

Why get a second opinion?

The basic right to a second opinion is replete throughout the law in almost every known field and profession. In the field of medicine, for example, before a patient begins treatment for a diagnosed illness, it only makes sense to make sure that the diagnosis is accurate and that the treatment being proposed represents the *best practice* intervention for that illness.

Diagnostic accuracy depends upon the training, experience and judgment of the professional rendering the diagnosis and the quality and thoroughness of the evaluation. Getting a second opinion not only allows confirmation of an original diagnosis but also affords a different perspective on the various options available for treatment and intervention.

Are second opinions a right or a concession? An important political issue

“Granting patients an unqualified right to a second opinion about their diagnosis or treatment would set into motion much needed cultural changes in medicine. It would be a nail in the coffin of medical paternalism and of the “like it or lump it” health service. Giving patients the power to “vote with their feet” would flush out many poorly performing doctors. It could generate sensitive new performance indicators--for example, for each individual consultant, the proportion of referrals that led to requests for a second opinion initiated by the patient and the proportion of these that resulted in changes of diagnosis or treatment.

We could soon expect the new arrangements to raise standards of diagnostic performance; promote both more considered choice of treatments and better monitoring of their outcomes; and reduce the frequency and scale of the costly, embarrassing and tragic hospital blunders that have done so much in recent years to threaten patients' confidence that they are safe in the doctor's hands. This right would provide doctors with a powerful incentive to “accept that they could improve their practice and to work continuously to do so.” In conjunction with the lifting of restrictions on patients' rights of access to their medical records, the unqualified right to a second opinion could be a powerful deterrent to clinical fraud”.

Vicky Rippere British Medical Journal 1995; 311:1506 (2 December)

While getting a second medical opinion may seem unnecessary at times, the reality is that mistakes in medical diagnosis are made and serious consequences occur as a result. As in the medical field, diagnostic mistakes are also made in the field of education and serious consequences to our school-age children occur as a result.

Although public school districts can and do offer excellent evaluations in many cases, there is a fundamental *conflict of interest* that exists between a public school

district and the parents of its students. As in the case of Health Maintenance Organizations in medicine (HMO's), the more money a public school district spends providing special education services, the less money it has available for other services and expenditures.

HMOs require doctors to treat patients so the costs to the insurance company (HMO) are kept to a minimum. "*Second opinions*", while common in private practice medicine, are almost non-existent in HMO practices and doctors may even be forbidden to tell their patients about the variety of treatment choices that are available to them beyond what the HMO would typically provide. Patients, therefore, are presented with limited treatment options even though other methods of intervention may be better for the patient or solve the problem more quickly.

In this scenario cheaper forms of treatment are dictated by HMO policy and because physicians need to survive economically, the HMO system forces hard choices upon them. This is in essence the same dilemma facing public school districts.

School district administrators often come under pressure to keep special education costs to a minimum. School district personnel may be forbidden to tell parents about the variety of options that are available to meet the needs of their children at school and elsewhere and school psychologists may be encouraged to identify fewer children with special needs.

Although schools are not permitted to engage in this conduct, the reality is that parents are often presented with limited options to meet their child's educational needs with cost control being the controlling factor in decision making. In this instance parents are essentially kept in the dark about their rights and the rights of their children and may not be made aware of effective teaching practices that should be made available for their children at school or privately.

Public school districts, therefore, have **inherent financial incentives** to

- (1) identify fewer students who require special education services,
- (2) provide less intervention for special education students who are identified, and
- (3) avoid referring students to outside experts for second opinions or services.

Some school districts have an unwritten "*gag rule*" that discourages their employees from fully informing parents about their educational rights and the options that are available for their children outside the public school setting. School district employees may discourage parents from obtaining second opinions and may even prohibit their teachers and support service staff from telling parents about the options that are available to their children within the district. Although this practice is unethical and illegal, it occurs every day in public schools across the country.