Some time ago, Dr Michael Vagg had a patient with severe neuropathic pain due to a nerve injury in one leg.

When the patient developed severe pain in the other leg, Dr Vagg, a Melbourne pain specialist and senior clinical lecturer at Deakin University, put it down to the same cause.

As it turned out, the patient's GP had a different view. Suspecting vascular disease, the GP referred the patient to another specialist, who correctly identified the problem as critical stenosis of the descending aorta, warranting surgical intervention.

"Because I already had an idea in my head, a working model of what her pain was, I ignored her other risk factors for vascular disease and missed the referral I should have made," Dr Vagg says.

"So that is the value in having other doctors involved."

The seeking of a second pair of clinical eyes is common in modern medicine. But it can still cause tensions. Some doctors, Dr Vagg says, are completely at ease with the prospect of a colleague reviewing their patient's case. Others, however, can see a patient seeking a second opinion as an attack on their professional judgement.
In the area of pain management, where good outcomes are heavily reliant on good doctor—patient rapport, patients actively seeking second opinions are a “fact of life”, Dr Vagg says.

About half of all patients in the clinic where he works would end up seeking a second opinion from another doctor.

"Despite your best efforts, you can't have rapport with every patient," Dr Vagg says.

"Sometimes, we understand we've reached a point with a patient and we need to get someone else involved. We virtually carry laminated cards with colleagues' details."

Patient motivations

There is an irony here. For despite the prevalence of second opinions and what can be at stake — the discovery of an incorrect diagnosis or treatment plan, or saving a patient from an adverse event — the research into second opinions remains limited. And even the research that is out there shows second opinions to be a complex area.

For instance, take a question with a seemingly obvious answer: why do patients seek second opinions? The top reason is not dissatisfaction with their treating doctor. Rather, it is a desire for more information, according to Professor Martin Tattersall, professor of cancer medicine at the University of Sydney. In 2009, Professor Tattersall was the lead author on a study of second opinions in oncology published in the *Medical Journal of Australia*.

The study of 77 who, over a two-year period, attended a Sydney cancer centre seeking a second opinion.
About 70% said they were motivated by wanting more information about treatment options and decisions, 61% said they were seeking reassurance their treating doctor had got it right, while 31% said they were dissatisfied with the information given by their previous healthcare provider.

For 50% of patients, the second opinion caused them to change either their treating doctor or treatment plan, with just over one-third switching to the second oncologist.

More than 80% said they received new information by seeking out the second opinion.

But according to Professor Tattersall, that statistic is "almost certainly skewed by the fact the first oncologist may have given them somewhat unexpected and or frightening news, and they blanked out half of the information they had been given".

"We don't know that for a fact, but it's certainly plausible that the second time they were more ready to receive it [bad news]," he says.

While it is difficult to know for sure, Professor Tattersall suspects that one of the causes for seeking a second opinion is that the patient was so shocked by their diagnosis, they were unable to absorb the information, and subsequently held a negative association with the doctor who presented it.

The simple solution, he says, is for a patient to record their consultation on a smartphone, which will give them the opportunity to digest the information in their own time.

One of the problems with second opinion research for Professor Tattersall is that where it does exist, it doesn't require that the first and second opinions it examines be given by doctors with the same specialty.

"They haven't adhered to the basics of what is a second opinion and so in some of the American literature, more than 50% of cancer patients seek a second opinion, according to the publication, but most ... went to see a GP then went to see a surgeon. We're not comparing apples with apples."

Professor Tattersall says his oncology study highlighted an interesting issue: if it emerged that the majority of patients seeking a second opinion hailed from a handful of doctors, this could be a strong quality indicator.

Professor Tattersall approached Medicare for more data to investigate this question, but was told he would need to obtain the signatures of every oncologist in the country first.
"So, we actually haven't got around to doing it, but as a quality indicator it's an interesting approach to take."

**Shifting attitudes**

Last month, *Australian Doctor* ran a poll canvassing doctors' views on second opinions. The findings suggest that doctors don't feel threatened by a patient wanting a second opinion. The vast majority of respondents (85%) said they supported second opinions — either as an opportunity to learn from colleagues or as part of patient-centred care (see graph).
What we know less about is how many second opinions contradict an existing diagnosis or treatment plan.

Best Doctors Australia is a controversial service that offers Australians access to second opinions from overseas experts who review patients’ medical files and treatment plans without
face-to-face consults. In patients who access this service, new diagnoses are made in 14% of cases and alternative treatment recommendations offered in 29% of cases. These figures are based on reviews conducted by Best Doctors experts on the files of 1000 patients in New Zealand and Australia.

Professor Tattersall, a medical advisor to Best Doctors Australia, quotes a Dutch study, published in the *European Journal of Surgical Oncology*, of surgical oncology patients that showed the second surgical opinion was identical to the first opinion for 68% of patients. It also showed there were minor discrepancies in opinions for 16% of patients, and for another 16% there was a major discrepancy.²

But that is oncology. A systematic review of patient-initiated second opinions published in *Mayo Clinic Proceedings* last year found that the value of diagnosis and treatment across general medical practice — excluding pathology and radiology — was "unknown".³

Of the seven articles it identified as worthy of a closer look, the review said a second opinion "typically confirms the original diagnosis or treatment regimen, but 90% of patients with poorly defined conditions remain undiagnosed".

"However, 10-62% of second opinions yield a major change in the diagnosis, treatment, or prognosis," it concluded. And on the fundamental question about whether the second opinion was actually correct, the paper simply stated that the potential of second opinions to reduce diagnostic errors "merits more rigorous evaluation".

Privacy matters
For MDA National medicolegal expert Dr Sara Bird, second opinions, while common practice, raise another issue. She says they can become a hotbed for privacy concerns and conflict — both between doctors, and between doctors and patients.

Doctors giving a second opinion should be careful not to criticise the first doctor's care, for this very often forms the basis of a patient's complaint.

"A relatively common allegation made by patients in complaints is that a subsequent doctor was critical of the care provided to them by the initial doctor; whether this is the reality or the patient's perception," Dr Bird says.

If a patient wants the fact they are seeking a second opinion kept secret from their treating doctor, the doctor asked to give the second opinion can't legally access the file without breaching the patient's confidence, she explains. They are then faced with the dilemma of seeking the file — thus breaching their patient's confidence — or working without the file.
"I think a take-home message is that when providing a second opinion, keep in mind that you may not have all the facts," Dr Bird says.

"With the patient's permission, you should contact the initial treating doctor to discuss the patient and seek details as to what transpired."

It could be helpful for the medical profession to develop guidelines on how to give a second opinion. At the very least, doctors should be aware of the danger they can potentially wade into when they give their view, she adds.

References