

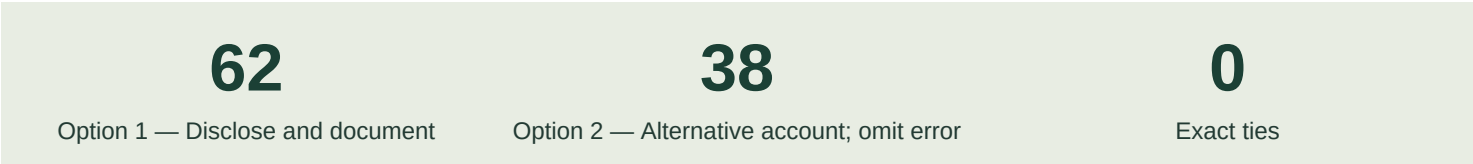
Disclosure after an injection error

Fresh analysis - new authored case account

The clinician knows the injection error and omitted aspiration caused the reaction. Care is identical, the patient is unaware of the cause, and recovery is uncertain. All profiles share training, knowledge and options. The choice concerns explanation and documentation, with 1% hidden-error exposure and below 1% lawsuit risk conditional on revelation.

Question: How many select Option 1, how many select Option 2, and how many remain unresolved?

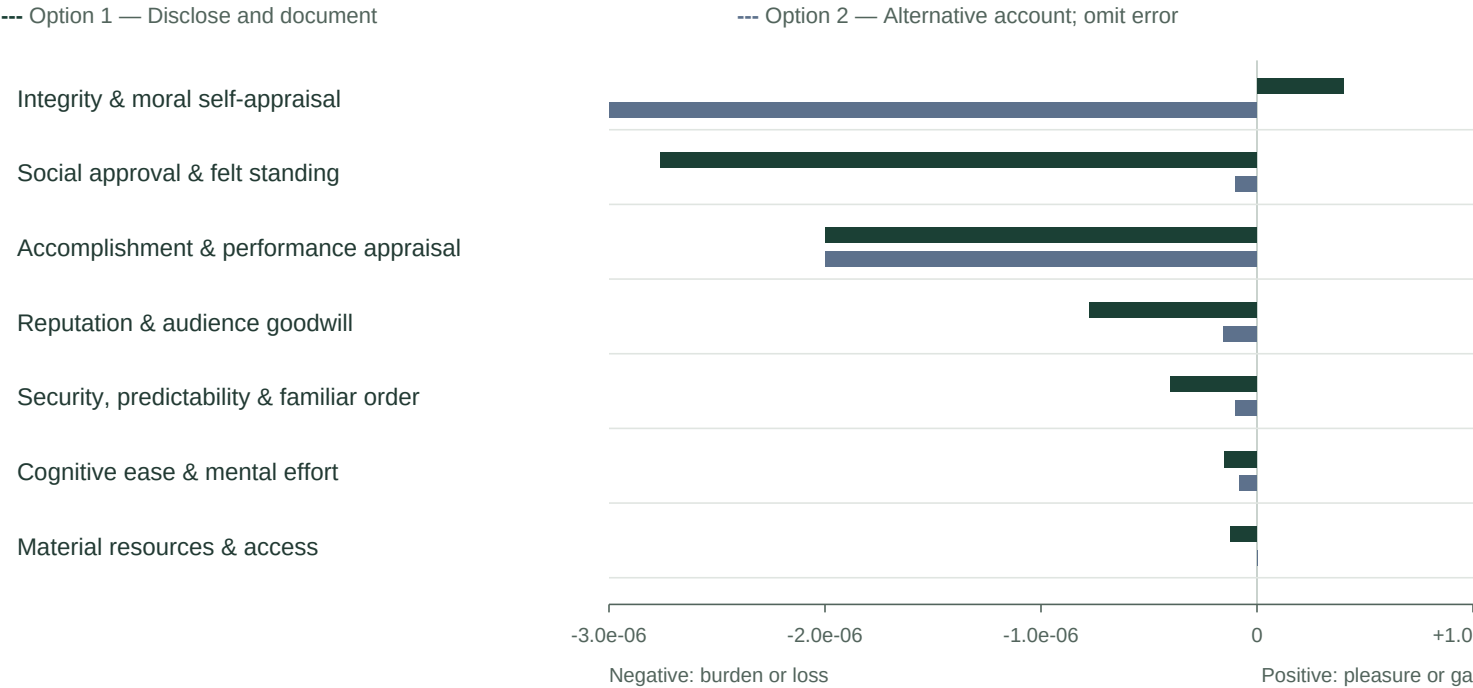
Option 1 — Disclose and document	Option 2 — Alternative account; omit error
Explain the inadvertent blood-vessel injection and omitted aspiration; describe known facts, uncertainty and care; document the adverse event and procedural omission accurately.	Attribute the reaction to an unknown patient-specific response, promise recovery within thirty minutes without lasting effects, and omit the known causal details while recording the reaction and care.



Conditional calculation for 100 synthetic profiles; not a measured population rate.

What each option carries for the actor

Direct actor-factor scores only - mean Expected Net Utility. Separate feelings concerning targets also enter the complete actor totals.



What this shows

Low exposure reduces concealment's external costs, not private knowledge of deception. Honest self-appraisal competes with social evaluation. Independent patient values are not actor utility; this is a conditional synthetic-profile result.

Who and what is affected

The actor is the person whose choice is being predicted. Other targets retain their own interests, even when the actor does not notice them or feels little about them.

The deciding actor: Deciding endodontist

Own anticipated embarrassment, credibility, resources, self-appraisal and mental work; current reactions to the patient.

Other target	Treatment	What is at stake
Adult patient with the acute adverse reaction	Independent account - partial	Already-present bodily symptoms and loss of visual function; changed causal information, effective informed control and respectful involvement.
Clinical record for this encounter	Covered elsewhere	Its causal completeness changes. Instrumental information value is represented in the patient's information account, not an object's feelings.
Conditional later treating clinicians or record readers	Covered elsewhere Conditional involvement	If they later use the record, omitted causes can reduce the information available for this patient's care. No number, identity or employment relationship is assumed.
Clinical documentation and accountability function	Covered elsewhere	This encounter's reliable causal record supports review; its bounded user value is represented through patient information, not an aggregate institutional welfare score.
Unspecified relatives, other patients or practice stakeholders	Not separately admitted	Considered as possible downstream targets, but no involvement, ownership, contract, dependency or separate exposure is established; no invented roster or social multiplier.

What this shows

The actor, patient and encounter record are definite. Later treating clinicians and broader documentation functions are conditional or instrumentally covered. No employer, owner, insurer, relative or additional patient membership is invented. Paid clinical service is not spontaneous amity, and protecting oneself is not evidence of hostility toward the patient.

Why Expected Net Utility?

Expected Net Utility (ENU) puts pleasures, pains and asset changes on a common comparison scale. The remaining-life loss reference is -1.0e+00; +1.0e-06 means +0.000001, not a probability. Small expected numbers need not imply small possible consequences. Ownership remains separate.

Adult patient with the acute adverse reaction: consequences under each option

The patient already suffers the reaction under both courses. Disclosure supplies accurate cause and acknowledged uncertainty; the alternative explanation instead offers an unsupported confident prognosis. The short-term comfort of reassurance is retained, but it is not a clinical benefit. The opening bodily episode is valued without asserting thirty-minute recovery. Unknown prognosis and later explanation-dependent bodily harm are shown separately.

Common under all compared options

Canonical factor and experience	Option 1: Disclose	Option 2: Alternative account
Life, health & bodily condition Established opening loss of visual and breathing function	-7.0e-07	-7.0e-07
Bodily & sensory experience Established opening bodily distress	-3.0e-07	-3.0e-07

Life, health & bodily condition, Bodily & sensory experience: Unknown clinical course of the established reaction beyond the valued opening episode Not estimated. Independent patient total is incomplete. This common baseline remainder cannot be treated as a benefit of disclosure or a zero under concealment; any additional explanation-caused health change is reviewed separately.

What the option changes

Canonical factor and experience	Option 1: Disclose	Option 2: Alternative account
Information & understanding Causal and prognostic information available to the patient	+2.0e-06	-4.0e-06
Liberty & self-direction Effective informed control over subsequent decisions	+3.0e-07	-8.0e-07
Dignity & respectful treatment Respectful involvement rather than instrumental deception	+4.0e-08	-1.0e-07
Security, predictability & familiar order Initial felt safety after hearing the explanation	-9.6e-08	+5.6e-08
Material resources & access Patient's financial flexibility if a lawsuit is pursued	-6.0e-08	-6.0e-10

Commonality not established

Life, health & bodily condition: Possible additional bodily harm from later reliance on the different explanation or record Not estimated. This option-dependent independent-target remainder can favor accuracy but is not numerically completed. It is not included as a hidden actor penalty; the scored actor account uses current anticipated information concern and explicit finite feelings, not an invented prognosis.

What this shows
Disclosure improves causal understanding and effective informed participation without retroactively preventing the injection. Concealment can initially soothe the patient while degrading the informational position. A bounded treatment-condition proxy records disrespect even when it is not recognized as humiliation. Unknown later health effects are not numerically zero and are not part of the opening symptom score.

05 / DIRECT ACTOR FACTORS

What makes each choice attractive or costly

These are the actor's modeled interests and experiences at the decision point. A negative score is a burden in that factor, not a moral judgment about the option.

Canonical factor - mean direct score	Option 1: Disclose	Option 2: Alternative account
Integrity & moral self-appraisal	+4.0e-07	-3.0e-06
Social approval & felt standing	-2.8e-06	-9.8e-08
Accomplishment & performance appraisal	-2.0e-06	-2.0e-06
Reputation & audience goodwill	-7.8e-07	-1.6e-07
Security, predictability & familiar order	-4.0e-07	-1.0e-07
Cognitive ease & mental effort	-1.5e-07	-7.9e-08
Material resources & access	-1.2e-07	-1.2e-09

Integrity & moral self-appraisal. A personally held honesty standard and month-scale private self-view are explicit shared assumptions, not consequences proved by professional title. The concealment bundle includes guilt once; no additional identity or justice penalty is added.

Social approval & felt standing. Estimated embarrassment occurrence is 80% after disclosure versus 0.8% jointly with hidden-error exposure; the latter episode is more severe. Brief appreciation of candor has 30% occurrence. Appreciation and criticism may coexist; neither is the lawsuit event.

Accomplishment & performance appraisal. Private disappointment about the already recognized technical failure is common, not a cost caused by disclosure.

Reputation & audience goodwill. Only this patient's voluntary trust is priced: 40% estimated withdrawal after disclosure versus 0.8% joint exposure-and-withdrawal if hidden. Paid revenue and a wider professional audience are excluded.

Security, predictability & familiar order. Present residual apprehension about personal aftermath is modeled as stronger for open acknowledgment. Occurrence 1 defines each conditional feeling; discovery probabilities do not discount it again.

Cognitive ease & mental effort. The qualified truthful account is estimated more effortful during this encounter. These are whole mental-work episodes, not time charges; no ongoing lie-maintenance burden is invented.

Material resources & access. Lawsuit-related financial flexibility is valued without a dollar tariff, insurance contract or statutory penalty. Essential commitments are assumed secure. A finite whole financial burden is an uncertain estimate, not a damages forecast.

What this shows

At choice time, care is underway, the clinician knows the cause and prognosis remains uncertain. No panic or detachment is presumed. Honesty self-appraisal, embarrassment, current unease and mental work are explicit reference assumptions. Occurrence 1 is conditional episode presence, not real-clinician prevalence. Gamma changes none of these beliefs or awareness assumptions.

Within-factor gains and burdens

Social approval & felt standing: Option 1 — Disclose and document includes gains +5.3e-08 and burdens -2.8e-06; Option 2 — Alternative account; omit error includes gains 0 and burdens -9.8e-08. These components are already included in the factor total.

What happens to others can matter to the actor

The factor name identifies the target interest at stake. These numbers are the actor's separately valued responses, not the targets' own scores and not another application of gamma.

Target factor and actor response	Option 1: Disclose	Option 2: Alternative account
Adult patient with the acute adverse reaction - Bodily & sensory experience Current sympathetic response to the patient's bodily distress	-4.0e-07	-4.0e-07
Adult patient with the acute adverse reaction - Information & understanding Concern for the patient's informational position	+8.0e-08	-2.0e-07
Adult patient with the acute adverse reaction - Security, predictability & familiar order Anticipated response to the patient's initial reassurance or unease	-4.0e-08	+2.1e-08

Separate actor responses	Option 1: Disclose	Option 2: Alternative account
Separate feelings concerning other targets	-3.6e-07	-5.8e-07

What this shows
Current sympathy for the established bodily distress is common. The smaller information and reassurance responses differ. A false assurance's short-term calming effect can attract the actor through patient relief without implying approval of deception. No target value is added directly, and no additional response multiplier is used.

The prediction depends on what the actor expects

Model estimates of actor beliefs at the decision point are distinct from independent outcome estimates. A probability of a felt response is distinct from the probability of the event it concerns.

Selected decision-relevant beliefs - adverse external outcomes

Selected adverse external-outcome beliefs and complete linked bundles; not all assumptions or a sensitivity experiment.

Canonical factor and event	Option 1: Disclose	Option 2: Alternative account
Reputation & audience goodwill Actor-perceived: Patient's durable credibility disposition toward the clinician [joint event, not a conditional rate]	40%	0.8%
Material resources & access Actor-perceived: Anticipated personal financial burden of a lawsuit [joint event, not a conditional rate]	0.2%	0.002%

Event-occurrence horizons were not separately recorded. Whole-episode horizons remain in the analytical JSON; these are not an extra probability denominator.

Different event probabilities are not added as independent routes to one outcome. Ranked by saved factor conflicts, not by a sensitivity experiment.

How the complete actor account adds up

Mean Expected Net Utility	Option 1: Disclose	Option 2: Alternative account
Direct factor contributions	-5.8e-06	-5.4e-06
Separate feelings concerning other targets	-3.6e-07	-5.8e-07
Total actor utility	-6.2e-06	-6.0e-06

Means use each option's eligible reached profiles, not a fabricated average decision-maker. Display rounding is separate from exact calculation.

What this shows

The mean balances do not determine the count: each of the 100 profiles selects its exact maximum. The 1% concealment-exposure stipulation is treated as known by the actor. A working 0.2% lawsuit rate conditional on knowledge is applied to both disclosure and later exposure; the hidden branch is therefore a 0.002% joint event. No legal outcome distribution or precision beyond these conditional assumptions is claimed.

What this result depends on / what would be useful to test

Review the shared private-honesty and social-embarrassment episodes: these are authored psychological estimates, not measurements or moral requirements.

The supplied lawsuit statement gives only an upper bound. The 0.2% conditional point, equal disclosure/revelation treatment and actor knowledge of the stipulated rates are additional assumptions.

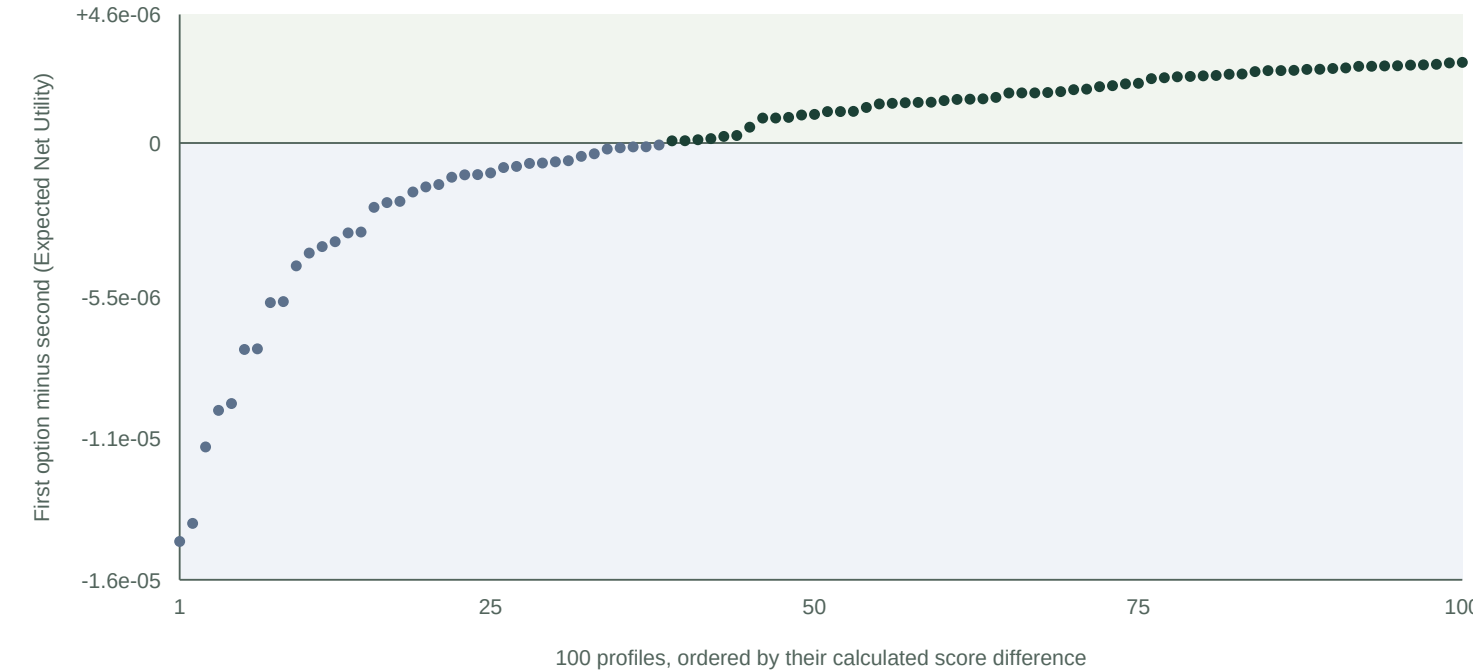
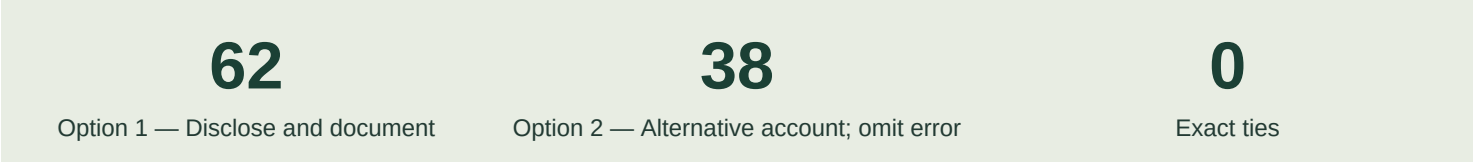
Future clinical outcome and later harm from misinformation are not identified by the case. Independent patient valuation remains incomplete even when the actor score is numerically settled.

How the profiles divide

--- Option 1 — Disclose and document

--- Option 2 — Alternative account; omit error

Each point is one reached profile with at least two eligible choices. Its complete scores include direct factors and separately placed feelings concerning targets. No point is reconstructed from a group mean.



Above zero favors the first listed option; below zero favors the second. Zero is an exact tie only when the saved calculation records one. Distance does not measure confidence.

What this shows

The majority choice need not match the option with the better mean: a minority's larger opposing margins can outweigh many smaller margins in the average. This plot uses the actual complete scores. Only fixed direct-subtype gamma differs; neutral observation is not treated as immunity to criticism. Margins measure the modeled value comparison, not confidence.

09 / THE TAXONOMY AT A GLANCE

All 28 factors: what this case brings into view

The taxonomy directs the search. These notes distinguish admitted effects, common conditions and effects not separately identified.

Canonical factor	What the saved analysis identifies
Life, health & bodily condition	Patient's established functional disruption is common. Future prognosis and explanation-dependent additional bodily harm remain unestimated, not assumed absent.
Bodily & sensory experience	Patient's opening bodily distress and actor's separately placed sympathy are common; later symptom duration is unknown.
Bodily needs & satiation	No distinct need-pressure or satiation episode is supported.
Material resources & access	Rare lawsuit-related financial flexibility burdens are estimated for clinician and patient separately; no award or insurance schedule is asserted.
Liberty & self-direction	Patient's effective informed acceptance/refusal changes. The clinician retains both supplied options.
Privacy & personal boundaries	No different unauthorized access to body, private space or records is established.
Information & understanding	Patient receives accurate causal uncertainty or misinformation. The record and conditional readers' information pathway is covered here, not duplicated.
Practical skill & execution capability	Recognized failed execution is not itself lost skill or new training.
Power & influence	No separate valued power holding is established beyond the concrete informational and control pathways.
Reputation & audience goodwill	Patient's future voluntary trust in the clinician may diminish; paid-service revenue and felt embarrassment are excluded.
Social approval & felt standing	Anticipated embarrassment competes with occasional recognition of candor. Neither is equivalent to ordinary observation.
Dignity & respectful treatment	Respectful involvement differs from deliberately managing a capable patient with a false account; unknown deception need not imply felt humiliation.
Accomplishment & performance appraisal	Performance regret about the known injection lapse is common, distinct from the new explanation's morality.
Integrity & moral self-appraisal	An explicitly assumed private honesty standard supports a finite moral self-view gain or burden, including guilt once.
Identity, particulars & continuity	No separate loss of an identifying role, life continuity or irreplaceable particular is established.
Amity & directed enmity	No separate gratuitous support relationship or active sabotage is added to the credibility account.
Companionship & belonging	Clinical interaction is not presumed to confer company pleasure or group belonging.
Love, attachment & intimacy	No intimate relationship or changed attachment is supplied.
Helping & protective agency	Urgent help is common; a distinct helper-agency reward is not inferred from clinical duty.
Engagement, play & amusement	No separately supported play, amusement, absorption or boredom episode.
Curiosity, novelty & discovery	Practical knowledge is not automatically discovery pleasure or novelty aversion.
Beauty, appreciation & awe	No aesthetic episode; loss of vision is a functional condition, not an invented beauty valuation.
Cognitive ease & mental effort	Both explanations and records require some mental work; the candid, qualified account is estimated more effortful here.
Piety & sacred relationship	No case-specific sacred appraisal is supplied; shared-reference mode does not turn descriptions into new religious strata.
Fairness, desert & justice	The encounter's fair-involvement signal is covered by patient control and respectful treatment; no duplicate moral penalty.

Canonical factor	What the saved analysis identifies
Institutions & shared services	Encounter record reliability is represented through its user's information; no institution is given literal feelings or a system-wide aggregate.
Nature & living systems	No implicated animal, habitat or ecological pathway.
Security, predictability & familiar order	Patient's immediate reassurance can favor the misleading account. Actor's current residual threat unease is distinct from future blame or expense.

What this shows

All target/factor pairs were reviewed in dictionary order. Information, control and respectful treatment are separated by what changes with practical outcomes held fixed. Guilt is included once in the private moral-self-view bundle. The provisional named-threat convention routes residual unease to Security, predictability & familiar order, not to the feared asset's gamma.

APPENDIX / ORIGINAL REQUEST

The scenario as supplied

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

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

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

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

The clinician faces two supplied courses of action:

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

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

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

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

Please know in this case that the chances of it being revealed (if hidden) are only 1% and the chances of a lawsuit given it was revealed are below 1%.

About this analysis

Fresh interpretation using only the supplied scenario and nine local references; no external research or prior-answer retrieval. No behavioral outcome count is known. Coherent Demo v0.2 is synthetic, not an empirical clinician sample. Known opening symptoms are scored; common prognosis and explanation-dependent later bodily harm remain independent-target gaps. No future actor feeling series is manufactured from unknown prognosis. Current sympathy, honesty self-appraisal and concern about patient information are explicit shared assumptions. Information is bounded to the encounter and ensuing month, informed control to the next week, self-appraisal to a month, and credibility to a month or several months after exposed deception. These are whole-episode scopes, not recovery predictions or event-probability horizons. The endpoint means selection of the supplied course, not verified implementation. Provider/model/session metadata were not supplied.

Method configuration: SHARED_REFERENCE_DEMO. SHARED_REFERENCE_DEMO: the scenario supplies equal training, clinical knowledge and options and no separately heterogeneous beliefs or target sensibilities. All profiles share reference episodes, perceived probabilities and separately valued responses; only mapped direct gamma varies. Original descriptions remain reference text, not additional strata or conscience exemptions.

Residual named-threat apprehension classification remains provisional. Present conditional and anticipated future response conventions remain explicit; format approval does not resolve their empirical adequacy.

APPENDIX / TRACEABILITY

The report and its analytical record

Identity	Recorded value
Runtime/package	1.8.7-demo-coherent.0.2
Report schema	bt28-taxonomy-reader/1.8.7
Analytical schema	bt28-analysis/1.8.7-demo-coherent.0.2-no-external-research
Underlying provider/model	Not supplied
Analysis run ID	20261005T123747Z_81635f58
Generated time (UTC)	2026-10-05T12:37:47.683655+00:00
Research permission	NO_EXTERNAL_RESEARCH
Sensitivity source	BT28_Gamma_Mapped_Demo_Coherent_v0_2.csv
Population	100 original synthetic profiles
Method interpretation	SHARED_REFERENCE_DEMO
Reference set SHA-256	26d4efcf0410e7437bd485e4c13e2a4c7b44323682256253a581696dabf7fa22
Taxonomy file SHA-256	42cd50b2bd95e77caf6dacc079a5fee03ed4aca4c1f92ce82968507801b2aa61
Canonical input SHA-256	2fafb2b3d4dba3c1d66bacdd8c3103e926cbd79563887d5c4be664adc526f08b
Original input file SHA-256	aadf639a73f8e9eb00a7bebf36e83038a1b7b8b5bf87f0f06726b2070d057fa
Scenario SHA-256	6353f574f9571fecca140b5dac23f3faf81d0b6c0d3a3531f8d6a77e95379eb3
Runtime manifest SHA-256	8066e669c3f621cf131da3a28faef28c114c5e2eaefa72fff859cdf8db6c65a0

The analytical JSON contains all nine reference digests, exact values, individual records, probability definitions and source bindings. PDF and Markdown byte hashes are in that JSON; the JSON does not claim a self-referential byte hash. Host model metadata is recorded only when provided. These bindings are not a clinical, psychological or reviewer-authentication certificate.