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Saturday, August 18, 2018 (Room 3)

11:00 - 11:55 WS #86: The Pitfalls of Second Opinions

12:05 - 13:00 WS #97: The Pitfalls of Second Opinions (Repeated)

The Pitfalls of Second Opinions

Asking someone else their opinion – what could possibly go wrong?

Dr David Bratt
Principal Health Advisor MSD
Rotorua 2018

Second opinions – more common than you think

- Corridor consultations
- Referrals
- Third party assessments
- The Internet
- Patient requests
- ACC
- Work & Income
- Etc……

For Whom / By Whom?

- For :-
- Patient
- Your self (clinician)
- A third party

- By :-
- Non-treating doctor
- Consultant
- Host Doctor

What is a Second Opinion?

- An Impartial Medical Opinion
- Remember - Decisions will be influenced by these Opinions
- Harvard Health Letter – “A Matter of Opinion” - Most of us will face at least one important medical decision in our lives – be it an operation, starting a medication, having a test – we want the best advice.

What Pitfalls?

- An opinion that is at odds with your advice
- The loss of a registered patient
- A “Please explain” letter from the Health & Disability Commissioner
- A Medical Council review
- Any others???

5 Surprising Things

- 2nd Opinions are less common than you think – an American survey showed that 70% of those surveyed didn't believe they needed to get a 2nd opinion
- Your Doctor won't be angry
- Discuss what matters to you – which may be incidental consequences
- Conceal the first opinion? – "No" – open communication is preferable
- For the record – make sure you and your own doctor have any reports and results.

When?

- Uncertainty – be it as a patient, as a treating doctor, as a Third Party
- Where particular expertise is required
- Rare or Life-threatening conditions
- Which – a choice of treatments or of tests?
- Not responding

Host Doctor 1

- You are seeing a 65yr old man as a follow up to some investigations you have ordered after he presented with a history of unexplained weight loss and some altered bowel habit.
- Next steps?
- If referring him to another medical practitioner what do you tell the doctor? The patient?

Host Doctor 2

- You receive phone call from Dr "X" the ACC local area Medical Advisor
- About a 35 yr old factory process worker (seasonal) who has been certified regularly by you as unfit for any work for the past 6/12
- How do you respond? - really

Host Doctor 3

- A 26 yr old patient of yours has been on a Job Seeker benefit through Work & Income for the past 2 years with a diagnosis of “Stress” and an indication that she has no capacity to consider suitable work on her Work Capacity Medical Certificate.
- You receive a W&I form from a fellow GP Colleague asking for a Host Doctor report prior to Designated Doctor appointment.
- The form indicates you will be paid $75 for the report if you submit the attached invoice
- What do You Do? - really

Host Doctor

- A good summary of the presenting complaint – as understood by you
- Investigations to date – with results
- Best guess at diagnosis
- Management to date
- What is the Question?
  - Diagnosis
  - Treatment
  - Management options

Guidance

- Medical Council of NZ statement :-
- “Non-treating doctors performing medical assessments of patients for third parties”
- Recurring Problems :-
  - Poor communication
  - Establish clearly the purpose of the assessment and the Assessors Role
  - What will happen after the assessment
  - Consent – Check does the person both understand and agree to the assessment

Decisions/Recommendations

- Remember – It is the role of the third party to make the decisions on the issue for which they sought your advice!

Advocates Comments

- Failure of the Assessor to communicate with the Host Doctor – which the assessors complain that they get either no information or no useful information from the Host Doctor
- Failure to explain the purpose and intent
- Casual behaviour – as if this person was a regular client – this has lead to HDC complaints (your conclusions/opinion is not an HDC issue).


https://www.mcnz.org.nz/assets/News-and-Publications/Statement-on-medical-certification-v4.pdf
mcnz.org.nz
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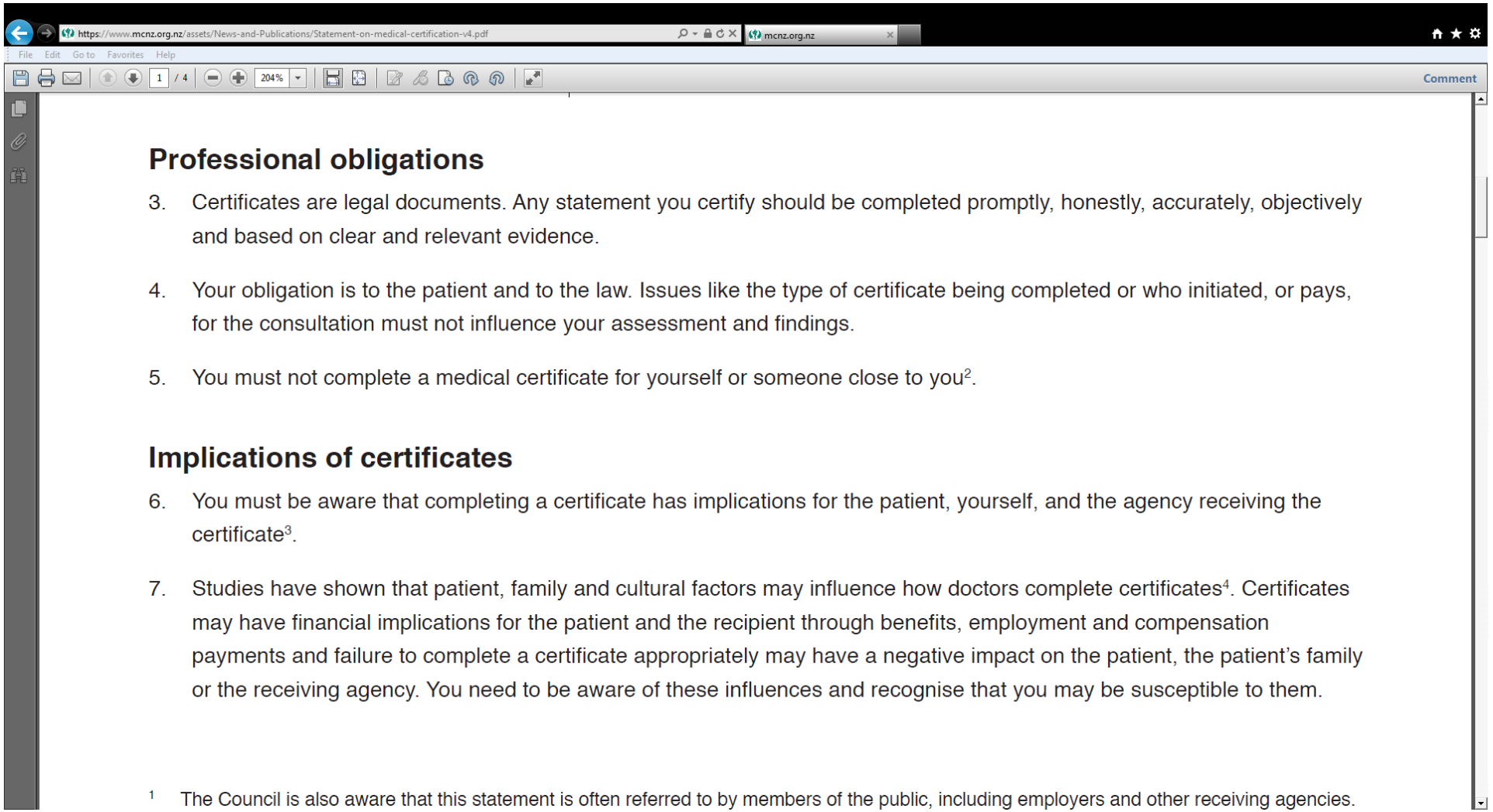
Comment
Medical Council of New Zealand
Te Kaunihera Rata o Aotearoa
MEDICAL COUNCIL OF NEW ZEALAND
SEPTEMBER 13
www.mcnz.org.nz
Statement on medical certification
Background
1. As a doctor you are expected to sign a variety of medical certificates that range in purpose from confirming sickness to certifying death and are required by receiving agencies, which include employers, insurers, ACC and government departments.
2. This statement outlines the standards that you must follow when completing a medical certificate[1]. It may be used by the Health Practitioner's Disciplinary Tribunal, the Council and the Health and Disability Commissioner as a standard by which your conduct is measured. A certificate you have completed may also be challenged in a New Zealand court and you may be called upon to justify your decisions.
Professional obligations
3. Certificates are legal documents. Any statement you certify should be completed promptly, honestly, accurately, objectively



Professional obligations

3. Certificates are legal documents. Any statement you certify should be completed promptly, honestly, accurately, objectively and based on clear and relevant evidence.

4. Your obligation is to the patient and to the law. Issues like the type of certificate being completed or who initiated, or pays, for the consultation must not influence your assessment and findings.

5. You must not complete a medical certificate for yourself or someone close to you[2].

Implications of certificates

6. You must be aware that completing a certificate has implications for the patient, yourself, and the agency receiving the certificate[3].

7. Studies have shown that patient, family and cultural factors may influence how doctors complete certificates[4]. Certificates may have financial implications for the patient and the recipient through benefits, employment and compensation payments and failure to complete a certificate appropriately may have a negative impact on the patient, the patient's family or the receiving agency. You need to be aware of these influences and recognise that you may be susceptible to them.

[1] The Council is also aware that this statement is often referred to by members of the public, including employers and other receiving agencies.

Work & Income

- Designated Doctor assessments – not a review of medical management but a second opinion on the likely impact of a condition on a person's capacity to consider suitable work. Work & Income make the decision – not the doctor.
- Medical Appeal Board hearings – 3 health professionals (mainly doctors) – hear appeals by individuals against Work & Income's benefit decisions where it is based on Medical Information (rather than being a failure of process)