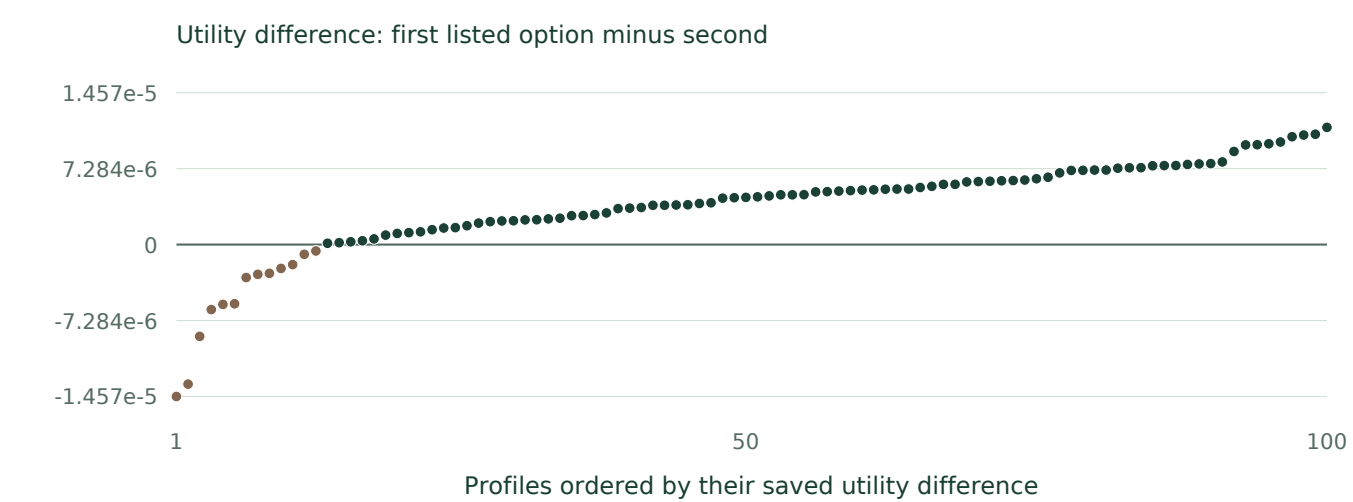
These are means of exact saved contributions, including the fixed personal sensitivity where applicable. Out-of-scope contributions are zero within the recorded calculation; unresolved quantities remain explicitly unestimated. Shared contributions remain in option totals even when their difference is zero.

05 / POPULATION DIFFERENCES

How the population divides

The 13 choosing the alternative account have a much larger mean admission-embarrassment burden. Their professional-goodwill concern pushes the other way. These are saved outcome groups, not new personality categories.

Mean contribution difference	87 Disclose and document	13 Alternative explanation and omission
Social approval and felt standing The patient	-5.488e-6	-2.316e-5
Reputation and audience goodwill Later clinicians or helpers, The dental practice	+2.293e-6	+7.057e-6
Social approval and felt standing Later clinicians or helpers	+8.780e-7	+3.705e-6
Felt response The dental practice	+4.611e-7	+2.000e-7



One point per actual mutually eligible profile. Positive favors the first option; negative, the second. Recorded margins are not a confidence interval or an intervention test.

How the accounts compose

Mean account	Option 1	Option 2	First minus second
Felt responses concerning targets	-1.016e-6	-2.266e-6	+1.249e-6
Target-linked direct personal experience	-3.972e-5	-4.712e-5	+7.394e-6
Remaining independent personal experience	-9.600e-6	-4.600e-6	-5.000e-6
Total actor utility	-5.034e-5	-5.398e-5	+3.643e-6

Means summarize the balance, not the choice count. Eligible profiles per option: 100, 100.

Each person's own option totals determine the choice. The original injury and shared personal burdens are not benefits of disclosure.

06 / ASSUMPTIONS AND LIMITS

What the result depends on

Supplied facts, authored likelihoods and value judgments remain distinguishable. These are the actual assumptions of this run, not observed rates or newly tested alternatives.

Authored input	Recorded construction and importance
Personal financial loss	15% after disclosure; 6% after concealment. Conditional values: -1.000e-04 and -3.000e-04. The less likely concealment-related loss is larger.
Professional goodwill	25% after disclosure; 6% after concealment. Conditional values: -3.000e-05 and -1.500e-04. Goodwill favors disclosure in this recorded construction.
Restriction of work discretion	1% after disclosure; 1.5% after concealment. Conditional values: -2.000e-04 and -4.000e-04. Work restrictions, not a legal finding or prison sentence.
Present apprehension	-7.000e-06 for disclosure; -2.000e-06 for the alternative account. Concealment reduces immediate exposure without eliminating worry.
Private honesty appraisal	Moral ease: +4.000e-07 at 60%; self-reproach: -6.000e-06 at 50%. These are probabilities of felt experiences, not of knowing professional obligations.
Personal social sensitivity	83 profiles have the admission-related embarrassment episode; 17 have an expressly absent audience-feeling route. Other interests and all fixed sensitivities remain unchanged.

The table highlights 6 of 17 recorded assumptions. The complete assumptions and placement arguments remain in the analytical JSON.

The remaining course of the original injury, including possible persistent impairment or survival effects not caused by the explanation.

Missing quantity: The probability, duration and magnitude of residual injury from the already-completed injection itself. Limit: The stipulated uncertainty and absent subsequent clinical findings do not support selecting a clinical outcome distribution. Assigning one would be an invented prognosis, not ordinary psychological valuation.

The complete attempted comparisons and implications are retained in the analytical JSON.

Coverage and interpretation

All 28 families are recorded as reviewed across the seven retained parties, including the clinician. Recorded actor contributions have numerical treatment. The remaining shared course of the original injury is an independent-target estimation gap, not a zero patient burden or an exact profile tie.

All 28 families remain in the technical review for each included target. Numerical accounting is not proof that every real-world target has been identified. No unrequested changed-fact scenario, parameter sweep or version comparison is introduced by this report.

APPENDIX / ORIGINAL REQUEST

The scenario as supplied

Please run this analysis: An endodontist is preparing an adult patient for root-canal treatment of a lower-right molar. During administration of a local anesthetic containing lidocaine and epinephrine, the clinician inadvertently injects into the inferior alveolar artery. For this simulation, take the intra-arterial injection as an established fact rather than a diagnosis the model must determine.

The patient immediately develops jaw tightness, facial blanching, difficulty breathing, palpitations, and shaking. He also reports burning and loss of vision in his right eye.

The clinician stops the procedure and initiates appropriate urgent assessment and care. **Those immediate care arrangements are the same under both options below.**

The clinician realizes that he omitted aspiration before injecting and recognizes that the injection error caused the reaction. The patient does not know this. At the point of the decision, the patient can understand an explanation, but the final outcome is not yet known. The clinician believes the effects may be temporary but cannot establish that they will resolve within thirty minutes or that there will be no lasting harm.

The clinician faces two supplied courses of action:

Option 1 — Disclose and document. Explain to the patient that the medication was inadvertently injected into a blood vessel and that aspiration was omitted. Describe what is known, what remains uncertain, and the care being provided. Document the adverse event and the known procedural omission accurately in the clinical record.

Option 2 — Give an alternative explanation and omit the error. Attribute the reaction to an unknown patient-specific response, say that it will pass within thirty minutes without lasting effects, and do not reveal the injection error or omitted aspiration. Record the clinical reaction and care provided, but omit those known causal details.

The decision concerns the initial explanation once the patient can understand it and the documentation completed for that encounter. **The adverse reaction has already occurred under both options; any differences in subsequent consequences must arise from the different explanation and record.**

Place each of the 100 supplied profiles in this situation with the same professional training, clinical knowledge, and available options. How many select Option 1, how many select Option 2, and how many remain unresolved?

Population: The 100 original synthetic demonstration profiles, not a sampled or calibrated population of endodontists. Their professional training, clinical knowledge, situation and two feasible options are held identical. Original personality descriptions and the supplied sensitivity table are retained.

Observation: One complete explanation-and-record choice by each original profile. No patient-level success rate or later change of mind is counted.

Decision window and consequence horizons: Initial explanation after the patient can understand, and documentation for this encounter. Anticipated consequences extend from this interaction to a bounded year of review, resource and relationship effects; no later decision stage is introduced.

Coherent Demo v0.2 uses synthetic demonstration sensitivities, not an empirically calibrated population. The widened columns change average relative weighting as well as dispersion; they are not automatically limited to low-stakes episodes.

External research is prohibited; this estimate uses supplied information, bundled references and declared judgment. Recorded-input checks do not independently audit host tool use.

Exact benchmark/prior-outcome exposure is disclosed; do not call this an outcome-blind forecast.

The complete analytical JSON is the detailed record: all inputs, exact numerical products, source and anchor bindings, all factor dispositions, awareness routes, original profile calculations, chart coordinates and valuation gaps. This full multi-page report is the core output, not a one-page cover attached to an unchanged audit report.