

Findings

Categories

Synthesis

- Surgery had different meaning for patients depending on their circumstances. (U)
- The majority of patients make or develop a clear preference for a decision before meeting a surgeon. (U)
- Cultural belief in surgical care – Nearly all of the patients came to the surgeon with a pre-established belief that surgery is required for cure. Support for this belief came from friends or family. (C)
- Distrustful participants articulated a background of suspicion about the efficacy of surgery and the intentions of surgeons. Ultimately their perception of untreated gallbladder disease outweighed their misgivings about cholecystectomy. (U)
- Unquestioning patients decided to undergo operative treatment as soon as the diagnosis of cholelithiasis was made. (U)
- Managing expectations and fear. (U)
- Patients are aware of risk and viewed risk in general as an inescapable part of life and something which they encountered on a daily basis. (U)
- The concept of readiness for surgery and surgery as last resort as perceived by the patient or the physician was also important and often brought up as the threshold for decision-making. (U)
- Previous personal experience with surgery, including non-orthopaedic procedures, also played a role in patients' preferences about knee surgery. (U)

Motivation for surgery

- In addition to classifying the tumour as benign and malignant patients sought information about tumour biology, aetiology and anatomy of the brain (U)
- A malignant diagnosis changed information seeking behaviour. (C)
- Cultural belief in surgical care – Nearly all of the patients came to the surgeon with a pre-established belief that surgery is required for cure. Support for this belief came from friends or family. (C)
- Resignation to risk of treatment – patients expressed the view that analysing risks was irrelevant to their decision. They had to accept the risk and burden of surgical treatment to escape a miserable death. (U)
- Communicating information – Preoperative information helped prepare the patient and the surgeon for difficult intraoperative and postoperative decisions and developments. (U)
- The importance of the patient condition - certain conditions created more anxiety and more negative comments than others. (NS)

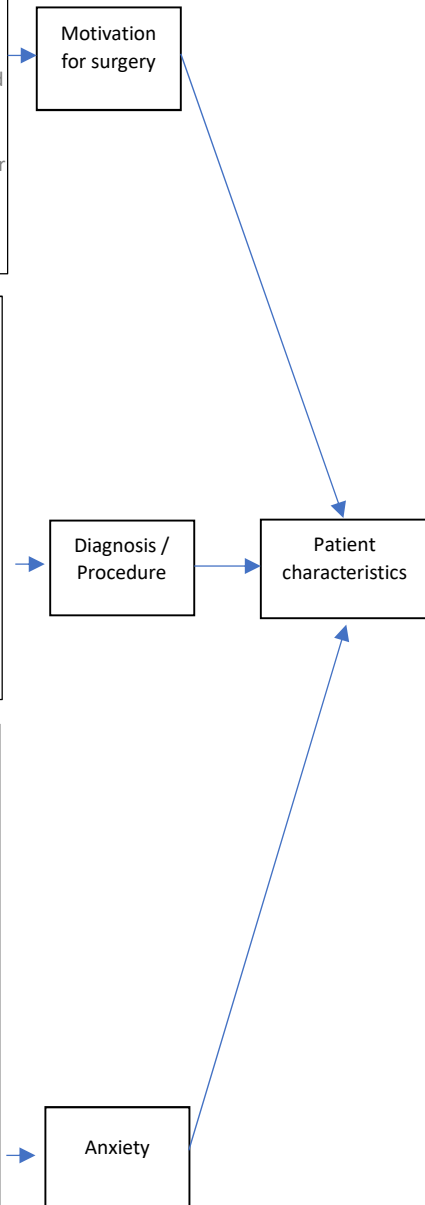
Diagnosis / Procedure

Patient characteristics

- Belief in expertise rather than medical information. Patients considered themselves unqualified to process the diagnostic and prognostic information presented to them. Regardless of their level of education or career success, they felt incapable of making suggestions or decisions about their care because they lacked expertise and felt psychologically debilitated by anxiety and fear. (U)
- Communicating information – Preoperative information helped prepare the patient and the surgeon for difficult intraoperative and postoperative decisions and developments. (U)
- Managing expectations and fear. (U)
- Some patients did not want technical information. (U)
- Fear may inhibit patients' desire for survival information. (U)
- A number of fears were also identified: fear of a lengthy recovery, fear from complications and from anaesthesia, concerns about longevity of prosthesis, and worries about how the surgery may affect their other health problems. (U)
- Surviving Uncertainty - while patients were facing the possibility of losing their life, doctors had to cope with the risk of taking or harming the life at stake when trying to save it. This conflict was often resolved through the doctor discussing the risk and possibilities leading to an agreement often based on the doctor's recommendation. (U)
- Information-sharing and risk communication. During interviews, many participants discussed how medical terminology and surgical jargon can confuse and frighten patients. Some doctors demonstrated their ability to simplify and adapt their language to a level that is understandable to a lay person. (U)
- Patient engagement: a number of doctors reflected on the challenges of engaging patients in the consent process. Patients in an emotionally charged state would find it difficult to process and retain information, some doctor also discussed that they sometimes were required to consent patients who were less searching than others wanting either to sign the consent form without acknowledging information or deferring the decision to the doctor. When faced with disengaged patients many doctors in our study reported that they attempted to continue to provide

Anxiety

Key:
 U – Unequivocal
 C – Credible
 NS – Not substantiated



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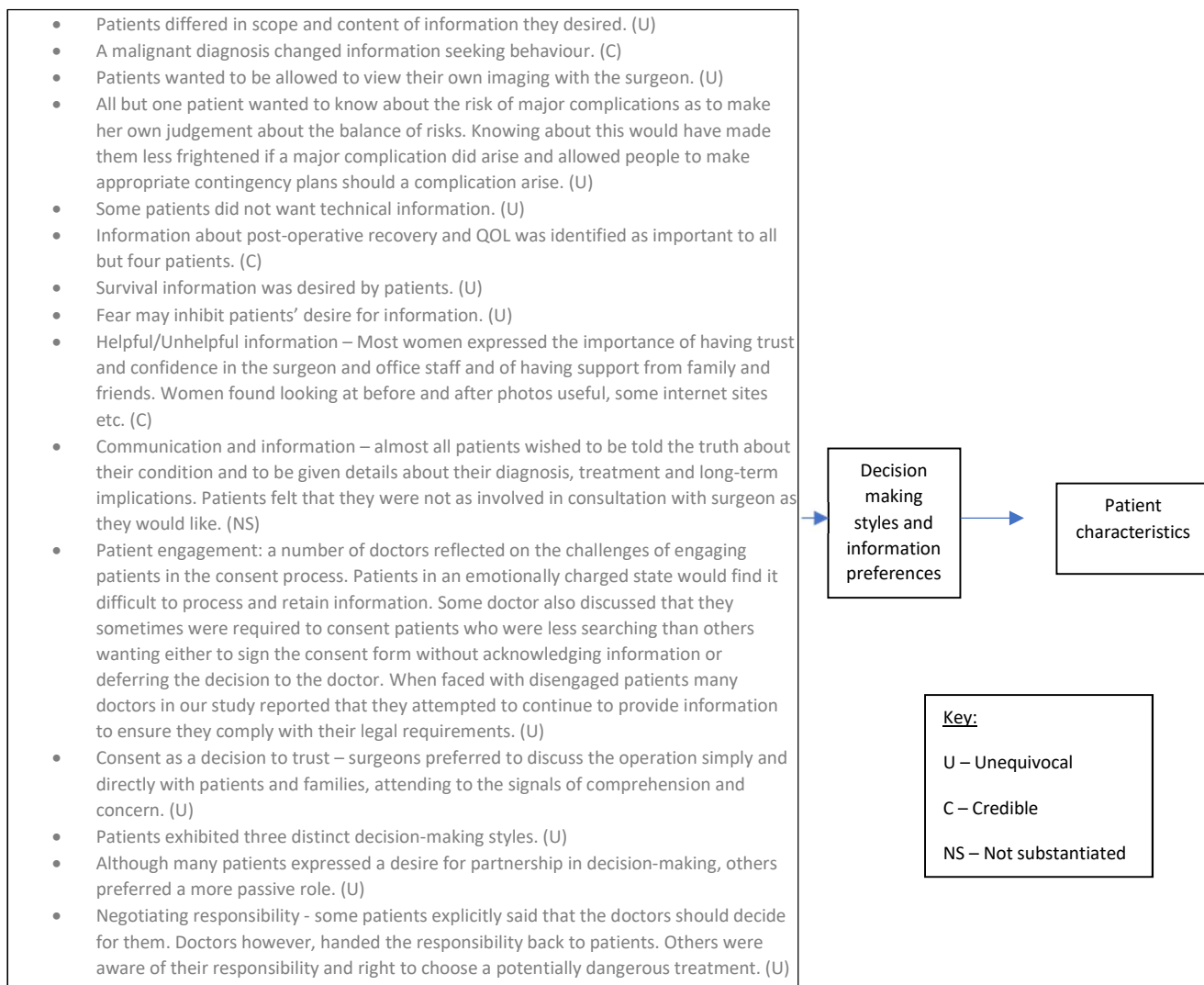


Figure 2: Patient characteristics synthesised finding.