The art of the second opinion

We recently published a short commentary on the art of the intraoperative consultation. The national feedback was robust and spirited. The topic seems to have hit a nerve and prompted an array of wonderful comments and suggestions. These responses also prompted us to consider the act of providing a second opinion at the request of a surgical colleague.

Although many elements of providing a high-quality second opinion echo those that underlie an excellent intraoperative consultation, there are substantial differences as well. For example, concepts such as humility and surgeon support remain central to all second opinions, while differences include the high likelihood that the second opinion is provided within an office/clinic setting (i.e., in the absence of real-time urgency and surgeon emotion inherent to an operating room), the possibility that the second opinion may arise from a request from a patient themselves (i.e., not spontaneously generated by the index surgeon), and the reality that medicolegal consequences may be embedded within the case.

As a result, additional concepts beyond those already discussed in the context of an intraoperative consultation (situational and social awareness, emotional stability, humility, timeliness) include collegiality, organization, closed loop communication, patient emotions, medicolegal concerns and urgency.

COLLEGIALITY

Whether the second opinion is requested by the patient or surgeon, remaining respectful, supportive and introspective about the preceding surgeon’s diagnosis, treatment plan and/or clinical acumen is critical. When patients arrive requesting a fresh opinion, that second surgeon is already held in higher regard and begins several steps ahead in offering a viewpoint or plan that will appeal to the patient. We have to be cognizant to avoid the assumption that our advice or opinion is the only pathway, as well as the “correct one.” Certainly the second opinion could represent an improved approach, but we can’t forget that the index surgeon likely completed much of the initial heavy lifting. It is also difficult to assume that the second surgeon would have provided a “better” opinion if they had actually been the index surgeon. Stay humble.

ORGANIZATION

Patients can easily be subjected to confusing and conflicting partial opinions on their routes to both the index and second opinion surgeons. The more complicated the diagnosis and/or treatment proposal, the more this is likely. Patients often receive inaccurate information, whether from the Internet or a preceding physician. This reality highlights the importance that the second surgeon be organized in both their approach to the case, as well as in communicating their thoughts to the patient in real time. Clear communication and commentary on why their second opinion may be similar, or different, from that of the index surgeon is important.

CLOSED LOOP COMMUNICATION

Ensuring that the index surgeon is provided with an expedient and clear letter or telephone call regarding the patient, their concerns and their perceived receipt of the second opinion is extremely helpful. It not only prepares the index surgeon for their subsequent interaction with the patient, but also, if provided in the correct temperament and style, can lead to surgical practice improvements and learning. This type of communication will also naturally lend itself to future requests and collaboration. Communication matters.

PATIENT EMOTIONS

While patient emotion is thankfully an infrequent element in a request for a second opinion, some patients arrive angry, confused and/or anxious. The surgeon providing the second opinion should ideally recognize these emotions early, address the concern directly, and remain calm and open to all patient comments and concerns. Verbally and physically acknowledging a patient’s frustrations (with a disease state, the health care system, and/or the clinical practitioner) remains the most expedient way to establish or re-establish the patient–surgeon bond and reignite trust. Body language shouldn’t be underestimated.

MEDICOLEgal CONCERNs

Although the language we use during the consultation itself and when communicating the second opinion back to the index surgeon is always paramount, language is
particularly important if there is a medicolegal aspect to the case (or if a medicolegal concern is suspected to arise). Choose your words carefully and intentionally.

**URGENCY**

While a second opinion is often far less urgent than an intraoperative consultation request, triage with an appropriate wait time is important given how overloaded and under-resourced many of our surgical practices have become. As mentioned, patients awaiting a second opinion are frequently stressed and suffering both physically and mentally. Moving forward expediently benefits all involved, including the patient and index surgeon.

A request for a second opinion from a colleague is a privilege and represents a tip of the hat to a receiving surgeon. Patients may arrive at our clinics with wide ranging emotions and concerns when in search of a second opinion. By looking after those patients in a caring and thoughtful manner, as well as providing collegial feedback and assistance to the index surgeon, more often than not, patients and surgeons alike will be better off.

Chad G. Ball, MD, MsC; Colin Schieman, MD; Edward J. Harvey, MD

**Affiliations:** Coeditors-in-chief, CJS (Ball, Harvey); the Department of Surgery, University of Calgary, Calgary, Alta. (Ball, Schieman); and the Department of Surgery, McGill University, Montreal, Que. (Harvey).

**Competing interests:** E.J. Harvey is the cofounder and head of medical innovation of NXTSens Inc.; the cofounder and chief medical officer of MY01 Inc., and Sensia Diagnostics Inc.; and the cofounder and director of Strathera Inc. He receives institutional support from J & J DePuy Synthes, Stryker, MY01, and Zimmer. No other competing interests were declared.

**Content licence:** This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) licence, which permits use, distribution and reproduction in any medium, provided that the original publication is properly cited, the use is noncommercial (i.e., research or educational use), and no modifications or adaptations are made. See: https://creativecommons.org/licenses/by-nc-nd/4.0/

**Cite as:** Can J Surg 2023 June 27;66(3). doi: 10.1503/cjs.007423

**References**