

Perspective

Second Opinion in Surgical Practice: Are We Ready To Embrace?

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A second opinion in surgical practice refers to a fresh interpretation of a given diagnosis, opinion, complication, or treatment plan of the primary surgeon. It is the opinion of a surgeon other than the patient's current treating surgeon. He reviews the patient's medical records, carefully examines the patient, and gives his opinion on the problem and how it can be treated. It may confirm or question the primary surgeon's diagnosis or treatment plan and give more information or options.

The second opinion can be of two types: 1. Surgeon may ask another surgical colleague to opine in certain situations 2. Patients may directly go to another surgeon due to various reasons –most often for reassurance or dissatisfaction with the treating surgeon with litigation in mind.

When faced with a complex medical problem or an unusual situation and the major decision has to be taken, getting a second opinion reassures the patient and the primary surgeon. It increases the confidence in the diagnosis and treatment plan. It can uncover a potential misdiagnosis, undetected issue and confirm or alter the management plan according to the current best medical evidence.

Patient asking for a second opinion: The patient has every right to ask for a second opinion and we surgeons should not get upset about it. A good and experienced surgeon should be comfortable in encouraging patients to consult with another surgeon.

The most important is to avoid any miscommunication. Hence proper documentation of history, examination, evaluation, and treatment plan is very crucial; if there are any dilemmas in management or alternate therapy, it should be documented and explained to the patient. In complicated cases, it is better to ask the patient whether he/she wants to take a second opinion and if agreed upon we can guide the patient to the right surgeon in whom we have confidence and comfort. Always better to talk to the surgeon and explain that a why second opinion is sought.

Surgeon asking for a second opinion: There are situations when a surgeon may need help from another colleague for arriving at a difficult diagnosis or treatment plan. For example, when all the evaluations for abdominal pain have been done with no definitive diagnosis and the patient continues to suffer, is a clear-cut indication. Post-operative complications with no improvement and relatives becoming restless is another example. Some patients do Google search and may have different expectations other than what we have suggested. In such situations, a second opinion reassures the patient.

Sometimes a surgeon may require an urgent intraoperative second opinion to proceed further with a surgery. It is a stressful situation and the surgical colleague should consider the request with camaraderie and observe all etiquette of an operation theatre environment.

Rules/courtesy to be followed for second opinion:

The internet is full of advertisements for second opinion doctors, clinics, and hospitals. It is extremely easy for patients to get misled. They come with the hope of getting their problem solved and we should do our best to help them and should not exploit the situation.

When we send a patient to another surgeon, proper communication is the key factor. Refer with clear notes and why a second opinion has been asked. We should have 2 or 3 surgeons with whom we have good rapport and confidence and whose reputation in society is well known. This infuses confidence in the patient. Just because another opinion is sought, the primary surgeon in no way is inferior or less expert. On the other hand, it shows his maturity and confidence he has in his colleague and what he is doing is with the best interest of the patient in mind. This should be appreciated and encouraged.^[1]

When another surgical colleague asks for help or refers a patient, it should be considered as a privilege and a great responsibility. Always be cordial with the patient and should not try to boast our knowledge and expertise. If any additional investigation essential to arrive at a diagnosis is required, it should be done. Never speak anything ill about another surgeon.^[2] After arriving at an opinion, it should be documented and conveyed to the primary surgeon and the patient. The intention should not be to take over the patient unless that is what the patient or the primary surgeon has requested.^[3]

Whenever patients come for a second opinion on their own, without a referral, utmost caution should be taken not to indulge in the blame game. If we differ with the primary surgeon's opinion or a complication which has occurred after surgery, it should be conveyed to the patient in a very cordial and simple language with empathy. Our expressions and body language will be closely observed by the patient or their relatives. This is a tipping point where potential litigation can be avoided and can be supportive of our surgical colleague if there are any misgivings about him in the patient's mind. It must be emphasised that complication is part of any surgical process and not negligence.^[4]

Surgeons are proud and egoistic doctors and often resistant to change. The second opinion phenomenon has caught the imagination of the public and we surgeons should be gracious enough to accept the change in professional practice and the safety net it provides against potential litigation and medicolegal issues.

Ethical approval

Institutional Review Board approval is not required.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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