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The Reply

We thank Yale et al for their comments on our article on the clinical practice and cognitive errors associated with the diagnosis of facial paralysis.[1] We stand by our proposal to replace the eponym "Bell palsy" with idiopathic facial nerve paralysis and wish to address 2 points raised by the authors.

As the authors state, the eponym "Bell palsy" is deeply ingrained in medical literature. While a debate on whether all eponyms should be abandoned is beyond the scope of this reply, the counterpoint article[2] published alongside the article referenced by Yale et al in their letter's third citation[3] concludes "eponyms lack accuracy, lead to confusion, and hamper scientific discussion."[2] Current widespread use alone does not warrant continued use of this eponym in clinical practice, especially when it can be a source of diagnostic errors.[1] Furthermore, our proposition to abandon the use of the eponym does not diminish the contributions of Sir Charles Bell to the description of the condition and the function of the facial nerve.[4]

Inadequate knowledge regarding the evaluation of facial paralysis can indeed be a source of diagnostic error.[5] We do not believe the error associated with misdiagnosis of facial paralysis is a linguistic error in definition as suggested by the authors, but rather a gap in knowledge that stems from a fundamental misunderstanding of the need to consider secondary causes. Hence, educating clinicians on the types of facial paralysis is one of the goals of the clinical review section of the article.[1] However, medical error is often multifactorial in origin.[5] In addition, according to the theory of skill-, rule-, and knowledge-based levels of human performance,[6] knowledge alone does not prevent cognitive errors across the range of human functioning, and behavior-shaping constraints and enablers can play a key role. Replacement of "Bell palsy" with "idiopathic facial paralysis" can serve as such a constraint, a forcing function, reminding clinicians to consider alternative etiologies. Although we do summarize the literature on erroneous diagnosis of non-idiopathic causes of facial paralysis as "Bell palsy", we acknowledge it is challenging to conduct a scientific study to demonstrate that abandoning the eponym will decrease diagnostic errors. The authors acknowledge our assertion that descriptive terms should be preferred over eponyms, and we further expand that assertion to state that although differentiating peripheral from central facial paralysis is critical, presuming all peripheral facial paralysis is idiopathic and hence benign is a major error. Hence, the accurate descriptive term for "Bell palsy" is "idiopathic facial nerve paralysis."

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References

1. George E, Richie MB, Glastonbury CM. Facial nerve palsy: clinical practice and cognitive errors. *Am J Med* 2020;133(9):1039–44.
2. Woywodt A, Matteson E. Should eponyms be abandoned? Yes. *BMJ* 2007;335(7617):424.
3. Whitworth JA. Should eponyms be abandoned? *No.* BMJ 2007;335 (7617):425.
4. Bell C. *Case of Paralysis of the Face. M le Professeur Roux, of Paris; Communicated by Himself to M Descot Appendix to the Papers on the Nerves*. London: Longman, Hurst, Rees, Orme, Brown & Green; 1827.
5. Graber ML, Franklin N, Gordon R. Diagnostic error in internal medicine. *Arch Intern Med* 2005;165(13):1493–9.
6. Rasmussen J. Skills, rules, and knowledge; signals, signs, and symbols, and other distinctions in human performance models. *IEEE Trans Syst Man Cybern* 1983;SMC-13(3):257–66. https://doi.org/10.1109/TSMC.1983.6313160.

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