

# Doctors' Love/Hate Relationship With Second Opinions

Neil Chesanow | June 18, 2015

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## Opinions on Second Opinions Vary

Many if not most doctors would probably agree with Melissa Walton-Shirley, MD, a clinical cardiologist at Cardiology Associates in Glasgow, Kentucky, when she insists that "patients absolutely have a right to a second opinion." Dr Shirley did not qualify when a second opinion might or might not be justified.

But while many physicians say they agree with Dr Shirley, not all of them do.

"If a doctor is upset that a patient got a second opinion, I would consider that a knock," says John Mandrola, MD, a cardiac electrophysiologist at the Louisville Cardiology Group in Louisville, Kentucky. Dr Mandrola specializes in treating patients with atrial fibrillation, a condition for which patients commonly seek a second opinion regarding treatment. "I think it's a mark of a good physician that they don't get upset if a patient wants a second or third or even a fourth opinion."

But some physicians *do* get upset. Even Dr Mandrola sometimes does.

"It would be a little overconfident to say that I don't ever get emotionally attached to my recommendations," he admits. "But I am actively mindful of not being attached to what the patient chooses to do."

Not every doctor is always so mindful, however.

"I've seen situations where doctors who are threatened by second opinions might sometimes be the high-ticket guys," says Charles Davant, III, MD, a family physician in Rolling Rock, North Carolina. "The more money the doctor has at stake, the more likely they might be to lean toward doing something that would not be my first choice."

"I have rarely seen doctors get genuinely upset about patients who go for second opinions, says Ira H. Kirschenbaum, MD, chairman of the Department of Orthopaedics at Bronx-Lebanon Hospital Center in the Bronx, New York. In the rare event that a doctor does get upset, "I am sure there's ego involved: 'I spent time with this person. I thought we had a good rapport. Are they going to the other doctor because he marketed better?' People don't like to lose business."

"Physicians may interpret a patient's reluctance to follow their recommendations as a challenge to their expertise and authority," concedes internist Matthew H. Mintz, MD, associate professor of medicine at George Washington University Medical Center in Washington, DC. "But," he adds, "an open and honest discussion may lead to other, more likely causes, such as fear and denial on the part of the patient."

"There's certainly an ego component for some physicians," says emergency physician Miles Varn, MD, medical director of PinnacleCare, a health advisory firm in Baltimore, Maryland, "although what I tell the patients is: 'If a physician is really resisting a second opinion, there has to be a reason for that,' and it's not necessarily a reason that's in the best interest of the patient. In our experience, we see very little resistance to second opinions."

Is this the experience of other physicians as well? Let's take a look.

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## A Sensitive Subject?

Second opinions can be a touchy subject. Physicians are typically independent and authoritative decision-makers. They undergo the most arduous training of any profession to develop this ability. Having graduated from medical school and residency, they are supposed to know what they are doing. Having another doctor sit in judgment of their diagnosis or treatment of a patient can cause some doctors to feel annoyed.

"I'm ostensibly an expert," surgeon Atul Gawande, MD, MPH, a professor at Harvard Medical School in Boston, Massachusetts, wrote in *The New*

*Yorker* about hiring a physician coach to improve his clinical acumen.<sup>[1]</sup> "I'd finished long ago with the days of being tested and observed. I'm supposed to be past needing such things. Why should I expose myself to scrutiny and fault-finding?"

It's not hard to understand how some physicians might feel something similar when their patients seek a second opinion.

"I make no pretense of omniscience," wrote oncologist Jerome Groopman, MD, also a professor at Harvard Medical School, in his 2000 collection of clinical tales, *Second Opinions: Stories of Intuition and Choice in the Changing World of Medicine*.<sup>[2]</sup> "Decisions about diagnosis and treatment are complex. There are dark corners to every clinical situation. Knowledge in medicine is imperfect. No diagnostic test is flawless. No drug is without side effects, expected or idiosyncratic. No prognosis is fully predictable."



Nevertheless, when Dr Groopman was asked by a former college classmate to render a second opinion on her ailing father, who turned out to have a rare form of leukemia, and he discovered that the father's physician had misdiagnosed his patient and as a result had proposed a treatment plan that was downright "dangerous," he walked on eggshells when breaking the news.<sup>[2]</sup>

Physicians, even those of Dr Groopman's reputation, may be loath to criticize other physicians. A second opinion that not just differs from but invalidates the first opinion may not go over well.

"Interesting," the patient's doctor muttered, after Dr Groopman had bent over backward to be diplomatic in conveying the correct diagnosis.<sup>[2]</sup> It did no good. "His tone sharpened," Dr Groopman recalled. After that, "A heavy silence hung between us." And later, as the physician stubbornly defended to his treatment plan: "It was no longer a skirmish. It was war."

### High Rates of Misdiagnosis

Is it unusual for a physician offering a second opinion to consider the first opinion flat-out wrong? In the experience of many doctors, the answer is yes: It happens, but it's not the norm. But researchers have found that rates of misdiagnosis and mistreatment by physicians are disconcertingly high.

To take one of many examples, a 2014 study in the journal *BMJ Quality & Safety* found that approximately 12 million adults who seek outpatient treatment in the United States are misdiagnosed, or 1 in 20 adult patients.<sup>[3]</sup> In half of those cases, the investigators found, the misdiagnosis had the potential to result in severe harm. Nearly 100,000 US hospital deaths a year are due to medical error, although these include errors by nonphysicians as well as physicians.<sup>[4]</sup>

Another study, published this year, examined the impact of an expert second opinion on medical outcomes. The researchers collected data on over 1000 cases over a 3-year period.<sup>[5]</sup> They found that almost 77% of medical interventions led to changes in diagnosis, treatment, and/or the treating physician.

"Physicians are human, and medicine is still an art as well as a science," says Dr Varn, whose firm sponsored the study.

Sensitivity about territorial encroachment among some doctors is underscored by the many articles offering advice to patients on how to broach the subject with their physicians. It's no doubt true, as Dr Mintz says about this advice: "The patient often has a concern about upsetting their physician, not the other way around."

But sometimes it *is* the other way around.

Breast cancer expert Kathy D. Miller, MD, associate professor of medicine at Indiana University School of Medicine in Indianapolis, insists that getting a second opinion is a patient's right—and, with a breast cancer diagnosis, a good idea. Yet she concedes that not every oncologist agrees.

"There's a diversity of opinion on the subject, which shouldn't surprise us," Dr Miller says. "I have patients who have been

told that there was no need to get a second opinion. From my perspective, if a physician tells someone there's no need for a second opinion, it's a good indication that you need a different doctor."

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## A Common Culprit: Poor Communication

The most common reason that patients seek a second opinion, according to the doctors we asked, is either poor communication or lack of personal rapport between physician and patient.

"Second opinion requests may not always arise from a missed diagnosis or mishandling of a case but because the patient is uncomfortable with their healthcare provider," Dr Shirley maintains. "If we touch our patients and thoroughly listen to their concerns at every visit, we'll get fewer requests for a second opinion."

In Dr Miller's experience, misdiagnosis or mistreatment accounts for a minority of second opinion requests. "I see a lot of patients for second opinions," she says. "Only about 20%-25% of the time would I recommend a treatment different in some way than what they've had before."

Most patients who come to Dr Miller seeking a second opinion do so for two reasons: "They didn't feel like their doctors were listening to them and hearing their concerns, and I gave them a better, more complete explanation of their situation and treatment options. I hear that a lot from people for whom I did not recommend any different treatment. They were getting exactly the right therapy. But they didn't feel like they got a thorough discussion or a good education about their situation and their options. They were told: 'This is what you have, and this is the treatment. You'll come in on Monday and do this, and then on Friday you'll do that.' There was no sense that anything else was considered. They wanted to know: 'Why is this the best treatment for me?'"

"Part of that may not be fair" to the initial doctors, Dr Miller hastens to add. "If you're the second or third person seeing someone, you will almost always sound smarter. You're going through the same information and the same explanations. The second or third or fourth time through, it starts to make more sense to patients. Nuances that their first doctor may have covered, they start to hear."

"Some physicians are better at relating and communicating the information to the patient, no doubt about it," Dr Varn agrees. "Sometimes the second opinion is just helping the patient understand the information in a better way in terms of what problem they have or what their options are. Physicians have different communication styles, as do patients. So the match is not always perfect. One physician might be a better match for a specific patient."

### **When A Second Opinion Is Encouraged**

While some physicians may bridle at having a patient seek a second opinion, often it's the patient's doctor who seeks another doctor's take, for a variety of reasons. Chief among them is uncertainty about what is wrong with the patient.

"Being in family medicine and geriatrics, I don't get asked for a whole lot of second opinions as much as I might send somebody for a second opinion," says Dr Davant. "That would be particularly true with, say, an older patient who almost certainly has either Alzheimer's or another type of dementia, or someone who's not getting better, and I'll say, 'It's time we get a neurologist to look at it.'"

"Second opinions can be diagnostic or therapeutic," explains Dr Mandrola. "A second opinion could be sought if you or the patient is not sure that the diagnosis is correct. One of the biggest reasons for second opinions is not so much which treatment the patient needs but whether to treat or not. One of the things I end up recommending a lot is no treatment."

For older patients with atrial fibrillation, "sometimes just living with the disease is safer and better than doing anything else, and many of my second opinions are just education about what the disease is," Dr Mandrola says. "A lot of times, in giving a second opinion, the disease I see patients for is simply part of the aging process. Or it's natural variation on a low heart rate that the patient is concerned about. To which I may say, 'Yes, you have a low heart rate, but if it worries you, stop checking it.'"

"Second opinions often involve a serious procedure or a surgery," says Dr Mintz. "As a primary care physician, I don't do

surgeries or serious procedures. However, a patient may say, 'You referred me to Dr so-and-so and they want to do X procedure. What do you think? I'm really concerned.' I always tell them to get a second opinion. In fact, I recommend that anyone get a second opinion on a serious elective procedure."

But it depends on the situation.

"If you have gallstones, and a physician says your gallbladder needs to come out, then that's a bread-and-butter surgery, and there's usually pretty good consensus that if you're having gallstone pain, you've got gallstones," Dr Mintz adds. "Most experts would say, 'Go ahead and get your gallbladder taken out.'"

"If there's an emergent surgery—say, you have appendicitis, and you may die—you don't need a second opinion for that," Dr Mintz elaborates. "But the trickier things—like should I get my knees replaced? Should I get my spine fused? A lot of these sort of elective surgeries, which are designed to improve function and relieve pain, are controversial because they don't always do that. In those cases, I'll always say, 'Get a second opinion.'"

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## When Doctor and Patient Disagree

A common reason to seek another doctor's advice is when the patient disagrees with the recommended treatment.

"I'm most mindful of making sure that I've removed fear and ignorance from the decision and that I've helped the patient make the best decision for them," says Dr Mandrola of patients with atrial fibrillation. "It does get tricky when I think that a patient is choosing to do something that's not what I think is best."

He offers this example: "If I think an atrial fibrillation patient should take a drug I think is beneficial, but then they see the statistics, and they see that the drug reduces the risk for stroke by 3%, which means they have a 97% chance of not having a stroke, they may decide to go with the 97% and not take the drug. Then I struggle with myself: 'Okay, maybe I am biased because I want them to make the best choice.' If they disagree, that's often when I say, 'You should go and get another opinion. Go talk to somebody else.'"

Other disagreements may hinge on which tests patients want performed. Many patients, for example, want an expensive MRI—often at the urging of friends and family—when their conditions don't warrant one. Not long ago, a physician may have acquiesced. But today, as insurers seek to rein in costs, this may result in a warning letter or even deselection from a health plan if the physician is singled out as a high utilizer of tests or procedures that are deemed unnecessary.

"If a patient is requesting an unnecessary test or procedure that a physician is uncomfortable with, a second opinion will either strengthen the patient's confidence in the first physician's opinion or place a problem in someone else's willing hands," Dr Mintz points out.

A surgeon should refer a patient to another surgeon if two procedures are equally efficacious, but the patient's surgeon has more experience with performing procedure A, and the patient wants option B. However, Ibrahim Eid, MD, chief of vascular surgery at PrimaCare, a multispecialty group in Fall River, Massachusetts, asserts that such referrals may not always occur.

"Many physicians will try to hide option two if they are not comfortable with it and take care of the patient themselves because they are comfortable with option one," he contends. "The patient may not even know that there was a second option. The physician may not disclose it or elaborate on it much because he doesn't want to lose the patient."

Medicine is too physician-centric, Dr Eid insists. He is hopeful that the Affordable Care Act will provide the impetus to make medicine more patient-centric.

"As a doctor, I should be able to tell my patient, 'These are the options that are okay for you. This is the one I am comfortable doing. Let's talk about your choice. If you elect the second one, which I am not comfortable doing, I will refer you to a doctor who does it.'"

PinnacleCare, which helps patients obtain second opinions from specialists at leading medical centers nationwide, advises them of five situations in which they should always seek a second physician's advice: when the diagnosis is cancer; when

surgery is recommended; when the diagnosis or course of treatment is unclear; when the patient's current treatment isn't working; and when a rare disease or condition has been diagnosed.

"Technologies and thought leader-based approaches may not be available in community settings that are available elsewhere," Dr Varn says. "Without a second opinion at a center of excellence, the patient might not understand that there are unique opportunities for either a clinical trial or care, but it could be an opportunity for them to take advantage of and possibly lead to a better outcome."

Recognizing that you aren't a good fit with the patient or the best doctor to treat the patient's condition are also reasons to refer the patient out, Dr Eid maintains.

"It's my duty as a physician to detect that the patient is not easy with me, or doesn't feel totally comfortable, and make it easy for them to talk about getting a second opinion," he says. "I live in the backyard of Massachusetts General, Brigham & Women's, and other hospitals. All of the patients who see us have a chance to go to these institutions. When I talk to my patients, I tell them, 'We're going to look at your CAT scan, and on the basis of that, I will tell you what kind of surgery you need.' But sometimes it looks so complicated, I will refer them to Mass General. Patients don't have to do the homework themselves. I will tell them, 'This aneurism is too difficult for me. I'm going to refer you out.'"

Kathy Miller also frets that she may not be the best oncologist for all of the breast cancer patients who come to see her. "I worry about what the outcome might be for aggressive treatment," she says. "I worry about patients being exposed to toxicities I don't think they need. I spend time reflecting on my interactions with them. Did they really get me at my best? We all have good days and bad days—days where it's crazy and distracted, with lots going on. Sometimes it's just that I'm not the best person for a patient. My approach isn't the best for them. The best solution for them is to see someone else."

However, Dr Miller also believes that a second opinion is justified even if it does no more than help to reassure the patient.

"Most of the time, it's more common that the second opinion confirms that medically you're on the right path," she says. "Even if that's all it does, sometimes a different explanation, different analogies, or simply explaining something the same way a second or third time in a more removed setting can give patients a lot more confidence and comfort that they really are on the right path and doing the right thing."

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## "Preference-Sensitive" Treatments

A key reason for seeking a second opinion is when more than one treatment for a given condition is endorsed in the clinical literature, and even though the patient's doctor may favor one over another, the buck ultimately stops—or should stop—with the patient.

"I see a lot of second opinions in atrial fibrillation," says Dr Mandrola. "Treatment is 'preference-sensitive.' You can live with the disease, take a drug, or have a procedure. It's a very common disease to get second opinions on."

In orthopedic surgery, when outcomes are often unpredictable, second opinions are also common.

"In spinal stenosis," says Dr Kirschenbaum, "you could have a situation where, when you ask surgeon one, 'What about a pain clinic?,' he'll say, 'You can do pain clinic for as long as you want, as long as your spine is not at risk. But in my opinion and in my experience, this will eventually need surgery, and you probably need it now, whether or not you want pain management.' Another surgeon might say, 'You may indeed go on for surgery. I just want to try one more trial of pain management.'"

"But if you're going to a pain management doctor vs a surgeon for spinal stenosis, a pain management person will probably not recommend surgery," Dr Kirschenbaum says. "When your only tool is a hammer, everything looks like a nail. A surgeon technically may be more likely to recommend surgery. However, the surgeon has two hammers in his toolbox. He can treat you operatively or nonoperatively. My advice: Ask doctor one about what doctor two is going to do and hear his opinion, and vice-versa. You may find that the two opinions are not so far apart. The two doctors may just be timing things differently."

"Preference-sensitive conditions are more common than most people would think," says Dr Eid, the vascular surgeon. "In

the US, if you have prostate cancer, how you start treatment depends on what kind of doctor you visit. If you visit an oncologist, you start with chemotherapy. If you visit a urologist, you get the tumor removed. If you see a radiation guy, you get it radiated."

"Another example is treatment for breast cancer: lumpectomy vs mastectomy," Dr Eid continues. "A lumpectomy followed by radiation is medically equivalent to a mastectomy followed by breast reconstruction. If I am a surgeon in a setting where I have a clinic with myself and a plastic surgeon, I would remove the breast and refer the patient to my friend, who would reconstruct the breast. In a different community, I could do the lumpectomy, but since my hospital has a nice radiation department, they would do the radiation."

"A large percentage of second opinions result in a different opinion," Dr Eid observes. "This is normal, but it also does not mean that the first opinion was wrong. It simply means that each doctor is presenting his take on it. The second opinion where we catch a mistake is in the minority. Most of the time there is more than one acceptable choice, but doctors typically are not really telling the patient, 'Let's see what works for you.' Each one is saying what works for him."

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## "Second Opinions Are Overrated"

War, as the saying goes, is too important to be left to the generals. Is this true when choosing a doctor for a second opinion as well? If a patient is diagnosed with cancer or another serious condition or is thought to need major surgery, is sending the patient to another doctor in the practice, or a doctor who happens to be listed in the provider directory of the patient's insurer, sufficient due diligence?

Frank J. Veith, MD, professor of surgery at Case Western Reserve University in Cleveland, Ohio, and at New York University in New York, and chair of vascular surgery at the Cleveland Clinic, doesn't think it is. Dr Veith takes a contrarian view of second opinions. He thinks they are "overrated."

In an email to Medscape, Dr Veith laid out his argument:

"A middle aged man goes to his primary care physician for his annual check-up. Because of an abnormal physical finding or laboratory test, he is referred to a specialist, who, after additional tests, recommends an operation with considerable risks. Before agreeing to the procedure, the man decides to seek a second opinion. This sequence of events occurs routinely, as the second opinion is generally accepted as one of the sacred cows of American medical care.

"Let's examine this sacred cow to see if it is a good thing or an overrated practice, which serves little useful purpose. First, the potential advantages. If the second specialist agrees with the first opinion, it can be reassuring to the patient and his family, but it really is unnecessary. On the other hand, if the original specialist is less than optimal or motivated by the financial rewards of performing his recommended procedure, the second opinion can possibly benefit the patient by saving him from an unnecessary, wrong, or possibly harmful operation. However, why not solicit the opinion of the second, better specialist first?

"Now the downside. If the second specialist disagrees with the first, the patient faces a dilemma. He has to pick between the two specialists. How does he do this? Does he follow the advice of the more articulate and likeable specialist? Does he pick the opinion he likes, despite being a nonexpert? Does he solicit a third opinion—a tie breaker? Taking a vote on a medical or scientific question does not assure arriving at the correct answer—especially if the vote is 2:1, and especially if one of the specialists is self-appointed or a full-fledged phony. So disagreement between the first and second specialist does not assure better care. It can lead to confusion and uncertainty. It may lead to the wrong course of action. Our second-opinion process may therefore be unnecessary or misleading, and is in reality not worth much.

"The key to finding an initial exemplary specialist whose first opinion can be trusted is to have that specialist identified by another knowledgeable physician who represents the patient's interests. Such a 'physician trustee' can be a primary care physician with whom the patient has a solid relationship. Alternatively, it can be a physician who is a friend, relative, or acquaintance. In either case, the physician-trustee has to take the time and make the effort to identify specialists he knows in the field in which the patient needs care."

## Choosing the Best Doctor for a Second Opinion

In reality, though, locating an "exemplary specialist" is easier said than done. Even finding the right specialist with a solid reputation in the community, let alone a key opinion leader who may not practice in the same part of the country, involves a lot of work for the referring physician.

"Who's going to take responsibility for that?" asks Dr Varn of PinnacleCare. "The patient doesn't know what to do. They're not skilled or versed in the healthcare system. Yet the physician, who needs to move on and see six more patients that afternoon, really doesn't have the time to organize the records, present the questions that need to be presented, make the referral, and make sure the patient gets to the right experts. It's not an easy process. It creates more work that physicians don't have time to do."

A growing number of hospitals and private firms are stepping in to make the process easier by arranging for specialists to offer second opinions from afar. Johns Hopkins Medicine in Baltimore, Maryland, for example, will arrange for a remote second opinion with a specialist in their departments of dermatology, gastroenterology and hepatology, neurology and neurosurgery, neuroradiology, otolaryngology and head and neck surgery, pathology, surgery, and urology.<sup>[6]</sup> MD Anderson Cancer Center in Houston, Texas, will arrange for a remote second opinion with a pathologist who is expert in identifying breast, skin, gastrointestinal, genitourinary, gynecologic, head and neck, bone and soft tissue, thoracic, or other cancers.<sup>[7]</sup> The Cleveland Clinic will arrange for online second opinions for over 1200 conditions.<sup>[8]</sup>

"Different treatment approaches may be equally valid," Dr Varn points out. "One physician can make a strong argument that their approach is right and present that to the patient. Another physician can make an equally strong argument that their approach, which is different, is right and make that case to the patient. Our job is to make sure that the patient understands the arguments for and against and then makes an educated, thoughtful decision that's right for them."

PinnacleCare, where Dr Varn is medical director, is one of a growing number of private firms that arrange for remote second opinions on behalf of patients, their doctors, and employers. The firm has formed relationships with dozens of top medical centers, including Memorial Sloan Kettering Cancer Center in New York; McClean Hospital and Massachusetts General Hospital in Boston; Duke Health in Durham, North Carolina; Rush University Medical Center in Chicago, Illinois; Mayo Clinic in Scottsdale, Arizona; and Cedars-Sinai Medical Center in Los Angeles, California.<sup>[9]</sup>

Medical experts working through such institutions do not have hands-on contact with patients. After examining patient records and the results of tests conducted elsewhere—or, in the case of pathology, often reanalyzing tissue samples—a specialist issues a report that is then posted online, accessible to patients via a secure web portal. In some cases, a representative of the organization discusses the report with a patient over the phone.

In-person second opinions are generally covered by commercial insurance. Medicare Part B foots the bill for a second opinion if surgery is recommended—even, in some cases, if the surgery isn't an emergency.<sup>[10]</sup> The patient pays 20% of the Medicare-approved amount. Medicare will also help pay for a third opinion if the first and second opinions are different. As for virtual second opinions, "I don't know of any insurance company that covers that cost," Dr Varn says.

What is the cost? To give you an idea, the Cleveland Clinic's MyConsult Online Medical Second Opinion service will confirm whether one of its specialists concurs that the initial diagnosis is correct and that the treatment plan recommended by the patient's physician is indeed the best option for the patient for a fee of \$565.<sup>[11]</sup> If pathology is included, the fee is \$745. A Cleveland Clinic specialist reviews the case and provides a comprehensive report, which the patient accesses via a special Web portal, in about 10 days to 2 weeks.

"After receiving a report, patients will sometimes ask me, 'What would you do?'" Dr Varn says. "I tell them, 'I can't make this decision for you. My decision would be based on my own beliefs, values, and circumstances. Yours needs to be based on your beliefs and values. I just want to make sure that you understand what you need to know to make an informed decision. That's my job.'"

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