

ADVICE SHEET SECOND OPINIONS



Open discussion and transparent processes are important principles of Clinical Governance, and these are some of the basic principles of the Council for Healthcare Regulatory Excellence, the overseeing body of the General Dental Council. All practitioners involved in providing second opinions have a duty to provide accurate information when requested.

When accepting a patient, a dentist assumes a duty of care which includes the responsibility to refer the patient for further professional advice and treatment if it transpires that the task in hand is beyond the dentist's own skills.

A patient is entitled to a referral for a second opinion at any time during their treatment or subsequent to that. All practitioners are should to accede to any such request and to do so promptly.

Initial Request for Second Opinions

Do patients have a right to a second opinion?

All patients have a right to a second opinion at any stage during their assessment, diagnosis, whilst treatment is taking place or at the end of their orthodontic treatment.

Second opinions can be provided:

- a) Before treatment to confirm a diagnosis and treatment plan provided by another practitioner.
- b) During treatment to assess the progress of treatment, and to relinquish any fears that the patient may have.
- c) After treatment to confirm that the outcome is consistent with good practice, and to discuss any long-term issues.

If a patient requests a second opinion, the practitioner must make every effort to agree to the patient's request, without prejudicing the continuation of the existing treatment.

Where possible, the reason for the second opinion should be given to both the patient's current practitioner, and the practitioner to whom the patient attends for a second opinion. The relationship of the person giving the second opinion to the referrer should be fully disclosed to the patient.

Ideally, when a patient requests a second opinion the current practitioner responsible for their care should be encouraged to provide a letter of referral fully detailing the issue for the second opinion, and all relevant clinical details.

Where this is not possible, it should not hinder the process of access to a second opinion.

Existing records, if available, including radiographs, photographs and study models should, wherever possible, be made accessible to the clinician providing the second opinion.

If a patient requests total confidentiality of the fact that a second opinion has been sought, this wish must be respected.

If records are not available for the second opinion, the patient must be informed of the limitations this will cause and be offered the opportunity for further investigations to be carried out.

Giving Opinions

The British Orthodontic Society encourages that second opinions for orthodontic problems should be provided by practitioners whose names appear on the GDC's specialist list in orthodontics.

It is of course the duty of all healthcare professionals to act in the interests of the patient first and foremost, and where patients have a genuine grievance, they should not be prevented in obtaining redress.

It is, however, not sensible to encourage speculative or ill-founded litigation for any secondary reasons, and this must be borne in mind by those offering second opinions.

The second opinion must be based on the clinical findings and must avoid speculation or personal philosophy. It is quite acceptable for a clinician giving a second opinion to offer a different strategy from the initial practitioner, but care should be taken to avoid unnecessary criticism of other treatment plans unless a clear breach of care is likely, in which case there is a duty to raise the concern with the patient. It must be remembered that there are often different treatment options, and the second opinion must confine itself to the concerns presented, and the importance of ensuring good dental health for the patient. It is usually better to record findings rather than express an opinion.

If a breach of care is suspected guidance on raising concerns can be found in the GDC's "Principles of Raising Concerns".

Where a second opinion relates to treatment progress or the quality of completed treatment, it is important to consider all factors including those outside the control of the orthodontist or general practitioner providing treatment. These should include patient factors such as cooperation and oral health that may not have allowed treatment to be completed to the expected standard.

It must be understood that opinions regarding patient co-operation during treatment are often difficult to assess and will be subjective. Great care should be taken to substantiate any specific claims regarding their impact on care. In cases where under-compliance (e.g. poor attendance, poor oral hygiene, or poor wear and care of appliances) may have been a factor in a less than satisfactory outcome, it is advisable to record this possibility but not to base the sole cause on it.

Criticism, where appropriate, must be honest, and made on clinical criteria alone. If the treatment is deemed inappropriate or differs significantly from what is considered acceptable by the practitioner providing the second opinion, it must be evidence based, and reflect current expected standards. The patient should be informed of the preliminary results of the second opinion, and a full written report prepared.

It may be appropriate for the clinician providing the second opinion to inform his/her defence organisation and to have the report reviewed before the final version is sent to the patient and or referring clinician.

A patient's request for a second opinion must be regarded as completely confidential and the request for the appointment, transfer of records, the report itself and the need for advice from further colleagues (from the same or different specialty) may only be made with the consent of the patient.

Any correspondence between clinicians must have the consent of the patient.

In cases where a consultant orthodontist supplies a treatment plan and advice to a general dental practitioner, the responsibility for the success of treatment lies with the practitioner who carries out the treatment. If the treatment is not subsequently successful, however, the provider of the original advice may have some liability if the opinion can be shown to have been inadvisable. Clear written guidance and regular review of patients referred to local practitioners is advisable to ensure that treatment is progressing as envisaged.

Litigation and Ethics

Any report produced after a second opinion may have to be defended during litigation either as written or as oral evidence. It is essential that a detailed record is made of any consultation or investigations, and of the advice given to the patient.

If the opinion is given in the absence of records, this should be clearly stated in the report and careful consideration given with regard to any recommendations.

Following a second opinion, it is unethical for a practitioner to refuse treatment to a patient on the grounds that he or she has sought a second opinion. However, if the relationship between practitioner and patient has broken down to a degree where the practitioner or patient feels that the patient's care is prejudiced, it is wise to seek an alternative practitioner to carry out the remainder of the treatment. There is no obligation however, for the practitioner providing the second opinion to provide any subsequent treatment.

Second Opinions and the NHS

Second opinions in the NHS can be provided by orthodontic specialist practitioners, hospital consultants or community orthodontists.

All patients have the right to a second opinion if they are unclear or unhappy with the treatment or advice that they have been given. It is the responsibility of a practitioner to inform a patient that they have the right to seek a second opinion. When a patient is being referred for a private second opinion, it is important that the patient is clearly aware of the nature of this opinion, and the charges that will be incurred.

Procedure for the practitioner who provided the first opinion

When a patient requests a second opinion, a practitioner carrying out the orthodontics should:

1. Write to the patient acknowledging their wish.

2. Write to the patient's initial referrer confirming that the patient has asked for a second opinion.
3. Confirm that all appropriate records will be sent to the practitioner identified to provide the second opinion.

Procedure for the practitioner providing the second opinion

Once a second opinion has been given, the practitioner should:

1. Give initial feedback to the patient.
2. Prepare a final report to the patient.
3. Obtain consent from the patient that the report can be shared with the relevant parties.
4. Send a report to any relevant party.
5. Clearly outline whether:
 - a) The current treatment or plan is acceptable and should be continued.
 - b) A revised treatment or plan that is in the opinion of the practitioner providing the second opinion, needed with a clear outline of the proposed changes to the original plan.
 - c) The patient's care should be continued by another practitioner.
6. Return any records to the patient's referring practitioner.
7. Be prepared to defend the second opinion made in any subsequent proceeding or investigation.

Bibliography

1. Clinical Governance Guidelines
2. Council for Healthcare Regulatory Excellence (www.chre.org.uk)
3. Ethics and Dentistry – British Dental Association advice sheet B1
4. Ethical Practice and Professional Conduct - BOS (1999)
5. Good Medical Practice and Consent - General Medical Council (www.gmc-uk.org)
6. Medical Ethics Today - British Medical Association
7. Principles of Raising Concerns (2006) -
8. General Dental Council (www.gdc-uk.org)

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