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Is it worth asking another doctor for a second opinion?

Doctors and patients can have legitimate reasons for getting them, but ideally it's a process of shared decision-making.

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A school-going teenager, a middle-aged daily wage earner and a young caregiver of elderly parents. All have a Covid-19 upper respiratory tract infection. But while all have the same disease, it affects them in very different ways, both physically and psychosocially.

This reflects the fact that uncertainties are inherent in medicine, and span disease presentation, impact, diagnosis and outcomes. They also include the impact of illness on relationships, livelihood, or social position.

These uncertainties inherent in clinical practice, and the nature of medical decisions, mean there can be legitimate differing professional opinions about a patient's treatment. However, given the training and expertise involved in medical practice, and the increasing scientific evidence that forms the basis of medicine, the idea that different doctors can provide different opinions on the same clinical problem can appear confusing.

Patients may believe that competent doctors would recommend the one "correct" course of action, and variations in practice.

Yet, seeking a second opinion need not have negative connotations. Doctors may recommend that their patients seek a second opinion so that they can get more information to clarify any lingering doubts, especially before significant medical decisions.

Patients who do not connect with the doctor whom they are consulting, may seek another professional with whom a trusting relationship can develop, and they can collaborate on decision-making.

And if a patient does return to their own doctor with a differing second opinion, it is advisable for the professional to clearly explain the rationale for the original decision and use the return visit as an opportunity to better understand the patient's perspective and seek a therapeutic alliance.

WHAT'S INVOLVED IN A MEDICAL OPINION?

When a patient consults a doctor and receives a professional opinion on a diagnosis or treatment plan, an opinion is exactly what he or she is getting. An opinion is typically understood to be the exercise of expert judgment on a clinical problem, the outcome of which is offered to patients in the form of professional advice.

Optimal decision-making actively involves both parties – doctors and patients. Both share information – patients on what beliefs and preferences are valued, and doctors on what clinical solutions would help patients achieve their goals. Agreement is typically reached before a treatment plan is implemented. This model is described as shared decision-making. Evidence shows that such an approach reduces decisional regret and conflict.

WHY DO THEY DIFFER, THEN?

For doctors to provide opinions that are appropriate, they must engage patients in dialogue and appreciate what is important from the perspective of patients. In addition, biomedical variables such as co-morbid medical conditions, physiological fitness, functional capability and sometimes psychosocial support available from caregivers must be factored into the deliberation. So, it is not unusual for two demographically similar patients with identical diseases to be offered very different recommendations.

This is not a reflection of medical incompetence, but a testament to the professional commitment to individualising treatment.

Often what may be considered the "correct" biomedical answer according to the medical textbook has varying impact on the physical and psychological well-being of different patients.

To avoid any cookie-cutter approach to healthcare, doctors and patients engage in a therapeutic relationship to personalise the care provided and received.

SYMPTOMS MIGHT NOT BE CLEARLY EXPRESSED

Patients do not typically present to doctors with an exact list of symptoms with perfect recall. They may not know what is relevant to the illness.

Patients instead provide narratives on the impact of illness on their lives. For example, a patient may not offer a medical history of exertional shortness of breath of two weeks' duration. They may instead describe not having enough energy to do what they usually do, such as walking up a flight of stairs to their flat.

Doctors need to make sense of these narratives, seek clarifications, and synthesise a diagnosis and treatment. This process is far from an exact science and is heavily influenced by the experience and communication attributes of the professional.

These challenges in interpreting patient narratives can also explain why a patient can get differing opinions on the same problem from different doctors.

HEART PROBLEM OR MUSCLE STRAIN?

There can be uncertainty surrounding diagnosis as well. Patients often have pressing symptoms and treatment may need to be started based on incomplete information provided in the medical history.

Such patients are carefully monitored, and information is continuously processed with the medical opinion evolving as initial decisions are reviewed. For example, a patient at the emergency department with vague chest discomfort may be treated with analgesia for a musculoskeletal strain while investigations are carried out to exclude a serious cardiac cause for the symptoms.

SAME ILLNESS, DIFFERENT RESPONSES

There are also seldom any guaranteed outcomes in medicine. This is because it is possible for patients with the same disease and severity to have dramatically different responses to the same treatment.

For example, two 70-year-olds are admitted to hospital with pneumonia and given appropriate intravenous antibiotics. One has a rapid recovery, the fever abates, she no longer requires oxygen therapy and is discharged after 48 hours.

The other has a severe allergic reaction to the antibiotics, her condition deteriorates and requires a transfer to the intensive care unit for life support. This allergy was previously unknown and could not have been avoided.

THE PATIENT IN FRONT OF THE DOCTOR

If patients do not appreciate the reality and range of uncertainties in medicine, they are unlikely to enter consultations with realistic expectations of what can be achieved.

These uncertainties suggest that differing medical opinions are likely to be inevitable in some situations. It is understandably difficult to accept such uncertainties because the world is frequently celebrating medical breakthroughs. In addition, the internet is brimming with treatment solutions available to everyone.

The reality is that medical opinions are offered based on an exercise of judgment where scientific evidence is contextualised to the patient in front of the doctor. This exercise of judgment prioritises available treatment options for the patient, but cannot guarantee any specific outcomes.

These uncertainties place patients in a vulnerable situation since they are unwell. This is one reason why medicine should not run a purely business model where the patient is treated as a customer.

Professional ethics recognises an imbalance in power and medical knowledge between doctors and patients. This makes patients relationally vulnerable as well.

In addition, sick encounters are typically emotionally charged situations because of fear and anxiety. The patient's health, or the health of a loved one, is at stake. Patients and caregivers may very well be meeting the doctor for the first time.

For these reasons, it is imperative that doctor-patient relationships embark on trust-building.

Doctors contribute to this through competency, transparency in communication and by taking a genuine interest in the problem from the patient's perspective.

Patients' contribution can be honesty in mentioning symptoms and expectations, and having an open-minded attitude to professional opinions. This trust serves as a "glue" that can hold both parties together as they work in partnership to navigate uncertainty and solve the clinical problem.

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