

**“....and he did what?! ”:
*Giving a second opinion in orthodontics***

Bruce S. Haskell

We are often placed in an uncomfortable position when asked to provide a *clinical second opinion*. In this regard, *professionalism*, more than competence alone becomes key as the former is based on inter-personal and legal relationships. Our behaviors and actions related to this role are more convoluted than you might suspect, especially those relationships dealing with our own colleagues.

THE PROBLEM:

As professionals, we pride ourselves by action formed through scientific and clinical evidence, taking into account patient's values and preferences together with experienced clinical judgment. Orthodontists are trained in decision making consistent with a comprehensive diagnosis, planning, and treatment options based on established biological and biomechanical principles. Professionalism also requires ethics, honor, and integrity. Honest differences of opinion are expected in any developing and growing field of clinical practice. A serious concern arises with negative doctor-doctor relationships, or “doctor-bashing.” This is the professional criticism of one's colleagues, a practice which damages the profession and its reputation in our community. In practice, we are often exposed to power struggles due to differing schools of thought and “methodologies”. This may apply to our appliance prescriptions, TMD therapy, adjunct periodontal treatment, orthognathic surgery or perhaps to quite different philosophies in orthodontic care. As a result, doctors may unknowingly behave in a manner that detrimentally affects the position of their colleagues through ridicule and denigration of a service provided. Anything said which damages another's reputation is known as *slander*! A negative comment is all too easy to make and can be taken by a patient to precipitate a lawsuit; something we all wish to avoid! Fault finding serves no other purpose than to express ill will and smear the image of one's colleagues. The purpose of expressing one's opinion is to help correct a problem, not to make “hard feelings” within the specialty.

Properly constructed positive commentary can be made in a professional environment which invites criticism, such as at scientific meetings or when doctors seek peer review. Your regional or local society may appoint ombudsmen in the peer review process with the intention of analyzing current orthodontic practice with suggestions for self improvement if so warranted. This is the proper role of an informed professional society. They are there to help!

SUGGESTIONS:

If a patient comes to you for a second opinion or specialist advice or for an alternative to suggested treatment, try not to vent personal bias, whether about the competence of others or of “schools/methods” of treatment. The patient has come to you to get the best advice possible. Do not give him the worst of us — the habit of criticizing others so that the patient loses faith in all orthodontic therapy. If there is a difference of opinion over the diagnosis, it is inappropriate to attack to establish your own superior knowledge or boost your own ego.

An honest comment offered in good faith to promote the patient's best interests may be justifiable. However, even this can often be construed as inappropriate criticism! Most of us have had to learn via personal experience to think further before speaking out loud. Upon reflection, I'm certain that we all have said something improper while simply meaning to be honest and helpful. Playing “telephone” as a party game, one realizes how easy it is to jump to conclusions and pass judgments based on garbled communication, a “one sided” version of a story, or perhaps speaking thoughtlessly when not comprehending how complicated the original clinical situation actually was. It may also have been *impossible* to provide ideal treatment because of unforeseen circumstances: oral hygiene issues, behavioral problems, breakage, cooperation, material failure, hidden medical issues, or perhaps simple inadvertent omission. It is important to walk that mile in another's shoes to understand the situation presented at hand. According to the AAO's *Principles of Ethics and Code of Professional Conduct* advisory on “second opinions”:

"Many practitioners who provide second opinions fail to recognize that any suit brought as a result of their comments may, at a minimum, result in substantial time requirements on their part for attending depositions and going to trial on behalf of the patient. In a worst case scenario, the patient may decide to sue both the initial orthodontist and the practitioner who provided the second opinion."

The Code also maintains that a second opinion should be attempted only *after* a review of the original treatment records and history. Any new recommendation must include a diagnosis and treatment plan without alleging the new plan is advocating a specific technique, philosophy or training which is *better* than that of his colleague. It should be explained that many orthodontists use differing methods based upon our education and experience. A second opinion should also reveal any potential conflict of interest in advocating a specific methodology.

Your professional obligation is certainly to inform the appropriate authority about a colleague whose professional conduct, fitness to practice and professional performance appears deficient. It is wise to call your colleague first and do your best to determine what the facts are before believing the worst. It may not be easy or comfortable, but it is warranted. "Orthodontist-bashing" is self-aggrandizing, often unprovable and results in reducing the trust in a colleague's knowledge or skill. It is unprofessional.

OBLIGATION:

Do not get caught in the legal web of another doctor's "presumed" negligence. Few of us are trained

in medico-legal issues as lawyers are. If approached with such an issue, I recommend you tell the patient to first approach a voluntary group such as your own Society's Peer Review Committee, or a medico-legal expert in orthodontics for proper advice and guidance. All of us have our own difficult patients. As we would want to be treated fairly by our colleagues, so should we be respectful and fair to them in return!

Bruce S. Haskell, DMD, PhD is Professor (part-time) at the University of Kentucky, College of Dentistry, Division of Orthodontics, and a member of the North Atlantic Component of the Edward H Angle Society of Orthodontists.

BIBLIOGRAPHY

James Adams, SAEM Board of Directors, Northwestern University Medical School News and Information for An Argument for Professionalism. Residents Interested in Academic Emergency Medicine Edited by the SAEM GME Committee <http://www.saem.org/docs/residents/an-argument-for-professionalism.pdf?sfvrsn=2>

Vijay Thawani, The doctor- doctor relationship: professional criticism. The Indian Medical Journal 2000 <http://ijme.in/~ijmein/index.php/ijme/article/view/1394/3062>

Kevin Campbell, Throwing the Doc Under the Bus: Undermining Trust and the Doctor-Patient Relationship. 2013. <http://www.wncn.com/story/22818354/dr-kevin-campbell>

American Association of Orthodontists: Second Opinions: Principles of Ethics and Professional Code of Conduct Rules of Ethics. <https://www.aaoinfo.org/advocacy/legal-issues/second-opinions>

Bruce Haskell, The Kentucky Dental Journal OP-Ed Page; Giving a Professional Second Opinion. October, 2014