



**TRANSCRIPT FOR VIDEO #9: SECOND OPINIONS—
WITH DR. MARCELA DEL CARMEN
Interview, Massachusetts General Hospital
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Produced by The GCS Project**

(MDC—Marcela del Carmen; DR—Diane Redington)

SLIDE: Patient/Advocate, Diane Redington, and Dr. Marcela del Carmen discuss the importance of being armed with as much information as possible.

MDC: If you have your treatment done by experts—meaning people who have been fully trained to be gynecologic oncologists or to deliver care for women with gynecological cancers—if you see those groups of doctors before you are treated and you are treated by one of those doctors, you actually live longer.

Robert Bristow. He's currently the chair at University of California at Irvine. But he has written a lot of that literature. It's all based on large databases. He's done a great job, because he's looked at not only training but also experience. So, if you go to a place that does ovarian cancer surgery very frequently, as opposed to going to a place where they 2 cancer cases for ovarian cancer a year, he's clearly shown that if you control for everything else, **just the volume of care that is given for this particular medical issue dictates how you do.**

DR: The other thing is that women have asked me—perhaps they can't travel here or to a major site and they want to send their records. And I tell them that's better than not getting another opinion. **The best thing is to go and show up in person so the doctor can meet you and they can see you.** And there's so much more you can get out of a visit than you can get reading a medical record.

MDC: I agree with you. And I think part of it for us is being able to get a sense of your overall medical condition. Are you somebody who is really healthy and fit? And you can't get that just from looking at a record based on a patient's age or their medical problems. You can be 78 years old and have high blood pressure and a bunch of other medical problems and run the Boston Marathon. And you can be 45 and get

winded walking down the hallway. So, when we as surgeons are trying to decide—Are you are a good surgical candidate? Am I going to get you through an operation that you will survive?—being able to meet you to get a sense of exactly what is your medical history and to examine you, that is, completely, even in 2017, that needs to be part of your care. You still need a physical exam. So, I agree with you. I think that there are ways that technology has allowed us to do telemedicine. You can get an expert opinion for pathology. That's really easy. All you have to do is send your slides to a place that has expert GYN pathology. ***But when it comes time to really getting a consensus opinion around whether you should have surgery, when should the surgery be done, what's the right chemo, I do think that at that point you really need to travel.***

DR: And you're actually putting your life in the hands of this treatment team, and I'd want to know them and meet them and feel a comfort level.

MDC: That's right. I always say that it's like "speed dating." You're sort of seeing somebody very quickly, but you have to build the relationship essentially against time, where you feel comfortable that you are under someone's care, and you trust they're going to do the right thing for you. I think as a surgeon, I always think when I'm telling somebody in the office that I can get them through an operation, I'm basically telling them, "You will go to sleep, you will wake up, and you will go home, and you will go home a better, healthier person than you came in." That's a really arrogant thing to assume if you think about it. Right? And how could you ever agree to that if you haven't met and spent time with the doctor who's going to be in charge of you. Because there's no guarantee that any of that's going to happen. So, I think that you owe it to yourself to be able to a) be comfortable that you want to engage with that person long-term—"Date him, but do you want to marry him?"—and then be comfortable that you are. I mean, at the end of the day, you are responsible for your care. I think that clinicians can give you... can inform you about what best choices to make for yourself based on their expertise and their knowledge of the field, but ultimately, you're the one that has to make the final decision. And that's how it should be.

DR: And I think that's a really important point for people to know—is ultimately, you need to be responsible for your own care. Your doctor is the expert. Your doctor is the team.

MDC: Absolutely. We give you context. You know what I mean? But I think that ultimately, even if I tell you this is what I would do if... I think this is what I would do if I were in your shoes or this is what I would do based on

what I know, but I can't decide for you. You know what I mean? I think for you to be able to make a good decision around that, I think ***no matter how good technology gets, we still, thankfully I think, are not in a place where technology is a substitute for that human connection or that direct one-on-one connection.***

DR: Yes. Particularly when you are dealing with a life-threatening disease.

MDC: Yes. I agree.