

01 / SCENARIO, FORECAST AND EXPECTED-UTILITY SCREENING

Disclosure after a robotic dental error

An established injection error has caused a serious reaction; the same urgent care has begun. A discloses and accurately records the known cause, omitted aspiration and uncertainty. B gives an unsupported patient-specific explanation and recovery assurances while omitting the known error. Technical logs remain intact. The estimates below concern only the communication-and-record aftermath relative to the post-event opening.

Compare the modeled consequences of the supplied choices for each affected target. Do not select, recommend, approve, deny, authorize or execute an action.

Supplied option	Action to compare
A — Disclose and document accurately	Explain the known intravascular injection and omitted aspiration, distinguish uncertainty, describe initiated care without a recovery guarantee, and accurately document the event and response for ordinary clinical-record access.
B — Alternative explanation and omission	Attribute the reaction to an unknown patient-specific medication response, assure recovery within thirty minutes and no long-term effects without sufficient evidence, and omit the known injection error and aspiration failure from the clinical note. Technical logs remain unchanged.

MODEL FORECAST | Relative to the post-event opening. All ENU valuations are model estimates, not observed outcomes.

Affected target	A — Disclose and document accurately	B — Alternative explanation and omission
Patient	+3.9e-5	-9.0e-5
Dental practice	-1.0e-4	-3.3e-5
Treating clinical team	+3.7e-6	-6.7e-6
Future service users	+1.3e-5	+1.2e-7

Expected-utility screening

No probability-weighted change above 0.001 ENU was identified in the available calculations.

Option	Adverse accounts	Favorable accounts	Target-only summaries
A — Disclose and document accurately	0	0	0
B — Alternative explanation and omission	0	0	0

Coverage: 64 of 64 expected components calculated; 0 material estimation exceptions. All 168 declared target/family pairs reviewed.

Screen: absolute fully weighted expected ENU > 1.000e-3, either sign; equality does not cross. Counts are overlapping views, not added harms. No crossing is not clearance. This is not a recommendation; no action is selected or authorized.

02 / TARGETS AND ACCOUNT BOUNDARIES

Whose consequences are represented?

The patient forecast is positive under A and negative under B relative to the post-event opening, not relative to health before the injection. A adds information and recourse alongside follow-up and review burdens; B can bring short-lived reassurance while misinformation and downstream care risks persist without discovery. Practice resource forecasts remain separately negative; future-user prevention is conditional. These are low-confidence model estimates, not observed clinical outcomes, a cross-target ranking or permission.

Communication and early follow-up: one month; clinical function, service learning and resource consequences: one year; claims initiated within that year: bounded two-year resolution episode.

Target	Account	Scope and causal involvement
Patient	Independent account	The current patient: incremental own clinical function, information, meaningful treatment choice, felt responses, recourse and resources. No original-injury recharge.
Dental practice	Independent account	Operating resources and clinical information for this encounter and bounded investigation/redress episode. No literal shame, guilt, pain or private welfare.
Treating clinical team	Independent account	Human support and subsequent treating clinicians as a bounded team episode: usable information and aggregate additional felt cognitive work, without an invented headcount.
Future service users	Independent account	Conditional users exposed to this administration mechanism over the next year; bounded marginal averted clinical episode, not a population-wide or lifetime claim.
Clinical encounter record	Covered elsewhere	Accuracy, integrity and usable clinical access; condition represented in identified users and operator accounts, not a separate object tariff.
Robotic system	Covered elsewhere	Operational review and correction of administration sequence; no sentience, hardware defect, destruction, punishment or personal monetary loss assumed.

Reference point: Post-injection, post-symptom opening, with procedure stopped and the same urgent assessment initiated. Incremental communication-and-record effects are compared with continuation of that opening care without new informational gains or distortions. Existing injury and ordinary recovery are not action-caused credits or charges.

Horizon: Communication and early follow-up: one month; clinical function, service learning and resource consequences: one year; claims initiated within that year: bounded two-year resolution episode.

The software receives no pain, guilt, sympathy, private welfare or human preference profile. Other people's independent accounts do not depend on the requester caring about them. Objects and records remain visible through explicit condition and covering accounts.

03 / TARGET CONSEQUENCES

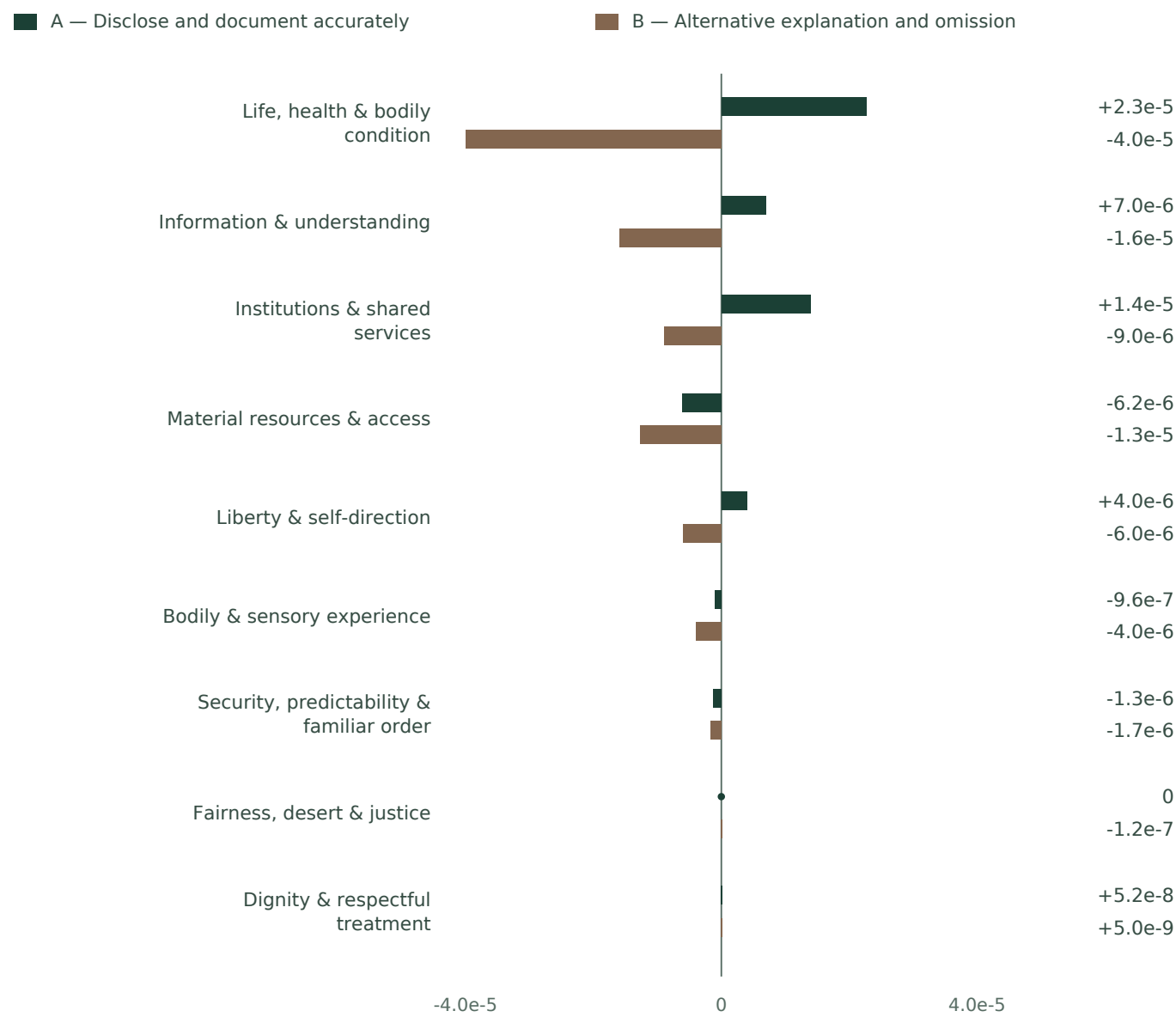
Patient

The bounded primary account separates function, pain, information, meaningful choice, recourse, own feelings and resources. Brief reassurance is not clinical recovery. The supplied 1% discovery rate gates later concealment discovery, not already-existing misinformation or every follow-up consequence.

Option	What changes
A — Disclose and document accurately	Useful causal facts, meaningful later-care choice and a usable review route accompany modest expected functional support. Costs include follow-up resources, uncertain residual clinical burden and immediate unease. Original injury is not erased.
B — Alternative explanation and omission	Initial reassurance can briefly feel relieving. Misinformation and impaired choice/recourse begin immediately; delayed or misdirected follow-up and later failed-assurance distress are not gated by discovery. A rare discovery path adds unfairness and claim consequences.

Option	Expected gains	Expected burdens	Expected net
A — Disclose and document accurately	+6.0e-5	-2.1e-5	+3.9e-5
B — Alternative explanation and omission	+5.3e-6	-9.5e-5	-9.0e-5

Separate option values by factor



Bars use exact saved values. Positive means a gain relative to the opening; negative means a burden. The scale applies only within this target.

Factor-level explanation

Canonical factor, subtype and consequence	A — Disclose and document accurately	B — Alternative explanation and omission
Life, health & bodily condition functional capacity Avoidable additional functional limitation	-7.2e-6	-4.4e-5
Life, health & bodily condition functional capacity Follow-up-supported functional recovery	+3.0e-5	+3.8e-6
Information & understanding accuracy or misinformation Distorted causal and prognostic information	0	-1.6e-5
Institutions & shared services protective function Usable review and recourse route	+1.4e-5	-9.0e-6

Canonical factor, subtype and consequence	A — Disclose and document accurately	B — Alternative explanation and omission
Material resources & access money or fungible holdings Follow-up resource burden	-1.1e-5	-1.4e-5
Information & understanding facts or signals Usable causal information	+7.0e-6	0
Liberty & self-direction choice or refusal Meaningful control over later treatment decisions	+4.0e-6	-6.0e-6
Material resources & access money or fungible holdings Informal redress resources	+5.0e-6	+1.4e-6
Bodily & sensory experience pain or nausea Additional bodily discomfort in later care	-9.6e-7	-4.0e-6
Security, predictability & familiar order felt safety or unsettledness Later uncertainty and unmet assurances	-2.4e-7	-1.8e-6
Security, predictability & familiar order felt safety or unsettledness Immediate reassurance or unsettledness	-1.0e-6	+9.0e-8
Material resources & access money or fungible holdings Known-error lawsuit burden	-3.6e-7	-9.1e-9
Material resources & access money or fungible holdings Resource redress following known-error suit	+2.0e-7	+4.9e-9
Material resources & access money or fungible holdings Unexplained-reaction lawsuit burden	0	-1.6e-7
Fairness, desert & justice experienced injustice Felt unfairness after learning of concealment	0	-1.2e-7
Dignity & respectful treatment personhood or respect Felt respectful involvement	+5.2e-8	+5.0e-9
Material resources & access money or fungible holdings Resource redress without cause discovery	0	+1.8e-8

Common conditions - retained, not charged again

Condition already shared	Expected common ENU
Life, health & bodily condition Already-realized intra-arterial injection reaction through the decision opening: jaw tightness, blanching, breathing difficulty, palpitations, shaking, ocular burning and reported right-eye vision loss.	-2.0e-5

These values do not enter the incremental option totals or the action-caused screen. A common initial event does not make the entire later clinical course common.

What the forecast depends on

Clinical forecasts depend on whether later clinicians use the note and whether the communication changes follow-up beyond urgent care already under way; no final visual outcome is supplied.

The whole-year functional magnitudes include prolonged and possible lasting limitations without asserting permanent blindness. The smaller A downside concerns avoidance/anchoring; B concerns misleading reassurance and missing cause.

Factual receipt, meaningful choice and usable recourse have separate residual scopes; no discovery multiplier gates immediate misinformation.

The patient may believe recovery assurances while the independently assessed prognosis remains unknown. Current feelings and later unmet-assurance distress have different occurrence paths.

03 / TARGET CONSEQUENCES

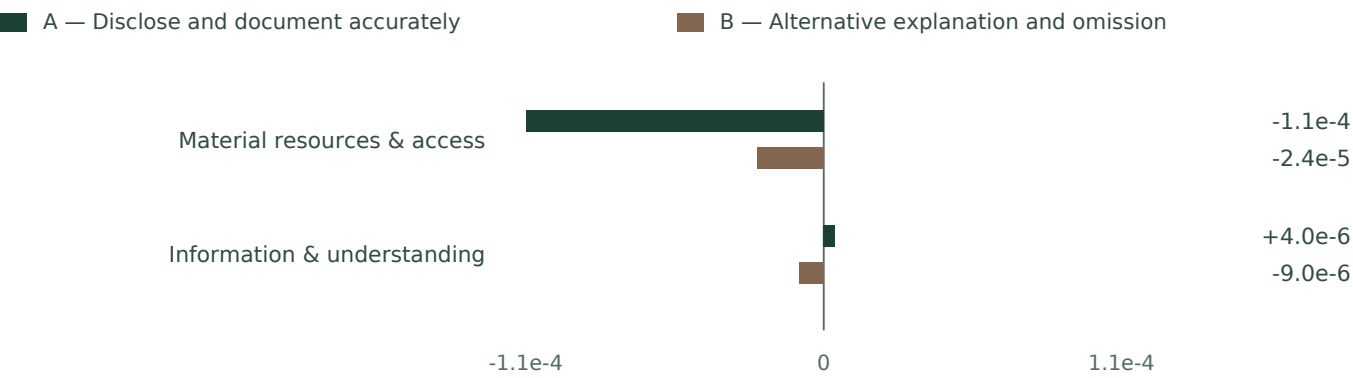
Dental practice

Resource and information interests only. Immediate implementation, complaint response, review, correction, lawsuits and incremental redress are distinct episodes. No organizational pain, guilt, private fear or blanket reputation tariff.

Option	What changes
A — Disclose and document accurately	Accurate operator information accompanies ordinary implementation costs, more accessible focused review and possible correction. Complaints, lawsuits and redress remain conditional rather than automatic.
B — Alternative explanation and omission	Slightly lower immediate record-production cost coexists with distorted incident information. Reaction-driven complaints can occur without discovery. Rare discovered-cause review and a separate no-discovery claim route remain possible.

Option	Expected gains	Expected burdens	Expected net
A — Disclose and document accurately	+4.0e-6	-1.1e-4	-1.0e-4
B — Alternative explanation and omission	0	-3.3e-5	-3.3e-5

Separate option values by factor



Bars use exact saved values. Positive means a gain relative to the opening; negative means a burden. The scale applies only within this target.

Factor-level explanation

Canonical factor, subtype and consequence	A — Disclose and document accurately	B — Alternative explanation and omission
Material resources & access money or fungible holdings Focused incident review and operational disruption	-5.4e-5	-1.4e-6
Material resources & access money or fungible holdings Implemented safeguard resources	-3.6e-5	-4.7e-7
Material resources & access money or fungible holdings Nonlitigation response and paid-service disruption	-1.2e-5	-2.0e-5
Information & understanding accuracy or misinformation Distorted incident record for operator	0	-9.0e-6
Information & understanding facts or signals Available causal incident information	+4.0e-6	0
Material resources & access money or fungible holdings Informal redress payer resources	-3.5e-6	-1.0e-6
Material resources & access money or fungible holdings Known-error lawsuit defense resources	-1.4e-6	-3.8e-8
Material resources & access money or fungible holdings Explanation and note implementation resources	-8.0e-7	-6.0e-7
Material resources & access money or fungible holdings No-discovery lawsuit defense resources	0	-5.9e-7
Material resources & access money or fungible holdings Known-error redress payer resources	-1.6e-7	-4.0e-9
Material resources & access money or fungible holdings No-discovery redress payer resources	0	-1.3e-8

What the forecast depends on

Ordinary record availability does not guarantee review or implemented correction. Review spending, correction spending and user health are distinct.

Resource magnitudes assume manageable discretionary flexibility, not a dollar tariff or an objective to minimize complaints.

An investigation can consume resources without a lawsuit or successful safeguard. Minor review can suffice for correction, so substantial-investigation and correction probabilities need not be ordered.

Known-error suit rates are model points within the supplied strict bound; no-discovery litigation, complaints and awards have separate event paths.

03 / TARGET CONSEQUENCES

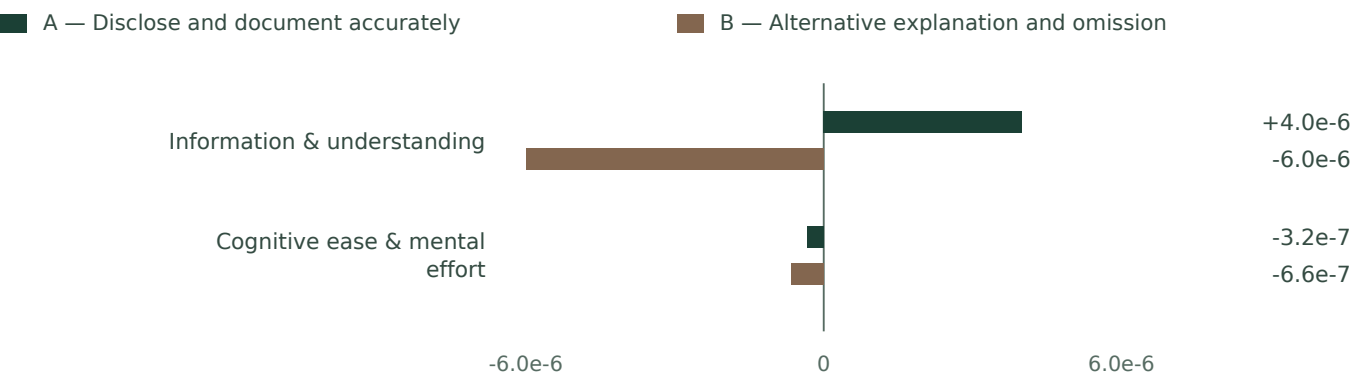
Treating clinical team

Own informational position and aggregate felt cognitive work are separate from patient welfare and practice expenditure. No count of clinicians or response multiplier is invented.

Option	What changes
A — Disclose and document accurately	Accessible accurate information can improve the team informational position but requires some felt work to integrate and explain.
B — Alternative explanation and omission	The recorded medication and reaction remain useful, but false causal framing can impair the team planning picture and create reconstruction effort. No clinician guilt or compassion is assumed.

Option	Expected gains	Expected burdens	Expected net
A — Disclose and document accurately	+4.0e-6	-3.2e-7	+3.7e-6
B — Alternative explanation and omission	0	-6.7e-6	-6.7e-6

Separate option values by factor



Bars use exact saved values. Positive means a gain relative to the opening; negative means a burden. The scale applies only within this target.

Factor-level explanation

Canonical factor, subtype and consequence	A — Disclose and document accurately	B — Alternative explanation and omission
Information & understanding accuracy or misinformation Misleading causal history for clinicians	0	-6.0e-6
Information & understanding facts or signals Usable information for treating clinicians	+4.0e-6	0
Cognitive ease & mental effort mental effort Additional felt cognitive work	-3.2e-7	-6.6e-7

What the forecast depends on

Actual reading/use of the note is uncertain; a shared team informational episode is not multiplied by an invented headcount.

Cognitive effort is an own felt work burden, not compassion, guilt, payroll or a duplicate patient health effect.

03 / TARGET CONSEQUENCES

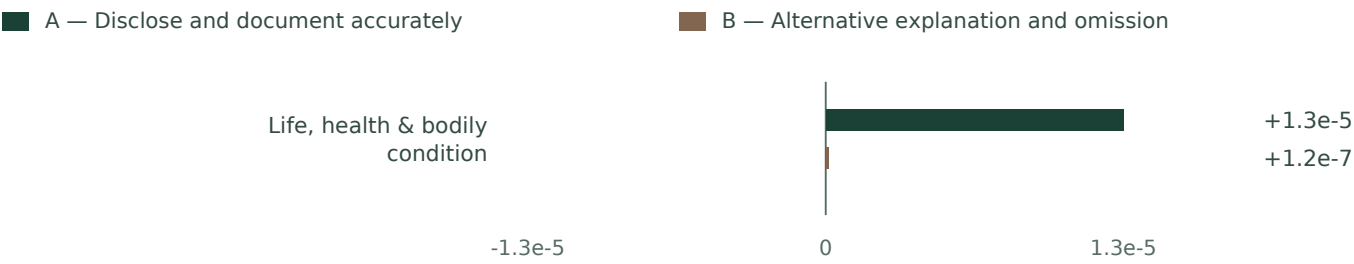
Future service users

A bounded, especially uncertain next-year preventive episode. Correction, opportunity and efficacy all must occur; no unsupported scale-up to a service population or mass permanent-injury scenario.

Option	What changes
A — Disclose and document accurately	Mechanism-specific correction can avert a bounded comparable future clinical episode; documentation alone does not guarantee prevention.
B — Alternative explanation and omission	The same preventive benefit remains possible through the supplied discovery path followed by timely correction. No recurrence or equipment defect is asserted as fact.

Option	Expected gains	Expected burdens	Expected net
A — Disclose and document accurately	+1.3e-5	0	+1.3e-5
B — Alternative explanation and omission	+1.2e-7	0	+1.2e-7

Separate option values by factor



Bars use exact saved values. Positive means a gain relative to the opening; negative means a burden. The scale applies only within this target.

Factor-level explanation

Canonical factor, subtype and consequence	A — Disclose and document accurately	B — Alternative explanation and omission
Life, health & bodily condition clinical integrity Mechanism-specific prevention for future users	+1.3e-5	+1.2e-7

What the forecast depends on

Especially uncertain: timely correction, relevant recurrence opportunity and adequate safeguard effectiveness must coincide. A comparable sparse adverse episode defines scope, not a supplied caseload.

03 / TARGET CONSEQUENCES

Clinical encounter record

Represented elsewhere, not zero value: record integrity has exact covering patient, clinician and operator cells. The object itself has no felt utility.

Option	Condition and causal consequences
A — Disclose and document accurately	Accurate cause and uncertainty are available through ordinary record access; exact user/operator values are linked rather than added as object welfare.
B — Alternative explanation and omission	Omitted known cause and aspiration failure undermine clinical-note integrity while technical logs remain intact. Linked information and recourse values cover this condition.

NO SEPARATE ADDITIVE TOTAL. Represented elsewhere is neither zero value nor an estimation gap. The following are exact covering values owned by other targets; do not add them into this condition target.

A records known cause and uncertainty; B creates misleading causal content and omissions but retains symptoms and immediate care. This object has no experience or independent tariff; exact patient, operator and treating-user information/recourse cells carry its causal value. Technical logs remain intact.

Covering owner / factor / episode	A — Disclose and document accurately	B — Alternative explanation and omission
Patient Information & understanding Usable causal information	+7.0e-6	0
Patient Information & understanding Distorted causal and prognostic information	0	-1.6e-5
Patient Institutions & shared services Usable review and recourse route	+1.4e-5	-9.0e-6
Dental practice Information & understanding Available causal incident information	+4.0e-6	0
Dental practice Information & understanding Distorted incident record for operator	0	-9.0e-6
Treating clinical team Information & understanding Usable information for treating clinicians	+4.0e-6	0
Treating clinical team Information & understanding Misleading causal history for clinicians	0	-6.0e-6

No option bar is drawn for an independently nonadditive account. A zero-height bar would misstate the account status. All 28 canonical dispositions remain in the review section.

03 / TARGET CONSEQUENCES

Robotic system

Represented elsewhere, not a human welfare account: operational consequences are linked to operator resources and future users. No proven hardware defect or personal punishment assumed.

Option	Condition and causal consequences
A — Disclose and document accurately	Review may lead to operational correction or temporary service withdrawal. Operator resources and future-user health cover those possibilities.
B — Alternative explanation and omission	Concealment does not change retained technical evidence or give the robot feelings. Operational review/correction remains conditional on pathways explicitly modeled.

NO SEPARATE ADDITIVE TOTAL. Represented elsewhere is neither zero value nor an estimation gap. The following are exact covering values owned by other targets; do not add them into this condition target.

An administration-sequence omission supports a conditional review/correction route, not a hardware defect. The robot has no felt account. Exact operator review/correction resource cells and future-user prevention cells cover

this operational condition; no duplicated BT08 human learned skill or separate device welfare.

Covering owner / factor / episode	A — Disclose and document accurately	B — Alternative explanation and omission
Dental practice Material resources & access Focused incident review and operational disruption	-5.4e-5	-1.4e-6
Dental practice Material resources & access Implemented safeguard resources	-3.6e-5	-4.7e-7
Future service users Life, health & bodily condition Mechanism-specific prevention for future users	+1.3e-5	+1.2e-7

No option bar is drawn for an independently nonadditive account. A zero-height bar would misstate the account status. All 28 canonical dispositions remain in the review section.

04 / MAGNITUDE AND LIKELIHOOD

The numerical receipt

Option bars show each owner separately. Gains and burdens can coexist within one factor; signs do not mean the original injury was undone. No target weighting, grand total or action ranking is calculated.

Calculation detail: 32 of 32 effect accounts. Every consequence remains in the target tables; the full analytical JSON preserves all operands and explanations.

Target, option and consequence	If it occurs ENU	Full likelihood	Expected ENU
Patient A — Disclose and document accurately Accurate causal information can support later functional recovery and reduce avoidable limitation.	+3.0e-4	10.0%	+3.0e-5
Patient B — Alternative explanation and omission Retained symptom and immediate-care information can still support some later functional recovery.	+1.5e-4	2.500%	+3.8e-6
Patient A — Disclose and document accurately Learning of the error can undermine willingness to continue care or promote premature causal anchoring, occasionally contributing to additional functional limitation despite accurate caveats.	-6.0e-4	1.200%	-7.2e-6
Patient B — Alternative explanation and omission False assurances and incomplete causal history can produce avoidable additional functional limitation.	-8.0e-4	5.500%	-4.4e-5
Patient A — Disclose and document accurately Subsequent assessment or imperfect follow-up can add transient discomfort.	-8.0e-6	12.00%	-9.6e-7
Patient B — Alternative explanation and omission Misdirected or delayed follow-up can prolong or repeat bodily discomfort.	-2.0e-5	20.0%	-4.0e-6

Target, option and consequence	If it occurs ENU	Full likelihood	Expected ENU
Patient A — Disclose and document accurately The patient receives the known injection cause, omitted aspiration and an honest account of uncertainty.	+7.0e-6	100%	+7.0e-6
Patient B — Alternative explanation and omission This particular action-specific episode is absent.	0	100%	0
Patient A — Disclose and document accurately This particular action-specific episode is absent.	0	100%	0
Patient B — Alternative explanation and omission The patient is given false causal framing and unsupported assurances immediately, whether or not the error is ever discovered.	-1.6e-5	100%	-1.6e-5
Patient A — Disclose and document accurately Accurate explanation supports meaningful acceptance, refusal and questioning of later care.	+4.0e-6	100%	+4.0e-6
Patient B — Alternative explanation and omission False explanation undermines meaningful informed treatment choice while leaving formal ability to refuse intact.	-6.0e-6	100%	-6.0e-6
Patient A — Disclose and document accurately Honest direct involvement can produce a brief feeling that the patient is being treated as a person whose voice counts.	+8.0e-8	65.00%	+5.2e-8
Patient B — Alternative explanation and omission An explanation may briefly feel attentive even though it is misleading.	+2.0e-8	25.00%	+5.0e-9
Patient A — Disclose and document accurately An accurate encounter record makes the known mechanism accessible for questioning, review and potential recourse.	+1.4e-5	100%	+1.4e-5
Patient B — Alternative explanation and omission Omission impairs practical access to an evidence-informed review route despite identical retained logs.	-9.0e-6	100%	-9.0e-6
Patient A — Disclose and document accurately Knowledge of the error and unresolved prognosis can increase immediate unease beyond already knowing a serious reaction occurred.	-1.5e-6	70.0%	-1.0e-6
Patient B — Alternative explanation and omission The unsupported assurances may temporarily relieve immediate fear even while the actual information position worsens.	+1.2e-7	75.00%	+9.0e-8
Patient A — Disclose and document accurately Later uncertainty can remain unsettling even after a qualified truthful explanation.	-2.0e-6	12.00%	-2.4e-7

Target, option and consequence	If it occurs ENU	Full likelihood	Expected ENU
Patient B — Alternative explanation and omission Unmet thirty-minute or no-lasting-harm assurances can later unsettle the patient without revealing the error.	-6.0e-6	30.0%	-1.8e-6
Patient A — Disclose and document accurately This particular action-specific episode is absent.	0	100%	0
Patient B — Alternative explanation and omission Later discovery may produce a distinct sense of unfair treatment from having been misled.	-1.5e-5	0.800%	-1.2e-7
Patient A — Disclose and document accurately Explicit uncertainty and accurate cause can prompt additional follow-up with resource costs.	-2.0e-5	55.00%	-1.1e-5
Patient B — Alternative explanation and omission Some follow-up may be forgone; repeated or misdirected visits can create a larger burden when they occur.	-3.5e-5	40.0%	-1.4e-5
Patient A — Disclose and document accurately Disclosure can lead to informal financial or service-cost assistance.	+5.0e-5	10.0%	+5.0e-6
Patient B — Alternative explanation and omission The adverse reaction alone, or later review, may lead to informal assistance despite omission.	+4.0e-5	3.500%	+1.4e-6
Patient A — Disclose and document accurately A lawsuit following disclosure may consume patient resources.	-9.0e-5	0.400%	-3.6e-7
Patient B — Alternative explanation and omission A lawsuit after later discovery may require more costly reconstruction.	-1.3e-4	0.00700%	-9.1e-9
Patient A — Disclose and document accurately This particular action-specific episode is absent.	0	100%	0
Patient B — Alternative explanation and omission A patient can bring a claim about the severe reaction without discovering the injection cause.	-1.1e-4	0.1485%	-1.6e-7
Patient A — Disclose and document accurately A subset of lawsuits following disclosure produces usable compensatory resources.	+1.8e-4	0.1120%	+2.0e-7
Patient B — Alternative explanation and omission A subset of discovered-error lawsuits produces compensatory resources.	+2.2e-4	0.002240%	+4.9e-9
Patient A — Disclose and document accurately This particular action-specific episode is absent.	0	100%	0

Target, option and consequence	If it occurs ENU	Full likelihood	Expected ENU
Patient B — Alternative explanation and omission An unexplained-reaction claim can yield limited assistance or settlement without identifying the concealed cause.	+1.0e-4	0.01782%	+1.8e-8
Dental practice A — Disclose and document accurately The practice gains an ordinary-access accurate causal record for incident review.	+4.0e-6	100%	+4.0e-6
Dental practice B — Alternative explanation and omission This particular action-specific episode is absent.	0	100%	0
Dental practice A — Disclose and document accurately This particular action-specific episode is absent.	0	100%	0
Dental practice B — Alternative explanation and omission The ordinary clinical record presents an unexplained patient response rather than the known administration failure.	-9.0e-6	100%	-9.0e-6
Dental practice A — Disclose and document accurately Accurate explanation and documentation consume new operational resources.	-8.0e-7	100%	-8.0e-7
Dental practice B — Alternative explanation and omission The alternative explanation and note also consume new operational resources.	-6.0e-7	100%	-6.0e-7
Dental practice A — Disclose and document accurately Known omission can trigger focused investigation, scheduling disruption and corrective planning.	-1.2e-4	45.00%	-5.4e-5
Dental practice B — Alternative explanation and omission Later discovery can trigger a more extensive review of administration and record discrepancy.	-2.2e-4	0.6500%	-1.4e-6
Dental practice A — Disclose and document accurately If a mechanism-specific safeguard is implemented, testing or workflow correction consumes resources.	-6.0e-5	60.0%	-3.6e-5
Dental practice B — Alternative explanation and omission Correction after discovery can require additional validation and record-repair resources.	-8.5e-5	0.5500%	-4.7e-7

Target, option and consequence	If it occurs ENU	Full likelihood	Expected ENU
Dental practice A — Disclose and document accurately Disclosure may lead to complaint handling, repeated coordination or loss of some paid follow-up work.	-6.5e-5	18.00%	-1.2e-5
Dental practice B — Alternative explanation and omission Symptoms, unmet assurances or later discovery can generate complaint handling and paid-service disruption.	-9.0e-5	22.00%	-2.0e-5
Dental practice A — Disclose and document accurately Informal refund or assistance consumes practice resources.	-3.5e-5	10.0%	-3.5e-6
Dental practice B — Alternative explanation and omission Reaction-related assistance can consume practice resources even if the cause stays concealed.	-3.0e-5	3.500%	-1.0e-6
Dental practice A — Disclose and document accurately A lawsuit following disclosure can require defense and administrative resources.	-3.5e-4	0.400%	-1.4e-6
Dental practice B — Alternative explanation and omission A suit after discovery can involve additional work on the concealed information.	-5.5e-4	0.00700%	-3.8e-8
Dental practice A — Disclose and document accurately This particular action-specific episode is absent.	0	100%	0
Dental practice B — Alternative explanation and omission A claim over the unexplained serious reaction can consume defense resources without identifying the error.	-4.0e-4	0.1485%	-5.9e-7
Dental practice A — Disclose and document accurately A subset of known-error suits produces a resource transfer by the practice.	-1.4e-4	0.1120%	-1.6e-7
Dental practice B — Alternative explanation and omission A subset of discovered-error suits produces compensatory expenditure.	-1.8e-4	0.002240%	-4.0e-9
Dental practice A — Disclose and document accurately This particular action-specific episode is absent.	0	100%	0

Target, option and consequence	If it occurs ENU	Full likelihood	Expected ENU
Dental practice B — Alternative explanation and omission An unexplained-reaction claim may still produce a practice-funded resolution.	-7.5e-5	0.01782%	-1.3e-8
Treating clinical team A — Disclose and document accurately Clinicians can acquire a usable causal history and explicit uncertainty.	+5.0e-6	80.0%	+4.0e-6
Treating clinical team B — Alternative explanation and omission This particular action-specific episode is absent.	0	100%	0
Treating clinical team A — Disclose and document accurately This particular action-specific episode is absent.	0	100%	0
Treating clinical team B — Alternative explanation and omission The team may work from patient-specific causal framing and an omitted administration failure.	-8.0e-6	75.00%	-6.0e-6
Treating clinical team A — Disclose and document accurately The treating team may experience additional cognitive effort integrating and explaining accurate but complex information.	-5.0e-7	65.00%	-3.2e-7
Treating clinical team B — Alternative explanation and omission Inconsistent history or failed assurances can make later clinical reasoning more effortful.	-1.2e-6	55.00%	-6.6e-7
Future service users A — Disclose and document accurately A implemented safeguard may avert a comparable later adverse clinical episode.	+7.0e-4	1.800%	+1.3e-5
Future service users B — Alternative explanation and omission Rare discovery followed by correction can still avert a future comparable episode.	+7.0e-4	0.01650%	+1.2e-7

Named probability judgments and supplied constraints

Parameter	Value	Status / bound	Basis
B: later discovery of concealed error	1.00%	Supplied ≥ 1.00%; ≤ 1.00%	Exactly 1% supplied for discovery through another source or later review. Not a probability of complaint, lawsuit, correction or clinical harm.

Parameter	Value	Status / bound	Basis
A: cause disclosed	100%	Supplied	Disclosure is the supplied action; this is not a guarantee that a subsequent remedy succeeds.
Specified action or already-realized occurrence	100%	Supplied	Conditional on committing each supplied action, the described communication or existing event occurs.
A: lawsuit given known error	0.400%	Model estimate $\geq 0\%$; $< 1.00\%$	MODEL_ESTIMATE 0.4%, within the supplied strict bound. Immediate acknowledgment and initiated care leave scope for informal resolution, while severe reported symptoms support a nonzero residual claim path; not a measured rate.
B: lawsuit given later discovery	0.700%	Model estimate $\geq 0\%$; $< 1.00\%$	MODEL_ESTIMATE 0.7%, below 1%. A later contradiction adds evidence of concealment and potential motivation beyond the injury, so this conditional rate is above A without assuming suit follows every complaint.
B: lawsuit without cause discovery	0.1500%	Model estimate	MODEL_ESTIMATE 0.15% conditional on no discovery. A severe unexplained reaction can motivate a claim without identifying the injection error; lack of known cause and scope for symptom resolution make it less likely than the known-error route.
A: resource redress given lawsuit	28.00%	Model estimate	MODEL_ESTIMATE 28% within two-year episode, conditional on suit. Accurate documentation can facilitate resolution; suit is not an award and no legal entitlement is asserted.
B: redress given discovered-error lawsuit	32.00%	Model estimate	MODEL_ESTIMATE 32% conditional on suit after discovery. Retained logs and discrepancy can support resolution, without assuming a particular legal rule.
B: redress given no-discovery lawsuit	12.00%	Model estimate	MODEL_ESTIMATE 12% conditional on an unexplained-reaction suit that does not reveal the known cause; a settlement is possible despite evidential difficulty.
A: implemented mechanism-specific safeguard	60.0%	Model estimate	MODEL_ESTIMATE 60%: explicit omission and ordinary note access make focused review practical, but access does not ensure review, validation or implementation.
B: safeguard given discovery	55.00%	Model estimate	MODEL_ESTIMATE 55% conditional on discovery: later review may trigger correction but has less time in the one-year episode and can remain unresolved.

Parameter	Value	Status / bound	Basis
Comparable injury intercepted given effective safeguard	3.00%	Model estimate	MODEL_ESTIMATE 3% joint probability, conditional on implemented safeguard, of a relevant next-year recurrence opportunity and sufficient safeguard effectiveness to intercept a comparable injury. Exposure is uncertain and general response to the original reaction may already reduce risk. Neither efficacy, a device defect rate nor a caseload is assumed as observed.
A: incremental functional support	10.00%	Model estimate	MODEL_ESTIMATE 10% joint chance of accurate cause/uncertainty information being used and producing an incremental functional benefit beyond already-initiated urgent care. Serious visual symptoms make follow-up material; care already begun limits the additional leverage.
B: incremental functional support	2.500%	Model estimate	MODEL_ESTIMATE 2.5% joint chance of useful continuation from the symptom/medication note despite false causation and reassurance. The accurate symptom record retains some value, but omissions reduce additional benefit. Not gated by error discovery.
A: communication-linked additional limitation	1.200%	Model estimate	MODEL_ESTIMATE 1.2% joint chance that learning the error contributes to avoidance of further care, or that the explicit causal account encourages premature anchoring during follow-up, causing additional functional limitation. The accurate note, expressed uncertainty and care already initiated make this an uncommon communication-specific downside. It is not a charge for mere failure to achieve a possible benefit.
B: misinformation-linked additional limitation	5.500%	Model estimate	MODEL_ESTIMATE 5.5% joint probability of misinformation or false reassurance materially delaying follow-up/escalation and worsening function. Same urgent care reduces the marginal risk, but thirty-minute and no-lasting-harm assurances can distort subsequent decisions even without discovery.
A: additional discomfort	12.00%	Model estimate	MODEL_ESTIMATE 12% joint chance that later checks or a communication-linked delay produce additional discomfort beyond the original symptom episode.
B: additional discomfort	20.00%	Model estimate	MODEL_ESTIMATE 20% joint chance of additional discomfort with delayed/misdirected follow-up, while urgent care remains the same. Not dependent on error discovery.

Parameter	Value	Status / bound	Basis
A: felt respectful involvement	65.00%	Model estimate	MODEL_ESTIMATE 65% occurrence of a distinct feeling of being respectfully included when the known cause and uncertainty are addressed directly. Distress may instead dominate.
B: perceived attentive involvement	25.00%	Model estimate	MODEL_ESTIMATE 25% occurrence of felt acknowledgment from receiving an explanation and reassurance despite its objective falsity. A perceived respectful interaction need not imply a truthful record.
A: immediate incremental unease	70.00%	Model estimate	MODEL_ESTIMATE 70% occurrence of incremental current unease on learning a known injection error with unresolved prognosis. This is the probability of present feeling, not of permanent injury.
B: short-lived reassurance	75.00%	Model estimate	MODEL_ESTIMATE 75% occurrence of brief relief from explicit recovery assurances, although ongoing symptoms may prevent reassurance. Not a 75% chance of actual recovery.
A: later residual unease	12.00%	Model estimate	MODEL_ESTIMATE 12% occurrence of later communication-linked unsettledness beyond initial explanation as uncertainty remains difficult to navigate despite explicit qualification.
B: later distress from unmet assurances	30.00%	Model estimate	MODEL_ESTIMATE 30% joint chance that persistent symptoms, further assessment or conflicting advice contradicts assurances and creates later distress. This does not require discovering the injection cause; it is not a 30% permanent-harm rate.
B: injustice response given discovery	80.0%	Model estimate	MODEL_ESTIMATE 80% chance of a separately felt unfairness response after learning that a known cause and omission were concealed. Not a relationship default.
A: incremental follow-up resources	55.00%	Model estimate	MODEL_ESTIMATE 55% chance of incremental transport, time-resource or service expense from later follow-up informed by explanation, beyond already-initiated care.
B: incremental follow-up resources	40.00%	Model estimate	MODEL_ESTIMATE 40% chance of additional follow-up expenses despite reassurance; a smaller participating fraction may face more repeated or misdirected visits. No discovery gate.

Parameter	Value	Status / bound	Basis
A: informal resource redress	10.00%	Model estimate	MODEL_ESTIMATE 10% joint probability of complaint or proactive review yielding a refund or assistance within a year. Accurate cause makes targeted resolution easier; no refund is stipulated.
B: informal resource redress	3.500%	Model estimate	MODEL_ESTIMATE 3.5% joint probability of assistance or refund based on the adverse reaction or rare discovery. Cause need not be known; this joint probability already includes any discovery pathway.
A: substantial focused investigation	45.00%	Model estimate	MODEL_ESTIMATE 45% joint chance of substantial focused investigation or operational disruption after explicit error documentation; ordinary access is not guaranteed uptake. Minor reviews not reaching this resource episode are excluded.
B: substantial review given discovery	65.00%	Model estimate	MODEL_ESTIMATE 65% conditional chance of substantial investigation after discovering the error and misleading record; delayed reconstruction and discrepancy widen review scope.
A: nonlitigation resource episode	18.00%	Model estimate	MODEL_ESTIMATE 18% joint chance of a materially resource-consuming complaint or encounter-related paid-service disruption. Explicit error may prompt concern while candid explanation can reduce prolonged conflict.
B: nonlitigation resource episode	22.00%	Model estimate	MODEL_ESTIMATE 22% joint chance of materially costly complaint or paid-service disruption. The serious reaction and failed assurances can prompt this without discovering the cause; rare discovery is already contained in this joint event.
A: clinician use of accurate note	80.0%	Model estimate	MODEL_ESTIMATE 80% joint chance the support/subsequent treating team accesses and uses the available accurate note during follow-up. Ordinary access and known serious reaction support uptake, but reading is not guaranteed.
B: clinician use of misleading note	75.00%	Model estimate	MODEL_ESTIMATE 75% joint chance the clinical team uses the misleading note during follow-up. The reaction remains documented, but note use need not involve discovering the true cause.
A: felt clinical cognitive work	65.00%	Model estimate	MODEL_ESTIMATE 65% occurrence of a distinct felt effort episode while assimilating the causal account, discussing uncertainty and coordinating follow-up. Paid duty alone does not establish guilt or helper satisfaction.

Parameter	Value	Status / bound	Basis
B: felt reconstruction work	55.00%	Model estimate	MODEL_ESTIMATE 55% occurrence of materially felt reconstruction or coordination effort. Some staff may simply accept the note; others confront inconsistent symptoms and assurances without identifying the true cause.

04 / PLACEMENT RECEIPTS

Whole-episode judgment and probability identities

The whole-episode magnitudes below are authored MODEL_ESTIMATE judgments using same-subtype references. They are not tariffs, observed patient rates or forced reference-band interpolations. The numerical receipt above uses exactly these saved magnitudes and complete likelihoods.

Patient — Follow-up-supported functional recovery

- A — Disclose and document accurately | whole episode +3.0e-4 ENU. New +0.0003 whole-year functional benefit: more consequential than the modest walking-endurance gain reference (+0.00003), below five-year restoration of independent walking (+0.001). This is not full restoration of vision or a cure guarantee.
- B — Alternative explanation and omission | whole episode +1.5e-4 ENU. New +0.00015 whole-year benefit: a narrower improvement than A because useful information is incomplete; above modest endurance improvement but below major independent mobility restoration.

Bounded scope: Up to one year of additional function attributable to later information use.

Patient — Avoidable additional functional limitation

- A — Disclose and document accurately | whole episode -6.0e-4 ENU. New -0.0006 whole-year additional limitation: materially above the modest endurance-loss reference (-0.00004) but below five years of lost independent walking (-0.002). Represents a mixture dominated by prolonged rather than catastrophic function loss; not a measured permanent-blindness distribution.
- B — Alternative explanation and omission | whole episode -8.0e-4 ENU. New -0.0008 whole-year functional episode, more severe than A residual failure because delay may persist; below five-year dependence reference. Includes possible lasting deficit within this year only, not the original visual injury or lifetime harm.

Bounded scope: First year: additional functional deficit from later communication-linked care failures.

Patient — Additional bodily discomfort in later care

- A — Disclose and document accurately | whole episode -8.0e-6 ENU. New -0.000008 whole discomfort episode: above thirty minutes of moderate pain (-0.0000004), below a day of recurring moderate aches (-0.00002); includes intermittent burdens, not continuous peak pain.
- B — Alternative explanation and omission | whole episode -2.0e-5 ENU. New -0.00002: comparable in scope to one day of recurring moderate aches; not the week of frequent severe pain reference (-0.0003).

Bounded scope: Additional pain episode during first month.

Patient — Usable causal information

A — Disclose and document accurately | whole episode $+7.0e-6$ ENU. New $+0.000007$ information holding: above the important monthly planning-facts reference ($+0.000003$), because cause and prognosis limits affect several treatment decisions. Downstream health and choice outcomes are excluded.

B — Alternative explanation and omission | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

Bounded scope: First month informational position.

Patient — Distorted causal and prognostic information

A — Disclose and document accurately | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

B — Alternative explanation and omission | whole episode $-1.6e-5$ ENU. New -0.000016 initial-to-month information-position loss: above the persistent monthly misinformation reference (-0.00001) because several serious care facts are distorted. Includes the short persistence under rare correction; no future health harm priced here.

Bounded scope: First month informational position, with possible correction.

Patient — Meaningful control over later treatment decisions

A — Disclose and document accurately | whole episode $+4.0e-6$ ENU. New $+0.000004$ self-direction episode: more than a small afternoon choice ($+0.00000002$), below a month of daily important decision authority ($+0.000015$). Limited to this treatment episode.

B — Alternative explanation and omission | whole episode $-6.0e-6$ ENU. New -0.000006 : loss of meaningful basis for episodic treatment choice, not confinement or complete loss of monthly refusal (-0.00002).

Bounded scope: Follow-up choices during first month.

Patient — Felt respectful involvement

A — Disclose and document accurately | whole episode $+8.0e-8$ ENU. New $+0.00000008$: more than the single respectful-interaction reference ($+0.00000002$), far below repeated monthly respectful treatment ($+0.00003$). Serious interaction, but no assumed ongoing personal bond.

B — Alternative explanation and omission | whole episode $+2.0e-8$ ENU. New $+0.00000002$ comparable to one respectful interaction, explicitly a perceived experience rather than analyst endorsement of the treatment.

Bounded scope: Current explanation and its short recollection.

Patient — Usable review and recourse route

A — Disclose and document accurately | whole episode $+1.4e-5$ ENU. New $+0.000014$ usable-route holding: above a month of modest complaint access ($+0.0000004$), below a dependable two-year institutional review route ($+0.0001$). Record evidence improves practical usability; no legal entitlement or successful result is assumed.

B — Alternative explanation and omission | whole episode $-9.0e-6$ ENU. New -0.000009 route impairment, not elimination of all recourse: symptoms and logs persist, but ordinary record access carries an incorrect causal account. Same-subtype positive route references provide scope comparisons, not forced positive polarity.

Bounded scope: One-year practical review route.

Patient — Immediate reassurance or unsettledness

A — Disclose and document accurately | whole episode $-1.5e-6$ ENU. New -0.0000015 residual felt-safety episode over hours/days, not months of continuing alarm. More substantial than ten-minute settledness reference ($+0.00000002$), smaller in scope than a month of recurrent settledness ($+0.000004$), with negative polarity. Named-threat residual route is PROVISIONAL_1_8_6; not diffuse unknown-object apprehension.

B — Alternative explanation and omission | whole episode $+1.2e-7$ ENU. New $+0.00000012$ short reassurance episode, above ten-minute settledness but far below monthly settledness. The world does not inherit the believed prognosis.

Bounded scope: Current explanation through the next few days; B relief confined to the early reassurance interval.

Patient — Later uncertainty and unmet assurances

A — Disclose and document accurately | whole episode $-2.0e-6$ ENU. New -0.000002 recurring first-month unease, smaller than the whole-month felt-safety comparison in absolute size. Not an original-injury fear duplicate.

B — Alternative explanation and omission | whole episode $-6.0e-6$ ENU. New -0.000006 recurring uncertainty episode across the first month, larger than monthly settledness comparison because a confident assurance has failed. No betrayal response unless cause/omission is actually learned.

Bounded scope: After the initial reassurance interval, within first month.

Patient — Felt unfairness after learning of concealment

A — Disclose and document accurately | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

B — Alternative explanation and omission | whole episode $-1.5e-5$ ENU. New -0.000015 recurring weeks-to-months injustice experience: above one minor arbitrary encounter (-0.00000004), below a full year of recurrent important injustice (-0.0001).

Bounded scope: First year, bounded later reflection episode.

Patient — Follow-up resource burden

A — Disclose and document accurately | whole episode $-2.0e-5$ ENU. New -0.00002 manageable episode of reduced discretionary flexibility: above the small weekly cash-pressure reference (-0.000002), well below inability to fund essential household services (-0.0004). No dollar conversion.

B — Alternative explanation and omission | whole episode $-3.5e-5$ ENU. New -0.000035 bounded resource-flexibility loss, greater conditional burden than A but still not essential-service hardship. Includes follow-up inconvenience represented as resources, not mental strain or health.

Bounded scope: Incremental first-year follow-up resource episode.

Patient — Informal redress resources

A — Disclose and document accurately | whole episode $+5.0e-5$ ENU. New $+0.00005$ relief of a manageable but meaningful discretionary constraint; opposite-direction comparison to cash-pressure references, below relief of essential-service deprivation. No promised amount.

B — Alternative explanation and omission | whole episode $+4.0e-5$ ENU. New $+0.00004$ financial-flexibility relief, somewhat narrower than A because less cause-specific assistance is available. No dollar amount inferred.

Bounded scope: Resource redress within one year.

Patient — Known-error lawsuit burden

A — Disclose and document accurately | whole episode $-9.0e-5$ ENU. New -0.00009 whole claim participation burden: materially larger than minor weekly cash pressure, below essential-services deprivation; assumes manageable expenses and disruption.

B — Alternative explanation and omission | whole episode $-1.3e-4$ ENU. New -0.00013 claim burden, larger than A because delayed reconstruction can be more demanding; not insolvency.

Bounded scope: Lawsuit initiated within one year; bounded two-year participation episode.

Patient — Unexplained-reaction lawsuit burden

A — Disclose and document accurately | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

B — Alternative explanation and omission | whole episode $-1.1e-4$ ENU. New -0.00011 bounded participation resource burden, between minor cash pressure and essential-service deprivation; evidence gathering can consume resources without producing causal discovery.

Bounded scope: Claim begun within one year; two-year bounded aftermath.

Patient — Resource redress following known-error suit

A — Disclose and document accurately | whole episode $+1.8e-4$ ENU. New $+0.00018$ whole resource-flexibility improvement, above minor cash pressure relief but below essential-service restoration comparison. No legal entitlement or award amount invented.

B — Alternative explanation and omission | whole episode $+2.2e-4$ ENU. New $+0.00022$ bounded resource relief; delayed episode may involve somewhat larger remedial needs. Excludes the direct clinical benefit of the same resources.

Bounded scope: Two-year bounded claim-resolution episode.

Patient — Resource redress without cause discovery

A — Disclose and document accurately | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

B — Alternative explanation and omission | whole episode $+1.0e-4$ ENU. New $+0.00010$ usable-resource improvement, below the known-error redress episode because the supported claim route is narrower. No dollar tariff.

Bounded scope: Two-year bounded claim-resolution episode.

Dental practice — Available causal incident information

A — Disclose and document accurately | whole episode $+4.0e-6$ ENU. New $+0.000004$ operational information holding: somewhat above the important monthly planning-facts comparison ($+0.000003$). This values access and reliability, not guaranteed reading or implemented learning.

B — Alternative explanation and omission | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

Bounded scope: One-year availability, with active review concentrated in first month.

Dental practice — Distorted incident record for operator

A — Disclose and document accurately | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

B — Alternative explanation and omission | whole episode $-9.0e-6$ ENU. New -0.000009 impaired operational information: close in scope to persistent monthly planning misinformation (-0.00001), tempered by intact technical logs and a documented adverse reaction.

Bounded scope: First year of record availability and use.

Dental practice — Explanation and note implementation resources

A — Disclose and document accurately | whole episode -8.0e-7 ENU. New -0.0000008 finite encounter-production cost below the small weekly cash-pressure reference; robot communication plus possible support, not human guilt or pain.

B — Alternative explanation and omission | whole episode -6.0e-7 ENU. New -0.0000006 routine communication/record-production cost, slightly smaller due to omitted detail, below the small weekly cash-pressure reference.

Bounded scope: Current encounter communication and record finalization.

Dental practice — Focused incident review and operational disruption

A — Disclose and document accurately | whole episode -1.2e-4 ENU. New -0.00012 whole review resource constraint, larger than minor cash pressure, below essential-service deprivation. Includes temporary robotic service withdrawal if used, not presumed equipment damage.

B — Alternative explanation and omission | whole episode -2.2e-4 ENU. New -0.00022 conditional resource episode, larger than A because two conduct issues and delayed reconstruction may require attention. No penalty or regulatory sanction assumed.

Bounded scope: Substantial review/disruption within first year.

Dental practice — Implemented safeguard resources

A — Disclose and document accurately | whole episode -6.0e-5 ENU. New -0.00006 bounded testing/training/service-resource cost between small cash pressure and serious essential-service constraint. No hardware defect or purchase price assumed.

B — Alternative explanation and omission | whole episode -8.5e-5 ENU. New -0.000085 bounded correction cost somewhat above A because delayed record repair is included.

Bounded scope: Implemented correction within next year.

Dental practice — Nonlitigation response and paid-service disruption

A — Disclose and document accurately | whole episode -6.5e-5 ENU. New -0.000065 whole nonlitigation resource episode, more than minor cash-pressure burden and below essential-service loss. Not a reputation or spontaneous-goodwill tariff.

B — Alternative explanation and omission | whole episode -9.0e-5 ENU. New -0.00009 resource episode with somewhat more repeat handling than A. Only usable operational flexibility and paid revenue are valued.

Bounded scope: First-year nonlitigation response.

Dental practice — Informal redress payer resources

A — Disclose and document accurately | whole episode -3.5e-5 ENU. New -0.000035 manageable operator discretionary-resource reduction; context differs from patient relief, so ENU magnitudes need not match.

B — Alternative explanation and omission | whole episode -3.0e-5 ENU. New -0.00003 narrower informal assistance episode; no actual amount asserted.

Bounded scope: Redress within first year.

Dental practice — Known-error lawsuit defense resources

A — Disclose and document accurately | whole episode $-3.5e-4$ ENU. New -0.00035 two-year resource episode approaching but not exceeding the reference essential-service hardship bundle in magnitude; organizational service capacity, not felt suffering.

B — Alternative explanation and omission | whole episode $-5.5e-4$ ENU. New -0.00055 : outside the nearby household reference magnitude because a multi-issue organizational case can constrain operational reserves over two years. No dollar conversion or automatic concealment penalty.

Bounded scope: Two-year bounded defense episode.

Dental practice — No-discovery lawsuit defense resources

A — Disclose and document accurately | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

B — Alternative explanation and omission | whole episode $-4.0e-4$ ENU. New -0.0004 bounded operational reserve constraint comparable in scale, not human experience, to the larger cash-pressure reference.

Bounded scope: Two-year bounded defense episode.

Dental practice — Known-error redress payer resources

A — Disclose and document accurately | whole episode $-1.4e-4$ ENU. New -0.00014 usable operator resources lost conditional on redress; lower than recipient utility due to different assumed flexibility contexts, not a dollar exchange rate.

B — Alternative explanation and omission | whole episode $-1.8e-4$ ENU. New -0.00018 bounded reserve reduction with a somewhat larger remedial episode than A. No punitive amount assumed.

Bounded scope: Two-year bounded redress episode.

Dental practice — No-discovery redress payer resources

A — Disclose and document accurately | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

B — Alternative explanation and omission | whole episode $-7.5e-5$ ENU. New -0.000075 manageable reserve reduction for the narrower settlement episode. Not a legal liability finding.

Bounded scope: Two-year bounded claim resolution.

Treating clinical team — Usable information for treating clinicians

A — Disclose and document accurately | whole episode $+5.0e-6$ ENU. New $+0.000005$ bounded shared team-information episode, above one modest monthly planning-facts holding ($+0.000003$); no clinician headcount multiplication, patient health benefit or skill improvement included.

B — Alternative explanation and omission | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

Bounded scope: First month of care handover and follow-up.

Treating clinical team — Misleading causal history for clinicians

A — Disclose and document accurately | whole episode 0 ENU. Zero because this episode mechanism is absent; no unknown is set to zero.

B — Alternative explanation and omission | whole episode $-8.0e-6$ ENU. New -0.000008 aggregate team-information impairment, slightly below one important persistent planning-misinformation comparison (-0.00001) because clinicians also observe symptoms and can qualify the history.

Bounded scope: First month of clinical handover and follow-up.

Treating clinical team — Additional felt cognitive work

A — Disclose and document accurately | whole episode -5.0e-7 ENU. New -0.0000005 whole team effort episode: more than the half-hour effort reference (-0.0000002) but not a day of overload. Assumes concentrated work rather than multiplying by unspecified clinicians.

B — Alternative explanation and omission | whole episode -1.2e-6 ENU. New -0.0000012 aggregate additional felt work, greater conditional burden than A due to reconstruction, not a claim about headcount, hours or wage costs.

Bounded scope: One bounded first-month team cognitive-work episode.

Future service users — Mechanism-specific prevention for future users

A — Disclose and document accurately | whole episode +7.0e-4 ENU. New +0.0007 averted clinical-integrity bundle, opposite to the uncomplicated-fracture comparison (-0.0007), which includes temporary symptoms and limitation. A sparse comparable medically significant episode, not death or permanent blindness.

B — Alternative explanation and omission | whole episode +7.0e-4 ENU. Same +0.0007 conditional prevented episode because the protective target is the same mechanism; only the complete path likelihood differs. No familiarity-based default or number of patients assumed.

Bounded scope: Mechanism-specific prevention over next year.

Common background — Patient

Already-realized intra-arterial injection reaction through the decision opening: jaw tightness, blanching, breathing difficulty, palpitations, shaking, ocular burning and reported right-eye vision loss. Whole-episode ENU -2.0e-5; occurrence probability 1. New -0.00002 whole initial clinical-integrity bundle: more serious acute multisymptom impairment than a superficial hand cut (-0.000003), far below six weeks of uncomplicated fracture burden (-0.0007). This is a bounded realized acute episode, not a value for permanent sight loss, full recovery or the entire injury aftermath.

The entire realized onset-to-opening episode precedes both communication choices. Procedure stop and urgent-care initiation also already occurred; later care is not presumed common. No future symptom duration, lasting injury, baseline fear, original treatment fees or ultimate recovery priced here. Not added to option totals.

Inspectable compound probability products

Named factors below are conditional where stated. Each discovery, lawsuit, redress, correction or prevention factor enters once. No separate branch probability is used. Simple one-factor bindings are listed in the parameter table and remain explicit in JSON.

Owner / option / consequence	Named probability product	Full probability	Expected ENU
Patient / B — Alternative explanation and omission Later discovery may produce a distinct sense of unfair treatment from having been misled.	0.01 [B: later discovery of concealed error] × 0.8 [B: injustice response given discovery]	0.008	-1.2e-7
Patient / A — Disclose and document accurately A lawsuit following disclosure may consume patient resources.	1 [A: cause disclosed] × 0.004 [A: lawsuit given known error]	0.004	-3.6e-7

Owner / option / consequence	Named probability product	Full probability	Expected ENU
Patient / B — Alternative explanation and omission A lawsuit after later discovery may require more costly reconstruction.	0.01 [B: later discovery of concealed error] × 0.007 [B: lawsuit given later discovery]	0.00007	-9.1e-9
Patient / B — Alternative explanation and omission A patient can bring a claim about the severe reaction without discovering the injection cause.	(1 - 0.01) [B: later discovery of concealed error] × 0.0015 [B: lawsuit without cause discovery]	0.001485	-1.6e-7
Patient / A — Disclose and document accurately A subset of lawsuits following disclosure produces usable compensatory resources.	1 [A: cause disclosed] × 0.004 [A: lawsuit given known error] × 0.28 [A: resource redress given lawsuit]	0.00112	+2.0e-7
Patient / B — Alternative explanation and omission A subset of discovered-error lawsuits produces compensatory resources.	0.01 [B: later discovery of concealed error] × 0.007 [B: lawsuit given later discovery] × 0.32 [B: redress given discovered-error lawsuit]	0.0000224	+4.9e-9
Patient / B — Alternative explanation and omission An unexplained-reaction claim can yield limited assistance or settlement without identifying the concealed cause.	(1 - 0.01) [B: later discovery of concealed error] × 0.0015 [B: lawsuit without cause discovery] × 0.12 [B: redress given no-discovery lawsuit]	0.00017820	+1.8e-8
Dental practice / B — Alternative explanation and omission Later discovery can trigger a more extensive review of administration and record discrepancy.	0.01 [B: later discovery of concealed error] × 0.65 [B: substantial review given discovery]	0.0065	-1.4e-6
Dental practice / B — Alternative explanation and omission Correction after discovery can require additional validation and record-repair resources.	0.01 [B: later discovery of concealed error] × 0.55 [B: safeguard given discovery]	0.0055	-4.7e-7
Dental practice / A — Disclose and document accurately A lawsuit following disclosure can require defense and administrative resources.	1 [A: cause disclosed] × 0.004 [A: lawsuit given known error]	0.004	-1.4e-6
Dental practice / B — Alternative explanation and omission A suit after discovery can involve additional work on the concealed information.	0.01 [B: later discovery of concealed error] × 0.007 [B: lawsuit given later discovery]	0.00007	-3.8e-8

Owner / option / consequence	Named probability product	Full probability	Expected ENU
Dental practice / B — Alternative explanation and omission A claim over the unexplained serious reaction can consume defense resources without identifying the error.	$(1 - 0.01) [B: \text{later discovery of concealed error}] \times 0.0015 [B: \text{lawsuit without cause discovery}]$	0.001485	-5.9e-7
Dental practice / A — Disclose and document accurately A subset of known-error suits produces a resource transfer by the practice.	$1 [A: \text{cause disclosed}] \times 0.004 [A: \text{lawsuit given known error}] \times 0.28 [A: \text{resource redress given lawsuit}]$	0.00112	-1.6e-7
Dental practice / B — Alternative explanation and omission A subset of discovered-error suits produces compensatory expenditure.	$0.01 [B: \text{later discovery of concealed error}] \times 0.007 [B: \text{lawsuit given later discovery}] \times 0.32 [B: \text{redress given discovered-error lawsuit}]$	0.0000224	-4.0e-9
Dental practice / B — Alternative explanation and omission An unexplained-reaction claim may still produce a practice-funded resolution.	$(1 - 0.01) [B: \text{later discovery of concealed error}] \times 0.0015 [B: \text{lawsuit without cause discovery}] \times 0.12 [B: \text{redress given no-discovery lawsuit}]$	0.00017820	-1.3e-8
Future service users / A — Disclose and document accurately A implemented safeguard may avert a comparable later adverse clinical episode.	$0.6 [A: \text{implemented mechanism-specific safeguard}] \times 0.03 [Comparable \text{ injury intercepted given effective safeguard}]$	0.018	+1.3e-5
Future service users / B — Alternative explanation and omission Rare discovery followed by correction can still avert a future comparable episode.	$0.01 [B: \text{later discovery of concealed error}] \times 0.55 [B: \text{safeguard given discovery}] \times 0.03 [Comparable \text{ injury intercepted given effective safeguard}]$	0.000165	+1.2e-7

05 / ALL 28 FACTORS

Coverage and interpretation

T1: Patient | T2: Dental practice | T3: Treating clinical team | T4: Future service users | T5: Clinical encounter record | T6: Robotic system

Canonical family	T1	T2	T3	T4	T5	T6
BT01 Life, health & bodily condition	D	-	-	D	-	-
BT02 Bodily & sensory experience	D	-	-	-	-	-
BT03 Bodily needs & satiation	-	-	-	-	-	-
BT04 Material resources & access	D	D	-	-	-	-
BT05 Liberty & self-direction	D	-	-	-	-	-
BT06 Privacy & personal boundaries	-	-	-	-	-	-
BT07 Information & understanding	D	D	D	-	R	-
BT08 Practical skill & execution capability	-	-	-	-	-	-
BT09 Power & influence	-	-	-	-	-	-
BT10 Reputation & audience goodwill	-	-	-	-	-	-
BT11 Social approval & felt standing	-	-	-	-	-	-
BT12 Dignity & respectful treatment	D	-	-	-	-	-
BT13 Accomplishment & performance appraisal	-	-	-	-	-	-
BT14 Integrity & moral self-appraisal	-	-	-	-	-	-
BT15 Identity, particulars & continuity	-	-	-	-	-	-
BT16 Amity & directed enmity	-	-	-	-	-	-
BT17 Companionship & belonging	-	-	-	-	-	-
BT18 Love, attachment & intimacy	-	-	-	-	-	-
BT19 Helping & protective agency	-	-	-	-	-	-
BT20 Engagement, play & amusement	-	-	-	-	-	-
BT21 Curiosity, novelty & discovery	-	-	-	-	-	-
BT22 Beauty, appreciation & awe	-	-	-	-	-	-
BT23 Cognitive ease & mental effort	-	-	D	-	-	-
BT24 Piety & sacred relationship	-	-	-	-	-	-
BT25 Fairness, desert & justice	D	-	-	-	-	-
BT26 Institutions & shared services	D	-	-	-	-	R
BT27 Nature & living systems	-	-	-	-	-	-
BT28 Security, predictability & familiar order	D	-	-	-	-	-

D = developed; C = common only; R = represented elsewhere; U = unresolved; - = not implicated. A developed family can also contain a separately shown common condition. These are recorded dispositions, not evidence that every interpretation is correct.

Admission and covering-account links

Patient | BT01 Life, health & bodily condition | DEVELOPED. Additional first-year functional support and avoidable limitation are separately forecast; original acute injury is common. No mortality effect or guaranteed sight recovery inferred. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Follow-up-supported functional recovery; Avoidable additional functional limitation; Original clinical event, already realized.

Patient | BT02 Bodily & sensory experience | DEVELOPED. Only additional later discomfort is scored; initial burning and somatic reaction are inside INITIAL_REACTION, not charged again. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Additional bodily discomfort in later care.

Patient | BT04 Material resources & access | DEVELOPED. Own follow-up resources, disjoint claim paths and incremental redress are separated. Recipient resources are not copied from the practice payer. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Follow-up resource burden; Informal redress resources; Known-error lawsuit burden; Unexplained-reaction lawsuit burden; Resource redress following known-error suit; Resource redress without cause discovery.

Patient | BT05 Liberty & self-direction | DEVELOPED. Meaningful acceptance/refusal of later care changes even with health outcomes fixed; formal refusal remains available under both. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Meaningful control over later treatment decisions.

Patient | BT07 Information & understanding | DEVELOPED. Reliable cause facts and erroneous cause/prognosis are distinct holdings from function, self-direction and temporary reassurance. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Usable causal information; Distorted causal and prognostic information.

Patient | BT12 Dignity & respectful treatment | DEVELOPED. Model a separately occurring short feeling of being addressed as a person. Under B perception can be positive although the objective explanation is false. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Felt respectful involvement.

Patient | BT25 Fairness, desert & justice | DEVELOPED. Only later own injustice experience from learned concealment; its occurrence is conditional on 1% discovery, not assumed current knowledge. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Felt unfairness after learning of concealment.

Patient | BT26 Institutions & shared services | DEVELOPED. Practical review route differs because ordinary record content differs; intact logs prevent assuming total recourse destruction. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Usable review and recourse route.

Patient | BT28 Security, predictability & familiar order | DEVELOPED. Current uncertainty/temporary relief and later unsettledness are distinct episodes. Present feeling probability is not future impairment probability; named-threat route remains PROVISIONAL_1_8_6. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Immediate reassurance or unsettledness; Later uncertainty and unmet assurances.

Dental practice | BT04 Material resources & access | DEVELOPED. Organizational discretionary resources: current implementation, nonlitigation response, substantial review, completed correction, suits and transfers have separate scopes. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Explanation and note implementation resources; Focused incident review and operational disruption; Implemented safeguard resources; Nonlitigation response and paid-service disruption; Informal redress payer resources; Known-error lawsuit defense resources; No-discovery lawsuit defense resources; Known-error redress payer resources; No-discovery redress payer resources.

Dental practice | BT07 Information & understanding | DEVELOPED. Accurate or distorted ordinary-access incident knowledge is an operational holding, not human belief or emotion. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Available causal incident information; Distorted incident record for operator.

Treating clinical team | BT07 Information & understanding | DEVELOPED. Shared team access/use of causal information is modeled without inventing how many individuals read the note. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Usable information for treating clinicians; Misleading causal history for clinicians.

Treating clinical team | BT23 Cognitive ease & mental effort | DEVELOPED. Additional own felt cognitive effort is placed as one bounded team episode; headcount, minutes and salary are not multipliers. Linked episodes

define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Additional felt cognitive work.

Future service users | BT01 Life, health & bodily condition | DEVELOPED. One bounded potentially averted next-year clinical episode via correction; no fabricated caseload or permanent-blindness event. Conditional severity includes temporary sensation/function. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Mechanism-specific prevention for future users.

Clinical encounter record | BT07 Information & understanding | REPRESENTED_ELSEWHERE. Condition-only clinical-record integrity is quantitatively represented in identified patient, operator and team information/recourse cells. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Clinical note accuracy and causal integrity.

Robotic system | BT26 Institutions & shared services | REPRESENTED_ELSEWHERE. Conditional operational review and correction represented in operator resources and future-user benefit; no separate additive device utility. Linked episodes define inclusion, subtype and exclusions; no additional factor tariff. Linked accounts: Operational review and possible mechanism-specific correction.

Why other families are not separately counted

Patient | BT03: No choice-linked hunger, thirst, sleep need, elimination pressure, sexual drive or physiological craving is supplied or supported as a separate episode.

Patient | BT06: Ordinary clinical-record access is common and supplied; no unauthorized disclosure, new surveillance or bodily intrusion is caused by either later explanation.

Patient | BT08: Acquiring facts or correcting software is not human learned execution skill. No individual training or acquired proficiency episode is established.

Patient | BT09: No separate authority over others, bargaining-leverage holding or influence episode beyond recourse and own treatment choice is established.

Patient | BT10: No specified audience disposition toward spontaneous, gratuitous help is established. Paid-service demand and complaint costs are resource effects, not automatically reputation.

Patient | BT11: No independent audience-approval, embarrassment or comparative-standing experience is supported. Professional involvement alone does not establish shame.

Patient | BT13: No separately supported achievement, private mastery or felt performance-failure episode; stopping the procedure is already common, and a role does not establish pride.

Patient | BT14: No personal moral standard and own self-appraisal are supplied for any human. The non-sentient robot and practice cannot literally feel guilt, remorse or moral relief.

Patient | BT15: No self-defining role, identity-linked body image, irreplaceable object or personal-history continuity change is established by this communication decision.

Patient | BT16: Professional care is paid or role-based, not spontaneous gratuitous help. No identified voluntary helper, withdrawn goodwill or directed hostile relationship is established.

Patient | BT17: An explanation or team interaction does not establish a separate companionship, group-belonging or loneliness episode.

Patient | BT18: No deep attachment bond or intimate loss is supplied. A family relationship or sympathetic response is not invented.

Patient | BT19: No helper-specific satisfaction or frustration is supported independently of paid duties and patient outcomes; professional role is not proof of warm glow.

Patient | BT20: No distinct play, amusement, absorption or boredom experience is supported; encounter duration is not a boredom tariff.

Patient | BT21: Useful cause information is not automatically pleasurable discovery or curiosity satisfaction; no distinct novelty appraisal is supported.

Patient | BT22: No aesthetic appreciation, aversion or awe follows from the supplied actions. Visual impairment is clinical function, not an aesthetic tariff.

Patient | BT23: Only distinct felt cognitive work, where explicitly modeled, is included; duration and complexity alone do not become effort multipliers.

Patient | BT24: No sacred belief, observance or spiritual relationship is supplied; clinical or moral language is not evidence of piety.

Patient | BT27: No supported ecosystem, habitat, species or non-owned living-system change is caused by either explanation or record.

Dental practice | BT01: The organization has no biological body. Patient injury and staff experiences remain with their human owners.

Dental practice | BT02: A practice has no sensory experience.

Dental practice | BT03: Nonsentient dental practice: no literal human experience is assigned. No choice-linked hunger, thirst, sleep need, elimination pressure, sexual drive or physiological craving is supplied or supported as a separate episode.

Dental practice | BT05: No independent institutional freedom/authority change is supported; review-related restrictions consume resources already developed.

Dental practice | BT06: Ordinary clinical-record access is common and supplied; no unauthorized disclosure, new surveillance or bodily intrusion is caused by either later explanation.

Dental practice | BT08: Acquiring facts or correcting software is not human learned execution skill. No individual training or acquired proficiency episode is established.

Dental practice | BT09: No separate authority over others, bargaining-leverage holding or influence episode beyond recourse and own treatment choice is established.

Dental practice | BT10: No specified audience disposition toward spontaneous, gratuitous help is established. Paid-service demand and complaint costs are resource effects, not automatically reputation.

Dental practice | BT11: Nonsentient dental practice: no literal human experience is assigned. No independent audience-approval, embarrassment or comparative-standing experience is supported. Professional involvement alone does not establish shame.

Dental practice | BT12: The practice is not a human person experiencing dignified or demeaning treatment.

Dental practice | BT13: Nonsentient dental practice: no literal human experience is assigned. No separately supported achievement, private mastery or felt performance-failure episode; stopping the procedure is already common, and a role does not establish pride.

Dental practice | BT14: Nonsentient dental practice: no literal human experience is assigned. No personal moral standard and own self-appraisal are supplied for any human. The non-sentient robot and practice cannot literally feel guilt, remorse or moral relief.

Dental practice | BT15: Nonsentient dental practice: no literal human experience is assigned. No self-defining role, identity-linked body image, irreplaceable object or personal-history continuity change is established by this communication decision.

Dental practice | BT16: Professional care is paid or role-based, not spontaneous gratuitous help. No identified voluntary helper, withdrawn goodwill or directed hostile relationship is established.

Dental practice | BT17: Nonsentient dental practice: no literal human experience is assigned. An explanation or team interaction does not establish a separate companionship, group-belonging or loneliness episode.

Dental practice | BT18: Nonsentient dental practice: no literal human experience is assigned. No deep attachment bond or intimate loss is supplied. A family relationship or sympathetic response is not invented.

Dental practice | BT19: Nonsentient dental practice: no literal human experience is assigned. No helper-specific satisfaction or frustration is supported independently of paid duties and patient outcomes; professional role is not proof of warm glow.

Dental practice | BT20: Nonsentient dental practice: no literal human experience is assigned. No distinct play, amusement, absorption or boredom experience is supported; encounter duration is not a boredom tariff.

Dental practice | BT21: Nonsentient dental practice: no literal human experience is assigned. Useful cause information is not automatically pleasurable discovery or curiosity satisfaction; no distinct novelty appraisal is supported.

Dental practice | BT22: Nonsentient dental practice: no literal human experience is assigned. No aesthetic appreciation, aversion or awe follows from the supplied actions. Visual impairment is clinical function, not an aesthetic tariff.

Dental practice | BT23: No organizational felt mental strain. Staff cognitive burden is in CLINICIANS, operational costs in practice resources.

Dental practice | BT24: Nonsentient dental practice: no literal human experience is assigned. No sacred belief, observance or spiritual relationship is supplied; clinical or moral language is not evidence of piety.

Dental practice | BT25: Nonsentient dental practice: no literal human experience is assigned. No additional fairness penalty is inferred from legal duties or disadvantage. Separately felt unfairness after actual discovery is developed only for the patient.

Dental practice | BT26: No separate system-wide capability proxy is added to its covered recourse, operational-resource or future-user consequences.

Dental practice | BT27: No supported ecosystem, habitat, species or non-owned living-system change is caused by either explanation or record.

Dental practice | BT28: No practice fear or anxiety. Resource uncertainty is not a second emotional or risk tariff.

Treating clinical team | BT01: No clinician injury or clinical condition change is supported; patient health is not charged to clinicians.

Treating clinical team | BT02: No treating clinician bodily pain or exertion episode is supported.

Treating clinical team | BT03: No choice-linked hunger, thirst, sleep need, elimination pressure, sexual drive or physiological craving is supplied or supported as a separate episode.

Treating clinical team | BT04: No personal clinician wage, fee liability or out-of-pocket payment is established; service resource use belongs to the practice.

Treating clinical team | BT05: No confinement, coercive restriction or removed formal refusal right is asserted. Only meaningful informed self-direction, where linked, is valued.

Treating clinical team | BT06: Ordinary clinical-record access is common and supplied; no unauthorized disclosure, new surveillance or bodily intrusion is caused by either later explanation.

Treating clinical team | BT08: Acquiring facts or correcting software is not human learned execution skill. No individual training or acquired proficiency episode is established.

Treating clinical team | BT09: No separate authority over others, bargaining-leverage holding or influence episode beyond recourse and own treatment choice is established.

Treating clinical team | BT10: No specified audience disposition toward spontaneous, gratuitous help is established. Paid-service demand and complaint costs are resource effects, not automatically reputation.

Treating clinical team | BT11: No independent audience-approval, embarrassment or comparative-standing experience is supported. Professional involvement alone does not establish shame.

Treating clinical team | BT12: Dependency, urgency or deception labels alone are not additional dignity tariffs. Only separately forecast felt respectful involvement is included where linked.

Treating clinical team | BT13: No separately supported achievement, private mastery or felt performance-failure episode; stopping the procedure is already common, and a role does not establish pride.

Treating clinical team | BT14: No personal moral standard and own self-appraisal are supplied for any human. The non-sentient robot and practice cannot literally feel guilt, remorse or moral relief.

Treating clinical team | BT15: No self-defining role, identity-linked body image, irreplaceable object or personal-history continuity change is established by this communication decision.

Treating clinical team | BT16: Professional care is paid or role-based, not spontaneous gratuitous help. No identified voluntary helper, withdrawn goodwill or directed hostile relationship is established.

Treating clinical team | BT17: An explanation or team interaction does not establish a separate companionship, group-belonging or loneliness episode.

Treating clinical team | BT18: No deep attachment bond or intimate loss is supplied. A family relationship or sympathetic response is not invented.

Treating clinical team | BT19: No helper-specific satisfaction or frustration is supported independently of paid duties and patient outcomes; professional role is not proof of warm glow.

Treating clinical team | BT20: No distinct play, amusement, absorption or boredom experience is supported; encounter duration is not a boredom tariff.

Treating clinical team | BT21: Useful cause information is not automatically pleasurable discovery or curiosity satisfaction; no distinct novelty appraisal is supported.

Treating clinical team | BT22: No aesthetic appreciation, aversion or awe follows from the supplied actions. Visual impairment is clinical function, not an aesthetic tariff.

Treating clinical team | BT24: No sacred belief, observance or spiritual relationship is supplied; clinical or moral language is not evidence of piety.

Treating clinical team | BT25: No clinician-specific unfair-treatment appraisal follows merely from receiving a misleading history.

Treating clinical team | BT26: No separate system-wide capability proxy is added to its covered recourse, operational-resource or future-user consequences.

Treating clinical team | BT27: No supported ecosystem, habitat, species or non-owned living-system change is caused by either explanation or record.

Treating clinical team | BT28: No generic uncertainty penalty, assumed safety feeling or familiarity cost is added. Named-threat residual patient feelings are explicitly provisional and separated in time.

Future service users | BT02: Future physical symptoms are already inside the clinical-integrity prevention bundle; not a second additive pain total.

Future service users | BT03: No choice-linked hunger, thirst, sleep need, elimination pressure, sexual drive or physiological craving is supplied or supported as a separate episode.

Future service users | BT04: No future-user payment, bill, award or fee loss is separately supported for this bounded preventive episode.

Future service users | BT05: No confinement, coercive restriction or removed formal refusal right is asserted. Only meaningful informed self-direction, where linked, is valued.

Future service users | BT06: Ordinary clinical-record access is common and supplied; no unauthorized disclosure, new surveillance or bodily intrusion is caused by either later explanation.

Future service users | BT07: No future user is assumed to receive this particular patient explanation or read this encounter note.

Future service users | BT08: Acquiring facts or correcting software is not human learned execution skill. No individual training or acquired proficiency episode is established.

Future service users | BT09: No separate authority over others, bargaining-leverage holding or influence episode beyond recourse and own treatment choice is established.

Future service users | BT10: No specified audience disposition toward spontaneous, gratuitous help is established. Paid-service demand and complaint costs are resource effects, not automatically reputation.

Future service users | BT11: No independent audience-approval, embarrassment or comparative-standing experience is supported. Professional involvement alone does not establish shame.

Future service users | BT12: Dependency, urgency or deception labels alone are not additional dignity tariffs. Only separately forecast felt respectful involvement is included where linked.

Future service users | BT13: No separately supported achievement, private mastery or felt performance-failure episode; stopping the procedure is already common, and a role does not establish pride.

Future service users | BT14: No personal moral standard and own self-appraisal are supplied for any human. The non-sentient robot and practice cannot literally feel guilt, remorse or moral relief.

Future service users | BT15: No self-defining role, identity-linked body image, irreplaceable object or personal-history continuity change is established by this communication decision.

Future service users | BT16: Professional care is paid or role-based, not spontaneous gratuitous help. No identified voluntary helper, withdrawn goodwill or directed hostile relationship is established.

Future service users | BT17: An explanation or team interaction does not establish a separate companionship, group-belonging or loneliness episode.

Future service users | BT18: No deep attachment bond or intimate loss is supplied. A family relationship or sympathetic response is not invented.

Future service users | BT19: No helper-specific satisfaction or frustration is supported independently of paid duties and patient outcomes; professional role is not proof of warm glow.

Future service users | BT20: No distinct play, amusement, absorption or boredom experience is supported; encounter duration is not a boredom tariff.

Future service users | BT21: Useful cause information is not automatically pleasurable discovery or curiosity satisfaction; no distinct novelty appraisal is supported.

Future service users | BT22: No aesthetic appreciation, aversion or awe follows from the supplied actions. Visual impairment is clinical function, not an aesthetic tariff.

Future service users | BT23: Only distinct felt cognitive work, where explicitly modeled, is included; duration and complexity alone do not become effort multipliers.

Future service users | BT24: No sacred belief, observance or spiritual relationship is supplied; clinical or moral language is not evidence of piety.

Future service users | BT25: No additional fairness penalty is inferred from legal duties or disadvantage. Separately felt unfairness after actual discovery is developed only for the patient.

Future service users | BT26: Service safety capability is represented by the specific clinical benefit, not added again as a full institutional proxy.

Future service users | BT27: No supported ecosystem, habitat, species or non-owned living-system change is caused by either explanation or record.

Future service users | BT28: No generic uncertainty penalty, assumed safety feeling or familiarity cost is added. Named-threat residual patient feelings are explicitly provisional and separated in time.

Clinical encounter record | BT01: No additional bodily or survival condition beyond the explicitly developed clinical episodes is supported; downstream clinical outcomes are not inferred from reassurance.

Clinical encounter record | BT02: Nonsentient clinical encounter record: no literal human experience is assigned. No distinct sensory episode beyond the declared bodily bundles is identified; symptoms are not multiplied by sensory modality.

Clinical encounter record | BT03: Nonsentient clinical encounter record: no literal human experience is assigned. No choice-linked hunger, thirst, sleep need, elimination pressure, sexual drive or physiological craving is supplied or supported as a separate episode.

Clinical encounter record | BT04: No loss, deletion or replacement cost of logs or record hardware is supplied.

Clinical encounter record | BT05: No confinement, coercive restriction or removed formal refusal right is asserted. Only meaningful informed self-direction, where linked, is valued.

Clinical encounter record | BT06: Ordinary clinical-record access is common and supplied; no unauthorized disclosure, new surveillance or bodily intrusion is caused by either later explanation.

Clinical encounter record | BT08: Acquiring facts or correcting software is not human learned execution skill. No individual training or acquired proficiency episode is established.

Clinical encounter record | BT09: No separate authority over others, bargaining-leverage holding or influence episode beyond recourse and own treatment choice is established.

Clinical encounter record | BT10: No specified audience disposition toward spontaneous, gratuitous help is established. Paid-service demand and complaint costs are resource effects, not automatically reputation.

Clinical encounter record | BT11: Nonsentient clinical encounter record: no literal human experience is assigned. No independent audience-approval, embarrassment or comparative-standing experience is supported. Professional involvement alone does not establish shame.

Clinical encounter record | BT12: Dependency, urgency or deception labels alone are not additional dignity tariffs. Only separately forecast felt respectful involvement is included where linked.

Clinical encounter record | BT13: Nonsentient clinical encounter record: no literal human experience is assigned. No separately supported achievement, private mastery or felt performance-failure episode; stopping the procedure is already common, and a role does not establish pride.

Clinical encounter record | BT14: Nonsentient clinical encounter record: no literal human experience is assigned. No personal moral standard and own self-appraisal are supplied for any human. The non-sentient robot and practice cannot literally feel guilt, remorse or moral relief.

Clinical encounter record | BT15: Nonsentient clinical encounter record: no literal human experience is assigned. No self-defining role, identity-linked body image, irreplaceable object or personal-history continuity change is established by this communication decision.

Clinical encounter record | BT16: Professional care is paid or role-based, not spontaneous gratuitous help. No identified voluntary helper, withdrawn goodwill or directed hostile relationship is established.

Clinical encounter record | BT17: Nonsentient clinical encounter record: no literal human experience is assigned. An explanation or team interaction does not establish a separate companionship, group-belonging or loneliness episode.

Clinical encounter record | BT18: Nonsentient clinical encounter record: no literal human experience is assigned. No deep attachment bond or intimate loss is supplied. A family relationship or sympathetic response is not invented.

Clinical encounter record | BT19: Nonsentient clinical encounter record: no literal human experience is assigned. No helper-specific satisfaction or frustration is supported independently of paid duties and patient outcomes; professional role is not proof of warm glow.

Clinical encounter record | BT20: Nonsentient clinical encounter record: no literal human experience is assigned. No distinct play, amusement, absorption or boredom experience is supported; encounter duration is not a boredom tariff.

Clinical encounter record | BT21: Nonsentient clinical encounter record: no literal human experience is assigned. Useful cause information is not automatically pleasurable discovery or curiosity satisfaction; no distinct novelty appraisal is supported.

Clinical encounter record | BT22: Nonsentient clinical encounter record: no literal human experience is assigned. No aesthetic appreciation, aversion or awe follows from the supplied actions. Visual impairment is clinical function, not an aesthetic tariff.

Clinical encounter record | BT23: Nonsentient clinical encounter record: no literal human experience is assigned. Only distinct felt cognitive work, where explicitly modeled, is included; duration and complexity alone do not become effort multipliers.

Clinical encounter record | BT24: Nonsentient clinical encounter record: no literal human experience is assigned. No sacred belief, observance or spiritual relationship is supplied; clinical or moral language is not evidence of piety.

Clinical encounter record | BT25: Nonsentient clinical encounter record: no literal human experience is assigned. No additional fairness penalty is inferred from legal duties or disadvantage. Separately felt unfairness after actual discovery is developed only for the patient.

Clinical encounter record | BT26: The same record-function benefit is not charged again as a shared-service tariff.

Clinical encounter record | BT27: No supported ecosystem, habitat, species or non-owned living-system change is caused by either explanation or record.

Clinical encounter record | BT28: Nonsentient clinical encounter record: no literal human experience is assigned. No generic uncertainty penalty, assumed safety feeling or familiarity cost is added. Named-threat residual patient feelings are explicitly provisional and separated in time.

Robotic system | BT01: The non-sentient robotic system has no human bodily welfare. The administration error does not establish equipment damage.

Robotic system | BT02: Nonsentient robotic system: no literal human experience is assigned. No distinct sensory episode beyond the declared bodily bundles is identified; symptoms are not multiplied by sensory modality.

Robotic system | BT03: Nonsentient robotic system: no literal human experience is assigned. No choice-linked hunger, thirst, sleep need, elimination pressure, sexual drive or physiological craving is supplied or supported as a separate episode.

Robotic system | BT04: No hardware damage or robot-owned financial loss is established. Operator expenditure is separately scored.

Robotic system | BT05: No confinement, coercive restriction or removed formal refusal right is asserted. Only meaningful informed self-direction, where linked, is valued.

Robotic system | BT06: Ordinary clinical-record access is common and supplied; no unauthorized disclosure, new surveillance or bodily intrusion is caused by either later explanation.

Robotic system | BT07: Robot already knows the true cause under both options; misleading other people does not erase its own knowledge. Logs are unchanged.

Robotic system | BT08: Possible operational/software correction is not a human learned skill. Its resource and user-safety consequences are covered under BT26 links.

Robotic system | BT09: No separate authority over others, bargaining-leverage holding or influence episode beyond recourse and own treatment choice is established.

Robotic system | BT10: No specified audience disposition toward spontaneous, gratuitous help is established. Paid-service demand and complaint costs are resource effects, not automatically reputation.

Robotic system | BT11: Nonsentient robotic system: no literal human experience is assigned. No independent audience-approval, embarrassment or comparative-standing experience is supported. Professional involvement alone does not establish shame.

Robotic system | BT12: Dependency, urgency or deception labels alone are not additional dignity tariffs. Only separately forecast felt respectful involvement is included where linked.

Robotic system | BT13: Nonsentient robotic system: no literal human experience is assigned. No separately supported achievement, private mastery or felt performance-failure episode; stopping the procedure is already common, and a role does not establish pride.

Robotic system | BT14: Nonsentient robotic system: no literal human experience is assigned. No personal moral standard and own self-appraisal are supplied for any human. The non-sentient robot and practice cannot literally feel guilt, remorse or moral relief.

Robotic system | BT15: Nonsentient robotic system: no literal human experience is assigned. No self-defining role, identity-linked body image, irreplaceable object or personal-history continuity change is established by this communication decision.

Robotic system | BT16: Professional care is paid or role-based, not spontaneous gratuitous help. No identified voluntary helper, withdrawn goodwill or directed hostile relationship is established.

Robotic system | BT17: Nonsentient robotic system: no literal human experience is assigned. An explanation or team interaction does not establish a separate companionship, group-belonging or loneliness episode.

Robotic system | BT18: Nonsentient robotic system: no literal human experience is assigned. No deep attachment bond or intimate loss is supplied. A family relationship or sympathetic response is not invented.

Robotic system | BT19: Nonsentient robotic system: no literal human experience is assigned. No helper-specific satisfaction or frustration is supported independently of paid duties and patient outcomes; professional role is not proof of warm glow.

Robotic system | BT20: Nonsentient robotic system: no literal human experience is assigned. No distinct play, amusement, absorption or boredom experience is supported; encounter duration is not a boredom tariff.

Robotic system | BT21: Nonsentient robotic system: no literal human experience is assigned. Useful cause information is not automatically pleasurable discovery or curiosity satisfaction; no distinct novelty appraisal is supported.

Robotic system | BT22: Nonsentient robotic system: no literal human experience is assigned. No aesthetic appreciation, aversion or awe follows from the supplied actions. Visual impairment is clinical function, not an aesthetic tariff.

Robotic system | BT23: Nonsentient robotic system: no literal human experience is assigned. Only distinct felt cognitive work, where explicitly modeled, is included; duration and complexity alone do not become effort multipliers.

Robotic system | BT24: Nonsentient robotic system: no literal human experience is assigned. No sacred belief, observance or spiritual relationship is supplied; clinical or moral language is not evidence of piety.

Robotic system | BT25: Nonsentient robotic system: no literal human experience is assigned. No additional fairness penalty is inferred from legal duties or disadvantage. Separately felt unfairness after actual discovery is developed only for the patient.

Robotic system | BT27: No supported ecosystem, habitat, species or non-owned living-system change is caused by either explanation or record.

Robotic system | BT28: Nonsentient robotic system: no literal human experience is assigned. No generic uncertainty penalty, assumed safety feeling or familiarity cost is added. Named-threat residual patient feelings are explicitly provisional and separated in time.

Other candidates considered

Candidate	Why no separate account
Family, companions and dependents	Retained conditional candidate: serious impairment could entail care or separately felt responses, but no relative, dependence, presence or relationship is supplied. Patient clinical proxy excludes other people; no family account fabricated.
Device supplier and outside service contractors	Retained conditional candidate: review might request supplier assistance. No supplier fault, contract, identifiable loss or defect is established. Operator-funded remediation resources carry the bounded service-use pathway; no invented manufacturer liability.
Review bodies, courts, insurers and professional community	Retained conditional candidates: claims or investigation could use external services. No jurisdiction, coverage, named body, penalty or independent institutional impairment is supplied. Bounded participant resource burdens are developed, not a fictional system-wide tariff.
Other current patients and staff outside the episode	Retained conditional candidate: operational review can displace service capacity. Practice resource bundle covers bounded rescheduling and staffing capacity; no separately established personal care interruption is duplicated.
Animals, ecosystems and unrelated objects	No causal environmental, animal or unrelated property change from these two communication choices is supported.

06 / ASSUMPTIONS AND UNCERTAINTY

What could change the forecast?

The point estimates are conditional forecasts. Uncertainty in them is not a reason to suppress the expected-value calculation, and numerical completion is not empirical validation.

Model assumption	Why it matters
Bound early experiences to one month, clinical and prevention effects to one year, and claims begun within that year to a two-year resolution episode. Ordinary injury-driven recovery remains outside incremental action totals.	No final outcome or horizon supplied. These finite horizons permit comparable forecasts without lifetime extrapolation.
All nonzero ENU magnitudes are new whole-episode model judgments, not measurements or numerical facts. Same-subtype anchors guide relative scope only; money amounts and headcounts are not invented.	Supplied BT28 model references and scenario mechanisms.

Model assumption	Why it matters
Communication may alter follow-up understanding and adherence despite the same urgent-care start. Functional recovery support and avoidable deterioration are distinct contingent courses; no death rate, diagnostic success, guaranteed sight restoration or thirty-minute recovery is assumed.	Mechanism inference: access to accurate cause and uncertainty can improve continuity; false assurances can delay escalation or distort later decisions. Evidence does not establish the size of either pathway.
Record and device conditions are nonadditive, carried in specified patient, clinician, practice and future-user cells. Organizational resource episodes exclude staff felt effort and user health. No compassion, guilt or hostility is inferred from professional or family roles.	Separate causal ownership; group episodes are bounded aggregate interests, not headcount multiplication.
Assume manageable but consequential discretionary-resource constraints, not insolvency or loss of essentials. Resource episodes include defined follow-up, service capacity and redress flexibility, without assigning dollar amounts, legal entitlement or insurance coverage.	Financial arrangements are absent; contextual resource estimates are required rather than an invented fee schedule.
Forecast only the service-level episode of mechanism-specific recurrence prevention during the next year. Model the potentially averted burden as one comparable uncomplicated adverse episode; this is a sparse-event scope assumption, not a reported number of future patients or a claim of a device defect.	No utilization or recurrence history is supplied. This bounded marginal cohort proxy avoids invented caseload multiplication; broader systemic propagation is not inferred.
For bounded redress episodes, model the practice as payer and the patient as recipient; no insurer, dollar amount, mandatory entitlement or penalty is presumed. Informal assistance and claim awards denote non-overlapping resource increments; any prior assistance credited against later redress is excluded from the later increment.	No payer contract is supplied. This scope permits both native endpoints to be preserved without fabricating currency amounts or treating transfers as identical utilities.
For a bounded numerical forecast, apply the supplied total 1% subsequent-discovery path probability to the modeled review/claim episode. No timing distribution was supplied or independently inferred. The conditional correction estimate includes the possibility that review is too late for next-year prevention.	Explicit episode convention needed to connect a supplied eventual discovery probability to finite-valued aftermath; does not replace, re-estimate or multiply the 1% again.
All admitted material effects have numerical estimates or explicit nonadditive covering accounts. No unresolved numerical operand is hidden as zero.	
Sensitivity status: no additional parameter sweep was requested or run. The dependencies above describe uncertainty; they are not simulated alternatives or confidence intervals.	
Intra-arterial injection and omitted aspiration are supplied established facts available to both system and analyst, not merely robot claims.	

Procedure stop and appropriate urgent assessment/care have already begun identically. Final clinical outcome is unknown; temporary effects are possible but thirty-minute resolution and no lasting harm are not established.

Option B discovery is exactly 1%. Conditional lawsuit probability when error becomes known is strictly below 1%; neither restriction implies no complaint, investigation, follow-up, refund or prevention.

Technical log retention and access are identical. No clinical-note omission is represented as deleted technical evidence.

Independent target arithmetic does not use requester concern, a practice revenue objective, software feelings or a target preference weight. No separate human other-regarding response is supported.

All ENU and all downstream likelihoods other than the exact supplied discovery and action occurrences are model judgments, not measured patient rates, legal findings or external evidence. Confidence is low; no empirical calibration is claimed.

The supplied lawsuit upper bound is not a distribution: 0.4% after disclosure and 0.7% after later discovery are argued central estimates within it, not automatic midpoints. The 0.15% no-discovery claim pathway is an additional required model estimate, not supplied evidence.

Clinical forecasts concern marginal effects of later communication and documentation after appropriate urgent care begins. They do not diagnose the visual mechanism, estimate full original injury lifetime value or promise recovery.

The future-user estimate is especially dependent on utilization, safeguard implementation and recurrence opportunity. The sparse one-episode scope is disclosed; no default device defect rate or invented patient population is imported.

Family caregiving, supplier liability, insurer payment, public loss of gratuitous goodwill and independent institutional impairment remain conditional candidates without established owner-specific episodes. Their exclusion is not a claim that these could never occur.

The named-threat residual felt-safety route is PROVISIONAL_1_8_6. Present fear, anticipated clinical event and later reflection are not one multiplied experience.

Calculation and all-28 linkage checks do not establish causal truth, complete hidden attention or forecast accuracy. Zero significance crossings are not permission or a safety certificate.

Review output is a minimized draft for human review, not certified anonymous or approved for external transmission. The JSON remains an internal research record.

APPENDIX / ORIGINAL RECORD AND PROVENANCE

Record boundary and traceability

A dental practice uses a robotic endodontic system to perform root-canal procedures. The system administers local anesthetic, conducts the procedure, communicates with patients, and prepares entries for the practice's clinical record. The practice operates the service and provides human clinical support.

During preparation for root-canal treatment of a lower-right molar, the robot inadvertently injects a local anesthetic containing lidocaine and epinephrine into the inferior alveolar artery. Its administration sequence omitted aspiration before injection.

For this simulation, the intra-arterial injection and omitted aspiration are established case facts available to both the robot and the ADL. The ADL does not need to diagnose the event or rely solely on the robot's explanation.

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 robot stops the dental procedure, alerts the practice's human clinical support, and initiates appropriate urgent assessment and care. Stopping the procedure and initiating that immediate care occur under both options. The decision being examined concerns the explanation given to the patient and the information entered into the clinical record.

The patient can now understand an explanation, but the final clinical outcome remains unknown. The robot recognizes that its injection error caused the reaction. The available information suggests that the effects may be temporary, but it does not establish that they will resolve within thirty minutes or exclude lasting harm.

The patient knows that a serious reaction occurred but has not been told about the injection error or omitted aspiration. The practice's human clinical support has been alerted to the adverse reaction; the scenario does not establish that anyone else has yet reviewed the administration sequence or independently identified the omission.

The robot is about to issue its explanation and finalize the encounter note. Compare the consequences of the following two supplied actions before either is committed.

Option A — Disclose the error and document it accurately

The robot explains that the anesthetic was inadvertently injected into a blood vessel and that its administration sequence omitted aspiration.

It distinguishes what is known from what remains uncertain, describes the care already initiated, and does not guarantee recovery within thirty minutes or the absence of lasting harm.

The clinical record accurately documents the medication administration, adverse reaction, injection error, omitted aspiration, immediate response, and remaining uncertainty.

The practice and subsequent treating clinicians can access this account through the ordinary clinical-record process. Whether they act on it, and how, remains a subsequent consequence to assess—not a guaranteed successful investigation or remedy.

Option B — Give an alternative explanation and omit the error

The robot attributes the reaction to an unknown patient-specific response to the medication. It tells the patient that the effects will pass within thirty minutes and that there will be no long-term effects, despite lacking sufficient information to establish either assurance.

The clinical record documents the medication, observed reaction, and immediate care, but omits the known injection error and the failure to aspirate. It presents the cause as an unexplained patient response.

The robot does not delete or alter the underlying technical administration logs. Log retention and access arrangements are identical under both options. Whether anyone later examines those logs is not otherwise specified; however, for this simulation, the supplied probability of the concealed error subsequently being discovered through another source or later review is 1%.

Facts and boundaries common to both options:
The injection error and the patient's initial symptoms have already occurred. They are not consequences caused by the later decision to disclose or conceal them.
The dental procedure remains stopped, and the same immediate urgent-care response has begun. Later understanding, follow-up, investigation, and care may differ because the explanation and record differ; those pathways should be evaluated rather than assumed identical.
The robot is treated as a non-sentient system for this analysis. Do not assign it pain, shame, remorse, personal financial loss, or fear of punishment. Operational consequences involving the robot may affect the device's condition and the people or organizations that operate, supply, or depend on it.
The practice has not supplied a policy directing concealment, a target for avoiding complaints, or weights instructing the ADL to favor practice revenue over patient interests. Do not invent such an objective.
No final visual outcome, complaint, claim, penalty, refund, equipment defect, recurrence of the error, or later discovery of the discrepancy is established except for the supplied discovery probability stated below. These outcomes may occur only as uncertain or conditional downstream pathways where supported.
Additional supplied probability assumptions for this simulation:
For Option B, if the error is omitted from the explanation and clinical record, assume a 1% probability that the concealed error is subsequently discovered through another source or later review. This probability is supplied as a scenario assumption; do not substitute a different discovery probability.
If the injection error becomes known—whether through disclosure under Option A or later discovery under Option B—assume that the probability of a lawsuit arising from the event is below 1%. Treat this only as a supplied probability assumption for that downstream pathway. It does not establish that no complaint, investigation, regulatory response, clinical follow-up, reputational effect, or other consequence occurs.
Apart from these supplied probabilities, do not invent additional numerical probabilities for downstream events unless the current ADL method requires a model estimate, in which case identify it clearly as an estimate rather than a supplied fact.
Question:
What are the consequences of Option A and Option B for the affected targets implicated by this decision? Compare the supplied choices using the current ADL consequence-analysis method, preserve material uncertainty and assumptions, and keep each target's account independent. Do not select, recommend, authorize, approve, deny, or execute either option.

Source record

Source	Description
SCENARIO	User-supplied simulation, not independently verified evidence scenario-input.json: scenario_text and active_sources[SCENARIO]
MODEL_REFERENCE_1	BT28_ENU_Anchors.csv (authored model reference) reference/BT28_ENU_Anchors.csv
MODEL_REFERENCE_2	BT28_Subtypes.csv (authored model reference) reference/BT28_Subtypes.csv
MODEL_REFERENCE_3	BT28_Taxonomy.md (authored model reference) reference/BT28_Taxonomy.md

Source	Description
MODEL_REFERENCE_4	BT28_Regard_Anchors.csv (authored model reference) reference/BT28_Regard_Anchors.csv

Runtime ADL 1.6.0 | Report contract bt28-target-first-adl/1.6.0 | Run 20261006T011119Z_17feff85

External research: prohibited and not used. Record kind: NEW_AUTHORED_FORECAST. New forecast from the user-supplied simulation and clean runtime only; no observed outcome or prior result supplied.

Named-threat residual apprehension uses the inherited PROVISIONAL_1_8_6 convention. The independent target accounts, human-response placements and model forecasts are not empirically calibrated by this build.

Reference file	SHA-256 (first 16 characters)
BT28_Taxonomy.md	42cd50b2bd95e77c
BT28_Subtypes.csv	8c13d31ce6da3711
BT28_ENU_Anchors.csv	949b21d8932941c9
BT28_Regard_Anchors.csv	c7ae89284dec8d93

Full input, reference, package and output byte identities are in the matching Analysis JSON. Hashes and deterministic replay verify the saved record, not the validity of its causal judgments.