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LETTER TO THE EDITOR

Authors' Response to Obenson Commentary on

See Original Dror et al Article *here*
See JFS Editor-in-Chief Preface *here*
See Obenson Commentary on *here*

Editor,

Obenson's Letter raises numerous important points:

1. Cognitive biases can impact medical and forensic decision-making, and experts are not immune to such biases [1, 2].
2. Where a decision is more subjective, then the person making the decision is more susceptible to bias. This is because the range of plausible interpretations expands and the discretion of the examiner increases, and therefore, cognitive and human factors play a greater role in their decision [3]. However, even more objective domains, such as toxicology, are also susceptible to bias [2] —albeit to a lesser degree.
3. The implications of our death certificate and experimental datasets must not be overstated, and we clearly acknowledge this in our paper [4]. However, including two diverse and complementary datasets in our paper —that is, one analyzing past decisions and the other evaluating experimental results— is a strength. We readily recognize that our data have limitations as all data do. This is why have explicitly called on the scientific community to conduct more research in this area [4].
4. The implementation of measures to combat bias may be difficult, and a challenging part of this process is acknowledging the need for such measures to begin with. Nonetheless, we must acknowledge bias and the need for action —as difficult as that may be— so we can have an open, professional, and constructive discussion about measures to minimize bias. To enable this conversation, we must begin with understanding where bias comes from and what it actually entails [1, 2]. Eliminating misunderstandings and fallacies about bias (such as *expert immunity* and *the illusion of control* [2]) is critical if we are to combat bias. We hope that our paper, which represents a collaboration among cognitive scientists, psychologists, a legal professional, and forensic pathologists, exemplifies the potential fruitfulness of such efforts. What may seem unrealistic at first may well become standard practice. Recall, for example, the initial resistance to Louis Pasteur and others who suggested that doctors wash and sterilize their hands before treating patients.
5. As Obenson's Letter correctly states, it is important to "mitigate the effects of those biases if we are to maintain our position as neutral witnesses to the court." Our paper does not undermine forensic pathology as some have suggested. It is denying the existence of bias and failing to implement protocols to mitigate said bias that threatens the profession's reputation and prevents its evolution and improvement.
6. Obenson's question of whether "anything [can] be done to reduce the risk of cognitive bias impacting MOD determination" is the precise question that forensic pathologists should be asking and discussing in the wake of our study. We must now work together to answer this question. To start, we call for transparency, so that the information underpinning manner of death determinations is identified.

Beginning a conversation on cognitive bias—as our paper calls for—will actually strengthen forensic pathology's credibility and decision quality.

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