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## Consultations and Second Opinions

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**I**n a general hospital setting, the diagnosis and treatment recommendation for psychiatric illness in a medically ill patient must be timely. This chapter introduces ethical issues related to consultations and second opinions for these and other patients seeking psychiatric care. Along with differentiating the cause of abnormal behavior, it is advisable to communicate treatment recommendations clearly, with simple language and concrete recommendations. Each individual hospital's consultation guidelines must be followed. These guidelines often recommend a psychiatric consultation when a patient exhibits suicidality or severe psychiatric symptoms and is not currently under a psychiatrist's care.

A psychiatrist is a licensed physician who can perform physical examinations with proper training and necessary skills. Another psychiatrist or physician can be called on to perform a physical examination for a consultation or a second opinion if this would improve the care of the patient, or if the treating psychiatrist's physical examination under certain circumstances could be harmful.

In the course of a patient's care, a psychiatrist should obtain a consultation whenever it is medically indicated or if the patient requests it. The patient's representative may request a consultation in cases in which the patient is incompetent or a minor. A consultation may also be indicated when a patient's symptoms cause dysfunction despite ongoing treatment, particularly if the dysfunction is severe.

If the treating psychiatrist is frightened by a patient or feels that no treatment might be useful, a consultation with a colleague could be help-



ful. If this patient is a minor, the parents should be advised of the clinical situation, and the minor should be properly referred for further care.

The treating psychiatrist who refers a patient for consultation should provide the consulting psychiatrist a case history, along with other pertinent information, and should highlight the specific question about which guidance is sought. The treating psychiatrist should also agree to a request for consultation from the patient or the patient's representative, and even though possible consultants may be suggested, the patient or representative should be given free choice. If the psychiatrist disapproves of the professional qualifications of the consultant or if a difference of opinion cannot be resolved, after suitable notice, the treating psychiatrist may withdraw from the case. If this occurs within an institution or agency, arbitration by a higher authority within that institution or agency should first be attempted to resolve differences.

The treating psychiatrist can recommend that a patient obtain a second opinion whenever it is in the best interests of the patient. The patient should be informed of the reasons for the recommendation, and be told that the treating psychiatrist can assist the patient in choosing a psychiatrist for a second opinion, that the patient is free to choose one of his or her own, and that the patient is also free to obtain a second opinion without the treating psychiatrist's knowledge. The treating psychiatrist should then give the psychiatrist who provides a second opinion (a consultation) both a history of the case and current treatment recommendations regarding management and care.

For the treating psychiatrist, terminating the physician-patient relationship because a patient decides to obtain a second opinion is inappropriate. The treating psychiatrist must ask for a consultation when one is indicated and not impede the consultation because of prior paid arrangements or because of moral views.

When referring a patient for consultation, the treating psychiatrist ensures that the referral is to a recognized member of the psychiatrist's own discipline, competent to carry out the tasks required. If the skill or qualifications of that professional are in doubt, the psychiatrist should not refer a patient to that person.

In a collaborative or a supervisory role, sufficient time must be allotted to ensure that proper care is given. The psychiatrist must not be used as a figurehead, since doing so is contrary to the interests of the patient, and the frequency and amount of time spent in this role should not depend on either prior arrangements or availability but on the true

need of the patient. A consulting psychiatrist should clarify his or her role as much as possible before seeing the referred patient.

In a hospital setting, the results of the examination that the consulting psychiatrist should give the referral source include formulation, diagnosis, and pertinent recommendations. In other settings, the consulting psychiatrist should give patients an explanation of his or her opinion, providing patients a clear understanding of the opinion, even if it does not agree with the treating psychiatrist's recommendation. The consulting psychiatrist may discuss an opinion with the treating psychiatrist but is not obligated to do so if the patient or representative employs the consulting psychiatrist for advice. A report to the treating psychiatrist can be made if the patient or representative gives consent.

If a psychiatrist is asked to give a second opinion and is asked by the patient to also provide needed medical care, assuming responsibility for that patient's care is within the principles of ethics. When asked to provide a second opinion, the psychiatrist may not establish a prior agreement or understanding of refusal to treat the referred patient. Such agreements are not only unethical, but also unlawful. However, after providing a second opinion, the psychiatrist does not necessarily have to treat a referred patient for the following reasons: 1) as part of an arrangement with insurers or other third-party payers; 2) to avoid any perceived conflict of interest; or 3) to avoid loss of objectivity. Patients exercising the right of free choice may also decide not to seek treatment from the doctor who provided a second opinion.

Ethically, a psychiatrist who consults for an organization can provide consultation or treatment to that organization's members unless an agreement prohibiting this has been made. In addition, an organization is not obligated to refer patients to other psychiatrists, but the psychiatrist should inform these patients that they have the right and freedom to choose another psychiatrist in the community. In this circumstance, as in others above, any conflict of interest should be avoided (American Psychiatric Association 2001).

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**Reference**

American Psychiatric Association: *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*. Washington, DC, American Psychiatric Association, 2001

