

Second-guess Your Doctor: Very respectfully

We have all heard about the value of 2nd opinions but many are reluctant to request one to avoid offending their providers. As a result, many people uncritically accept treatment recommendations. Although the original advice is often the best course, there are times when this may not be the case.

Why is this important?

Providers have a bias: they are prone to use procedures with which they are familiar and tend to be overconfident about their effectiveness. As noted in a recent issue of the Journal of the American Medical Association (2017;177(8):1225-6), many providers overestimate the benefits and under estimate the harms of even the most commonly used procedures, failing to understand potential adverse effects that can outweigh their advantages. One example is adding new drugs to the many that are commonly prescribed for chronic illnesses as was shown in a recent issue of the Journal of the American Geriatric Society (2018;66(5):916-923). Problems can arise when new drugs intensify or block the impact of the others one might be taking and/or possibly overburden organs such as the liver and kidneys. In addition, many drugs are poorly evaluated before coming to market because;

- a. trial periods are often very brief compared with the length of time patients will take the drugs;
- b. follow-up periods tend to be very short as drug makers rush their products to market;
- c. test samples are small and often include people who have a single illness unlike, typical patients who have multiple illnesses; and
- d. drugs can and often are legally be prescribed for “off-label” uses that have had no formal testing.

To avoid the possibility of iatrogenic (illness caused by the treatment) effects, it is important to take the time to explore the potential impact of the use of recommended procedures and drugs. Asking your provider to double-check drug interactions or consulting a skilled pharmacist can be extremely useful in this regard. But also do some research on your own. It is a profoundly valuable way for you to learn about possible adverse interactions among the prescribe drugs you are taking or have been advised to take. The American Geriatrics Society recently published its update of the Beers Criteria for Potentially Inappropriate Medication Use In Older Adults.

https://onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.15767?referrer_access_token=tatUrXR2C6ORiY C6LmNq4ta6bR2k8jH0KrdpFOxC65t FokpdxHvL7WaxkN527h7I3s9xxEMID4211T518cxliTQ0jUZJvkCe39nbq3 eDhQWopbDFzcv3mr4h2 zLJVuJ1MycaTZxO1GnqYmWniw%3D%3D

Another potential bias stems from the fact that providers understandably rely on technologies available in their place of practice despite the fact that better technologies might be available elsewhere. For example, if you are diagnosed with clogged coronary arteries (stenosis) and your provider works in a hospital with an operating room equipped to do open chest surgery but lacks state of the art catheterization lab, you are likely to be advised to accept bypass surgery. But if you were seen in another hospital in which the latest catheterization equipment is available, the placement of stents might be recommended as a far less invasive procedure. Bypass surgery is the best option for some patients, stents for others. The criteria for treatment choice should be the option best suited to improving the patients' health, not hospitals' protocols and resources.

What you can do.

Most providers prescribe treatments that they believe are in their patients' best interests, but recommendations may be ill-advised due to commitment to a single preferred protocol, the failure to keep up with latest developments due to the pressure of busy practices, lack of knowing about or having access to a full range of resources, and/or, sad to say, in some cases economics. Therefore, it is very important to: ask questions about potential benefits and harms of all major treatment recommendations*, and when possible, get one of those opinions from a provider who works in a setting different than the one in which you received the initial recommendation. It may not be easy to find a good source of second opinions, but your health and safety may depend on your taking the time to do so.

Three Cautions

Your beliefs and values should govern the treatments you accept. But this does not suggest that you should assume the expertise to plan your own treatment. Instead do some research to learn about different options so you can discuss all practical treatment options with your providers and collaborate to develop a treatment plan through mutually respectful shared decision-making.

Do not de-prescribe on you own. Consult with your provider **before making any changes in the drugs you are taking** to avoid avoidable suffering. Stopping a drug can allow the original condition to recur and reducing the dosage can lead to unfortunate consequences

Also, when seeing multiple opinions, we are prone to accept the recommendation we like the most. But this should not be the basis of your decision. Let science be your guide: which option has the best chance of achieving the goal you seek, even if you don't like it as much as the alternatives? The cardiac patient above might not have liked bypass surgery as much as stents, but it could have been the best option for a longer, healthier life.

*Sample Questions to Ask about Proposed Interventions

1. What is my diagnosis?
2. What is likely to happen if I just watch and wait?
3. What treatment do you recommend, and what treatment alternatives are available?
For each:
 - a. What are the likely intended effects?
 - b. What are the common unwanted "side", i.e. unintended, effects?
 - c. What costs are associated with each alternative, i.e. financial, impact on activity, etc.?
 - d. Are there any contraindications or risks of this treatment for someone in my condition?
4. Which treatment is recommended?
5. When and how should we know whether the treatment is effective?
6. If a change in treatment is needed, which alternative would be best?