Etica della seconda opinione in oncologia

L'oncologo che "riceve" la seconda opinione

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Literature

- No paper about the “first Oncologist”
- Physician-initiated intraprofessional consultations are excluded from studies
- No data about the influence on the first Oncologist in improving
  - ✓ Knowledge
  - ✓ Communication
  - ✓ Vision
  - ✓ Relationship doc/pt
  - ✓ ….

AMONG PATIENTS

Who are the best candidates for a second opinion

Research

JAMA Oncology | Original Investigation

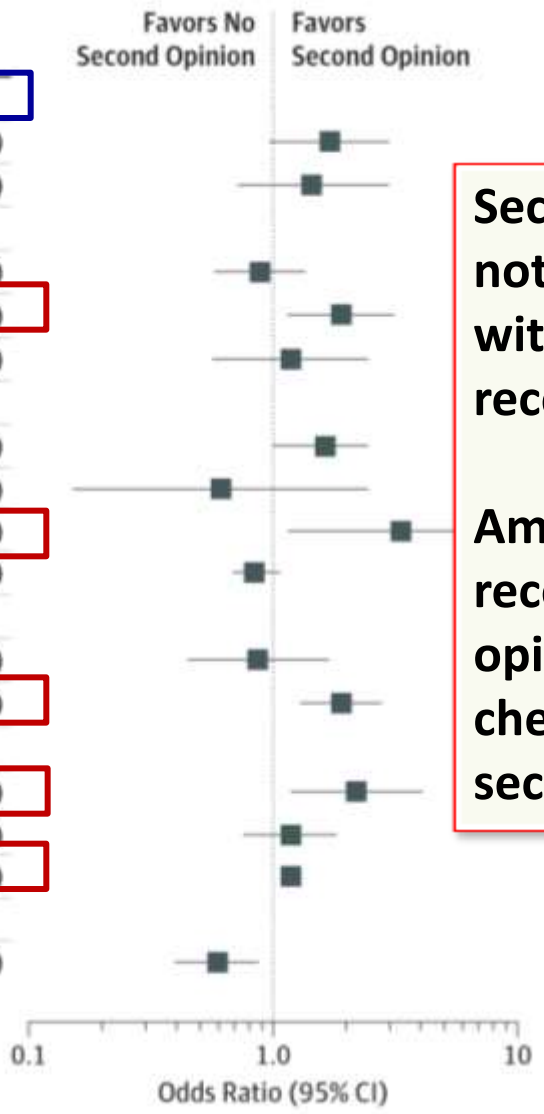
Second Opinions From Medical Oncologists for Early-Stage Breast Cancer
Prevalence, Correlates, and Consequences

Allison W. Kurian, MD, MSc; Christopher R. Friese, PhD, RN; Irina Bondarenko, MS; Reshma Jagsi, MD, DPhil; Yun Li, PhD; Ann S. Hamilton, PhD; Kevin C. Ward, PhD, MPH; Steven J. Katz, MD, MPH

- **As treatment decision making becomes more complex, is there an unmet need for second opinions from medical oncologists for the treatment of breast cancer?**
- **Main Outcomes:**
  - ✓ **Factors associated with second opinion**
  - ✓ **Association between second opinion and chemotherapy use**
- **3631 pts. 1901 elegible. 9,8% second opinion.**

Multivariable Model of Characteristics Associated With Receipt of a Second Opinion

Source	Odds Ratio (95% CI)
Chemotherapy indication (reference: weak)	
Intermediate	1.67 (0.93-3.00)
Strong	1.42 (0.69-2.94)
21-gene RS (reference: not tested)	
Low RS	0.87 (0.55-1.36)
Intermediate RS	1.85 (1.11-3.09)
High RS	1.15 (0.55-2.41)
BRCA1/2 test results (reference: not tested)	
Negative	1.58 (1.04-2.42)
Positive	0.60 (0.15-2.46)
Variant of uncertain significance	3.24 (1.09-9.59)
Age at survey (per 10 y)	0.83 (0.65-1.05)
Educational level (reference: high school diploma)	
No high school diploma	0.85 (0.43-1.68)
College	1.85 (1.24-2.75)
Internet-based support groups (reference: no use)	
Frequent use	2.15 (1.12-4.11)
Rare use	1.16 (0.74-1.82)
Preferred to make own decisions about treatment	1.15 (1.01-1.31)
Site differences (reference: Los Angeles County)	
Georgia	0.58 (0.39-0.87)



Second opinion use was not associated with chemotherapy receipt.

Among patients who received a second opinion, 3.2% received chemotherapy from the second oncologist.

Kurian A - JAMA Oncol, 2017

J Cancer Res Clin Oncol (2016) 142:1521–1528
DOI 10.1007/s00432-015-2099-7

REVIEW – CLINICAL ONCOLOGY

Is there evidence for a better health care for cancer patients after a second opinion? A systematic review

Dana Ruetters[2] · Christian Keinki[2] · Sarah Schroth[2] · Patrick Liebl[2] · Jutta Huebner[1]

- **Is there evidence for a better quality in the provision of health care for cancer patients who get a second opinion (benefit)?**
- **Is there evidence for any risks?**
- **Do we have evidence on how to establish a structured program for second opinion in cancer care within a modern healthcare system with certified cancer centers**

Patients' way to interest in a second opinion

Factors motivating patients to seek a second opinion are

- dissatisfaction with the first consultation regarding communication in general, information provided and the way information was provided, manner of discussion, involvement in decision-making,
- need for more information,
- lack of trust in the first physician,
- hope for a different (second) opinion,
- wish to exploit all opportunities,
- need for reassurance of diagnosis and treatment recommendation,
- urging by family, friends and others.

Ruetters D, 2016

Patients' way to interest in a second opinion

Reasons to avoid second opinions are

- lacking knowledge on the existence of second opinion,
- misconceptions about the purpose of second opinions,
- trust or faith in the first physician,
- desire to avoid treatment delay,
- concerns regarding information overload,
- fear of (prolonged) uncertainty,
- fear to disturb the patient–physician relationship.
- The knowledge about multidisciplinary-derived first opinions does not influence the motivation for or against a second opinion

Ruetters D, 2016

Support Care Cancer (2010) 18:1199–1205
DOI 10.1007/s00520-009-0742-z

ORIGINAL ARTICLE

Second medical opinions: the views of oncology patients and their physicians

Jennifer Philip · Michelle Gold · Max Schwarz · Paul Komesaroff

Table 2 Reasons of the most recently seen patient for seeking a second medical opinion as cited by the physician

Need for additional information	75%
Family or friends urged second opinion	70%
Need for reassurance regarding the diagnosis and treatment course	70%
Need for communication in a different form	60%
Information in a different form	60%
Need to leave 'no stone unturned'	53%
Need for different style or personality in the doctor	51%
Patient requests more treatment	48%
Reassurance offered by the public status of the doctor or their institution	37%
A second opinion is akin to getting quotes	14%

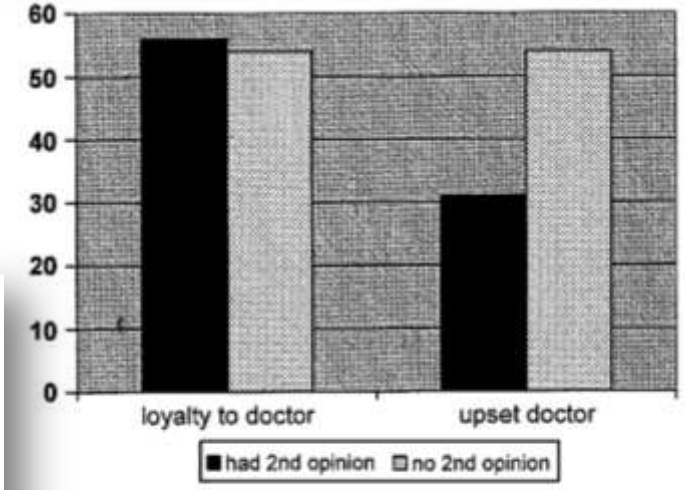


Fig. 1 Considerations when seeking second medical opinion; comparison between those who had sought a second opinion and those who had not (% patients)

Meanwhile, physicians generally view patients who seek second medical opinions as having greater needs, both for information and psychosocial support.

IN THE SECOND OPINION

Discrepancies/changes between first and second opinions

- Diagnosis or treatment recommendations are confirmed in 43 % to 82 % of the second-opinion consultations
- Additional diagnostics are proposed for 21 % to 65 % of the cancer patients
- The proportion of patients staying with the second-opinion physician for further treatment differs widely, from 16 % up to 65.8 %
- Besides divergence from first opinion (12–69%), outcome data on second opinion are scarce

Ruetters D, 2016

Asia–Pacific Journal of Clinical Oncology 2011; 7: 41–46 doi:10.1111/j.1743-7563.2010.01330.x

ORIGINAL ARTICLE

An exploration of the dynamics and influences upon second medical opinion consultations in cancer care

Jennifer PHILIP,[1] Michelle GOLD,[2] Max SCHWARZ[3] and Paul KOMESAROFF[4]

- "They rarely disagreed with the primary doctor's recommendation, and in the setting of comparative approaches they usually endorsed the primary doctor's approach to avoid creating uncertainty.
- All discussions and treatment options were framed in terms of what had been said previously.
- The oncologists were mindful of their responsibilities and reputation within the network of doctors.
- Second opinions were viewed as a form of practice available for scrutiny by colleagues."

Patients' needs and web answer

Should You Get A Second Opinion In Your Cancer Care?

Aug 30, 2015 Brian D. Lawenda, M.D.

Obtaining a second opinion on your care is your right as a patient. Never feel guilty about asking for one. All physicians have had patients either come to them for a second opinion or have had patients obtain one elsewhere. If this upsets your physician, then they are not the right one for you. It is the job of your physician to help you achieve the best outcome possible, regardless of where and by whom.

If you think that getting a second opinion is not common, you should know that one report indicated that 56% of cancer patients obtain second opinions. (Hewitt, Breen, & Devesa, 1999)

L'etica del Secondo Parere: medicina basata sulle evidenze, sulle convenienze o sulle eminenze?

Poco tempo dopo, vengo contattato dai famigliari della signora Silvia, inquieti e rosi dal dubbio. A Silvia è appena stato diagnosticato un tumore del pancreas molto avanzato, le sue condizioni sono scadute: non è in grado di alzarsi dal letto né di alimentarsi autonomamente. E' stata subito affidata ai colleghi delle Cure Palliative. I parenti hanno chiesto un parere (attraverso la documentazione clinica, non riuscendo a trasportare la signora) presso lo stesso istituto di cui sopra. Il referto dice: "...è necessario una tipizzazione citologica... suggerisco un consulto con il radioterapista... con l'oncologo... avvierei un trattamento con bifosfonati previa ortopanoramica dentaria... terapia con nabpaclitaxel e gemcitabina...". Non facciamo in tempo a incontrare la signora: è già deceduta, lasciando i parenti sgomenti, con un inutile senso di colpa.

Mario Clerico, Onconews,29 sett 2018

Advantages

- For Patients:
  - ✓ Full participation in decision making
  - ✓ Discussion in depth about diagnostic/therapeutic opportunities
  - ✓ Find new opportunities (conventional vs experimental)
- For NHS
  - ✓ Save money
- For the first oncologist
  - ✓ Achieve another vision
  - ✓ Improve knowledge
  - ✓ Create a link
  - ✓ Find a shoulder in pts management

Detrimental

- For Patients:
  - ✓ Treatment delay
  - ✓ Cost (out of pocket)
  - ✓ Confusion (different options)
  - ✓ Reliability of the second opinion professional

- For the first Oncologist
  - ✓ Feeling the lack of faith from the patient
  - ✓ Time lost in clarify its decision and vision to the patient

Considerations for the good outcome of the second opinion

- The second opinion as a tool to improve quality of care, quality of communication and quality of pts/doc relashionship
- Authority (cultural and moral) of the Oncologist/Centre who performs the second opinion. Trustworthy
- Endorsement for the first Oncologist
- Self referential second Oncologist (because I think, because I believe) could be unpleasant

Thanks