

## **The Importance of Getting a Second Opinion**

Powerful Patient Event

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Jens Chapman, M.D.

Diane Osborne

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### **Andrew Schorr:**

Another surgeon at Harborview and UW is Jens Chapman. He's a good friend of mine. They're all good friends, but he's a good friend. So a lot of us have back pain some time in our life, and sometimes what runs through your mind is, 'Oh my god, I'm debilitated by the back pain. Maybe I need back surgery.' Back surgery is not a trivial thing, right?

Jens Chapman is one of the foremost spinal surgeons in the country, a lot of these are foremost in their field, and yet I've found Jens not to be, 'Oh let me help you with that back pain, I have an opening for surgery on Wednesday.' That's not his view at all. So Jens maybe you can talk a little bit about the dialog between patients and someone like you to really make sure that they get the care that's right for them and maybe not have something that's really too aggressive.

### **Dr. Chapman:**

Yes, thank you for the ability speak here. I'm Jens Chapman.

*<<Dr. Chapman asks for a show of hands from people who have had neck or back pain for more than two days in their lives. Most of the audience raises their hands. Then he asks who has not. Very few people raise their hands, and he calls them lucky and winners.>>*

Back and neck pain is obviously a major health epidemic. There is no question about it, and in part this enormous prevalence of back problems is simply an evolutionary trait of us being in the upright position, in part it is a success of medicine in general because we just live longer and do more every day of the week, and so this is a conundrum that comes together and forms an epicenter of a crisis that now will put healthcare expenditures for spine as a second leading expense right after cardiovascular disease. I'm saying that with a bowed head and humble because this is not right.

I'm a surgeon, and I'm one of those people who is a gatekeeper of wasting or spending sensibly a lot of hard-earned healthcare dollars in the public's interest. So this is an issue that really all of us have to kind of face together.

Another declaration that you probably don't want to hear from a surgeon offhand, but we as spine surgeons don't have a cure for probably about 60-70% of spine conditions. Don't forget, we can make lives better and substantially better if we use our craft wisely, but a

cure, meaning there's no recurrence of symptoms at the same or other levels is very hard to come by.

What this means is that there's a much higher emphasis in the future to have very sensible criteria to filter out the really bad and seriously ill patients from those who have a more chronic disease state where exactly what you're seeing here, a patient-powered population, that basically networks and filters out information together will be far more important in the future.

Again there have been just unbelievable advances in surgery; I don't want to just short-sell my specialty here over the last 10 or 20 years; but we should not forget that this is a co-production where patients and surgeons have to work together to optimize results, and if we just rely on the surgeon to cut them open with little bleeding and no pain and make a miracle happen, we're probably going to be wrong. Most often we as surgeons and patients have to partner and have to formulate very clear goals of how we can together interact, and again those patients stay with us for basically a lifetime as long as I've been here, and I've been here for 20 years now, and I always have an open door, and I think most of us as surgeons have that same approach to kind of keep working at staying fit.

Again informing yourselves and forming networks to kind of exchange what works and what doesn't is I think very important.

**Andrew Schorr:**

Jens, so sometimes people will go around, and there's a surgeon who has an opening, if you will, so how do you feel about second opinions to make sure that what's being recommended is right, not too aggressive. What questions should we be asking?

**Dr. Chapman:**

I don't want to repeat the excellent statements that Ben said, and I think that's probably the key, this triple-A approach is a very well one. In spine you'll find that second opinions are very much encouraged. We obviously encourage them. The one problem is that in my specialty again it is very, very predominantly there are very divergent opinions. This has actually been studied, and very simple conditions that we have that would be expected to have a high degree of repetitiveness of recommendations are actually not treated in the same fashion, and this is one of the very big things that we I think in our specialty have to approach more and more. There are actually very good guidelines and outcomes that we can now implement on a larger scale to take away this improvisational and purely intuitive component of our healthcare delivery.

**Andrew Schorr:**

Okay, before you go, Diane Osborne, I want you to give this man a hug, and I'm going to tell why. Diane has a husband, a good friend of mine, Jamie. Why is she giving this man a hug? Because her husband was paralyzed, and through good care now is able to walk and stand. He had an accident on a bike, thrown over.

It was a very traumatic injury to his spine, and with the help of the whole team and Dr. Chapman; can he run a marathon? No. But can he do a lot of things that he thought he never could through a lot of his own determination and partnership with care he can. Jamie couldn't be here today, but I know Diane you're very grateful.

**Diane Osborne:**

I would just like to say I got a second opinion, and it was Jens, and they were recommending emergency surgery for my husband, and I said I need another opinion, and they laughed when I said his name, and they said you'll never get him, and he was there, and we didn't have surgery. My husband to this day has an incomplete spinal cord injury and still has not had surgery. So we're very grateful to Jens.

My husband's done amazingly well. I can remember some of the fabulous advice Jens gave my husband. He said get independent as quickly as you can. He also gave us good family strategies like people will be around initially but book them for six months from now or a year. He was really a great doctor in terms of helping us understand the whole picture, and so communication and second opinion is huge, and I really appreciate it.

**Andrew Schorr:**

Thank you, thank you Dr. Jens Chapman, Diane Osborne.

I just want to mention something that you've not heard about. So Mary Thomas could you stand up for a second? Mary Thomas and I have been friends for like 20 years. She's much, much younger than I am right?

<<Andrew announces the book he has worked on with Mary to the audience: "Patient to Patient: A Web-Savvy Survivor's Guide to Facing Medical Crisis">>

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