

## Senior Electives Reflection: Second Opinion in Oncology

**Noor-E-Marfa Amin\***

*College of Nursing, Ziauddin University, Pakistan*

**\*Corresponding Author:** Noor-E-Marfa Amin, College of Nursing, Ziauddin University, Pakistan.

**Received:** December 09, 2019; **Published:** January 30, 2020

In my nursing career, I have assisted in clinics with physician several times. Patients come there with different diseases at different stages. For general conditions, they usually accept their physician recommendations but about life-threatening disease such as organ failures, cancers and rare disease make them frightened as there is question of life and death. Hence, there is a trend to get 2<sup>nd</sup> opinion in our culture. During my second oncology rotation, a Father of one female patient visited without patient, as his daughter was severely ill and admitted in some private hospital. The father was very anxious and depressed for the condition of his daughter and he was not satisfied with the treatment provided by patient's primary physician. As the patient was not in condition to move from that hospital, so the father brought all the reports and showed it to oncologist, he was confirming whether her daughter is diagnosed and treated properly, and what is the prognosis of her condition. Initially, the oncologist was resistant to give him opinion but on request he saw scans which showed poor prognosis of patient. Further, The Oncologist suggested that usually it is not suitable to give further recommendations without seeing the patient. In my current oncology rotation, this practice from patient side has been repeatedly observed. On initial visit, many patients or their families verbalize that they have gone to number of clinics, suggested for multiple tests and they diagnose our patient as cancer. Hearing this scary diagnosis most of the time, there is uncertainty and unacceptability of the diagnosis among families so they just want reassurance that whether that all previous consultant opinions were false and they want to hear something positive. It is very difficult situation for consultants also that whether, patient come to check their knowledge and really seek medical help. Sometimes patients want to listen whatever they want, they miss specific dialogues which is most important and lead their own discussion.

Here, I think the job of oncologists is very tough in terms of satisfying the patients and give straight forward answers to the patients and their family. Usually disease sufferers get second opinion through different renowned specialists, different hospitals, social media (TV health programs and internet for online suggestion) and ultimately turn towards alternative medicine such as herbal, homeopathy, nutrition therapies and traditional healers.

This observed scenario gave very strong thought to me that why people do not accept initial decision of primary caregivers? That thought influenced me to look into literature to seek out this specific behavior of patients and families, and its possible factors. Studies suggested that this is not unusual in our culture but it is also a fashion in other countries too. "Second opinion" is the term used in medical services for an additional consultation with another physician, required either by the attending physician or by the patient [1]. According to Tattersall [2] patients are usually concerned for proper identification of cancer diagnosis, stage and extension of cancer diseases, explanation of treatment modalities, and outcome or disease prognosis. As Dr. Swami [1] suggested that after getting conflicted second opinion, people also look for third and multiple other options. This may lead to dilemma in patients to find out their diagnosis or treatment options. In such cases, patients should opt for a third opinion from a reputed or experienced consultant. And Tattersall identified second opinion was identical to the first opinion for 68% of patients, there was a minor discrepancy between opinions for 16% of patients,

and there was a major discrepancy between opinions for 16% of patients. The discussion Dignity health Panel [3] showed that 20% of diagnoses, are found as an error may follow ineffective treatment.

Acceptance of major illness is difficult therefore, my feelings for patient were very empathetic and following second opinion can help me take further decision. But sometime this makes confusion in patients and ultimately affect on the cost for clinics, tests and chaos on more suggestions from each physician.

As Tattersal [2] recommended that the second-opinion consultation appeared to provide several benefits to patients. Most second-opinion seeking patients reported that they received new information at the second consultation; this was mainly related to treatment options (70%) and the future or prognosis (53%) and helpful for those who were less educated and those dissatisfied with the level of communication in their first consultation so level of confidence increase in those patients. There are few reports on second-opinion seeking, and most relate to doctor-initiated review of anatomical pathology specimens or results of imaging studies. The most common reasons for seeking a second opinion were to obtain additional information or reassurance about recommended management.

Besides face to face discussion in regard to second opinion, people also use internet as a strong tool for treatment options. The high influx of social media on people life in every aspect even in major decisions of health related problems. Patients seeking a second opinion from a medical oncologist are typically more educated, younger and female, probably due to preferences for more detailed information.

Seeking second opinion certainly it is not a reflection of a clinician's competence but the desire to do the best for the patient. Some physician find patients inability for decision making for treatment, so they encourage them to involve their family in the decision-making and also to go for a second opinion and if physician accept the opinion of first doctor then this kind of physician attitude may eliminated the concern that It will not would be hurt or offended.

The effective use of second opinion in diagnosis is a subject that needs to be better communicated to clinicians and patients. Enhanced efforts are needed to educate doctors and the public on this important patient safety mechanism. Moreover, all stakeholders should recognize that the making diagnosis is a complex human phenomenon that is not entirely foolproof.

### Bibliography

1. N Swami. "Second Opinion - A Powerful tool for both patients and clinicians" (2015).
2. Tattersall HN, *et al.* "Second opinions in oncology: the experiences of patients attending the Sydney Cancer Centre". *The Medical Journal of Australia* 191.4 (2009): 209-212.
3. Dignity Health. "Second opinion panel gives cancer patients confidence in diagnosis, treatment plan" (2012).

**Volume 2 Issue 2 February 2020**

**©All rights reserved by Noor-E-Marfa Amin.**