

MANAGING PATIENTS SEEKING A

Mr Tan, a 75-year-old gentleman, came into my consultation room with a large group of family and friends. There were only three chairs, so the rest had to stand during the consultation.

Mr Tan had a recent onset of fever and right side abdominal pain. A CT scan done two weeks ago showed an eight-centimetre abscess in the right lobe of his liver. He had been on antibiotics for the past two weeks and had been afebrile. But he was still unwell with a poor appetite.

After taking a full history and examination, and reviewing his last CT scan, I told Mr Tan and his entourage, "This is an infection in the liver, standard treatment will require six to eight weeks of antibiotics. Let's review how it has progressed by now. If it liquefies, then we can shorten the recovery by image-guided percutaneous drainage."

Three hours later, Mr Tan returned, and I had his lab results and CT films ready by then. I informed him and his companions that the liver abscess had now partially liquefied and he would improve faster if we could remove the pus via percutaneous drainage.

Mr Tan then asked me about open surgical debridement. I explained that surgical treatment should be a last resort as it carried certain risks, especially for a 75-year-old patient. Besides, his abscess had now liquefied quite a bit and he would recover faster if we could remove the pus via drainage. During my explanation, Mr Tan appeared to be in deep thought, and then replied that he would consider all options before getting back to me.

Two days later, his family called me and agreed to percutaneous drainage.

I later discovered from his family that Mr Tan took two days to get back to me because he had sought opinions from at least two other specialists in my hospital. One surgeon recommended open debridement straight away, while another surgeon made a recommendation similar to mine. Somehow, Mr Tan decided to follow my recommendation.

SECOND

MEDICAL

OPINION

By Dr Desmond Wai

It is very common for patients to seek a second opinion nowadays, and I encounter such patients almost daily. We must be careful about how we handle them, not just on a personal level, but also on a professional one.

I regularly refer my patients to other doctors, like specialists in other fields (for opinions on nondigestive problems), family physicians (for continuity of care), and even fellow gastroenterologists (when I cannot solve my patients' problems). Basically, I refer patients to my fellow colleagues when I think that they can do a better job than me. As the primary physician, I make the decision to refer, and whom to refer to, so referrals are usually done in a friendly manner.

But seeking a second opinion is different. It is often done when the patients (not the doctors) think other doctors can do a better job, usually without the knowledge of the primary doctors, who have no control over whom their patients consult. The second opinion can be contradictory to the primary doctors' opinion, and can even be hostile at times.

Why patients seek a second opinion elsewhere

The main reason patients seek a second opinion elsewhere is simply because they are unhappy with you and/or your management, and the reasons can be summed up as follows.

Disease factors

In reality, many diseases are not curable, and some are not easily controllable. Yet this is hard to accept from a layman's perspective. Therefore, it is quite common for patients to seek opinions elsewhere when their clinical outcomes fall short of their expectations.

Classic examples are patients with gastroenteritis and acute viral hepatitis. I had one patient whose parents told me that they were upset that their child's diarrhoea worsened after they consulted me. Another patient of mine, who was admitted for acute viral hepatitis A, was unhappy that his bilirubin level went up further after he consulted me. They indicated to me that they intended to seek a second opinion from other doctors. Obviously, I did not (and also could not) cause the diarrhoea or jaundice to worsen. It was just the natural history of each disease.

Lastly, clinical Medicine is not cookbook Medicine. There is no standard treatment for many diseases. Every patient is different and each patient responds differently to a specific medication or treatment. Although there are treatment guidelines for many common diseases, very few patients fall into the simple clinical categories described in the guidelines. For instance, it is quite common for a hepatitis B patient to get very different opinions from different gastroenterologists regarding when and how to treat their illness.

Patient factors

Some patients prefer to ask for confirmation before they undergo a procedure or treatment. Other patients also consult physicians for an independent, unbiased second opinion. I once had a patient with a right lobe hepatocellular carcinoma, who asked me if he should undergo open or laparoscopic hepatectomy, as his family was told of different surgical approaches by different surgeons.

Sometimes it is the patients' relatives who force the patients to seek a second opinion. Once, a patient with chronic hepatitis B came to me for a second opinion. He was actually well managed by a senior gastroenterologist, but his wife forced him to see me because I had treated her mother in the past.

There are also patients who want to seek a second opinion to gather evidence to find out if their previous doctors were medico-legally negligent. Last year, a patient with a stoma consulted me for colon perforation after a diagnostic colonoscopy in another hospital, and asked many specific questions on colonoscopy complications. We need to be extremely careful when managing such cases. While I offered suggestions about treatment for his stoma, I told him that I did not wish to comment on the medico-legal aspects of his condition. I did not have the full picture and it was not fair to make any comments. I have heard of doctors encouraging such patients to sue other doctors for negligence, but I think that this is neither fair nor proper.

Lastly, some patients just want to hear what they had been expecting to hear, and will not take no for an answer. They will just seek opinions elsewhere till they get the medical advice that they want. For example, some of my patients with advanced liver cirrhosis, metastatic colon cancer and hepatocellular carcinoma (HCC) decided to see another doctor after I said that there was no cure for them.

Doctor factors

Sometimes we doctors do not explain things clearly to our patients, or we are not able to communicate with the patients at their level. It is not the words that come out from our mouths, but what our patients perceive that is important. It can sometimes be a challenge to explain treatment options for HCC or chronic hepatitis B and C to patients in Mandarin or dialects. If patients cannot comprehend what we say, many will just move to another doctor till they fully understand.

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Also, we sometimes offend patients unknowingly, when we appear rushed and uncaring during the consultation, or when our receptionists or clinic nurses are rude to them. I have heard of patients swearing never to return to a particular clinic just because they felt the receptionist was rude.

Unknown factors

Frankly, I can only guess the reasons why some patients consult me for a second opinion. But I am sure an equal or even greater proportion of my patients seek a second opinion elsewhere and do not return to see me. There is really no way I can estimate accurately how many of my patients have left me for other doctors, nor will I ever know the real reasons why they left me.

Seeking a second opinion has its price

Healthcare costs will definitely go up. Besides having to pay more when seeing other doctors for the same complaints, patients often have to undergo more tests and procedures. They could also lose precious time arranging and waiting for appointments for a second opinion. More importantly, some patients become more confused when the second opinion contradicts the first opinion. I have even had patients coming to see me for a fifth opinion, when their first four opinions all differ! Of course, I gave my opinion, but was not sure if they were any clearer after consulting me.

On our part as doctors, it is also unsatisfying professionally (and emotionally) when our patients leave us to see other doctors for the same complaints. We love to see our patients trust us, follow our instructions, and get well. And it is disappointing when patients perceive our best efforts as not good enough. Finally, as a profession, we do not look good to patients and the public when we disagree with or badmouth one another.

What to do when patients see you for a second opinion

My first suggestion is that you should give yourself a pat on the back! Since the patients want an extra opinion from you, they must consider you an expert in a particular area. When a patient sees me for a second opinion, I normally go through the following principles:

1. Find out what recommendations the first doctor proposed, and find out why the patient wants a second opinion, and which aspects of his recommendation the patient is unhappy with. I find that most of the time, the first doctor did nothing wrong medically. But sometimes, the patient cannot accept a diagnosis, or want to get confirmation from another doctor before proceeding to undergo a particular treatment.



2. If I know the primary doctor well, I will seek permission from the patient to call up the first doctor to discuss. A few months ago, I was requested to see a young man with pancreatitis by his family. As he was managed by a good friend of mine in the same hospital, I asked the family for permission and called up my colleague for discussion. After the discussion, I understood why the primary doctor made his diagnosis and treatment recommendations. I then met the patient and his family, and explained he had received the best possible treatment from my viewpoint.
3. If I think that the first doctor is right, I will plainly state that I agree with him, and ask the patient to return to him for treatment.
4. If I think an alternative treatment is more suitable for that particular patient, I will state my case. And I always conclude that it is common for different doctors to give different recommendations, because in clinical Medicine, there is often no right or wrong answer, and only time can tell which treatment option is better.
5. Unless I am really sure, I never comment that the first doctor's management or diagnosis is wrong or inappropriate. Avoid saying things like, "Oh dear, your doctor did that!" or "You should have come earlier!" We must be aware that the patient may repeat our comments or recommendations to other doctors, including the primary doctor. I had a patient who came



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5. Lastly, reassure the patients that you are always their doctor and will always welcome them back should they wish to return. I have quite a number of patients coming back to see me after they sought a second opinion elsewhere. Don't make patients feel that you are abandoning them.

I recently had a patient whom I diagnosed with Crohn's disease, who sought a second opinion from an inflammatory bowel disease specialist at a top medical centre in the US. I cooperated fully and emailed all her endoscopy, histology and lab reports to the expert. I was glad that the specialist agreed with my diagnosis and treatment, and the patient returned to me for follow-up.

back to me after seeking a second opinion elsewhere. He told me the other doctor said my treatment was a complete failure, which was a very hurtful and unfair comment. The funny thing was that the patient returned to me as he found me more trustworthy.

What to do when your patients want a second opinion elsewhere

1. Try not to feel too disappointed, and don't take it too personally. Console yourself that this is a common practice nowadays. It is better that your patients do it with your knowledge, instead of behind your back. I accept that there are better doctors elsewhere and it is the patients' right to seek the best treatment for themselves.
2. Ask your patients for the particular reasons why they want to see another doctor. Try to resolve the issues with them, and ensure they do not misunderstand your treatment plans.
3. Give all endoscopy, laboratory and imaging reports to the patients. I even tell my patients to ask their second doctors to call me so I can give them a comprehensive explanation. Some doctors are reluctant to give their patients the reports, but this creates the impression that they have something to hide.
4. Suggest names for your patients to seek a second opinion from, and try to convince your patients to be referred instead.

Final words

Seeking a second opinion is a common clinical practice among patients nowadays. We ought to be mature enough to accept that some of our patients will not stick with us forever. We should also be humble and factual when patients see us for a second opinion. Avoid making negative comments about other doctors, unless you are dead sure that there is unethical or unprofessional behaviour. Focus on the treatments (not the doctors), weigh their pros and cons with the patients, and recommend what you think is right. Instead of saying, "Your doctor was wrong", consider saying, "The treatment A that you received has these pros and cons. I think you can consider treatment B."

Lastly, always remember to do unto others what you would have them do to you, and what goes around comes around. Treat your colleagues the way you want them to treat you. If all of us behave professionally, our whole profession benefits. **SMA**



Desmond is a gastroenterologist in private practice, and he welcomes any feedback (positive or negative) from his colleagues if his patients seek a second opinion from any of them.