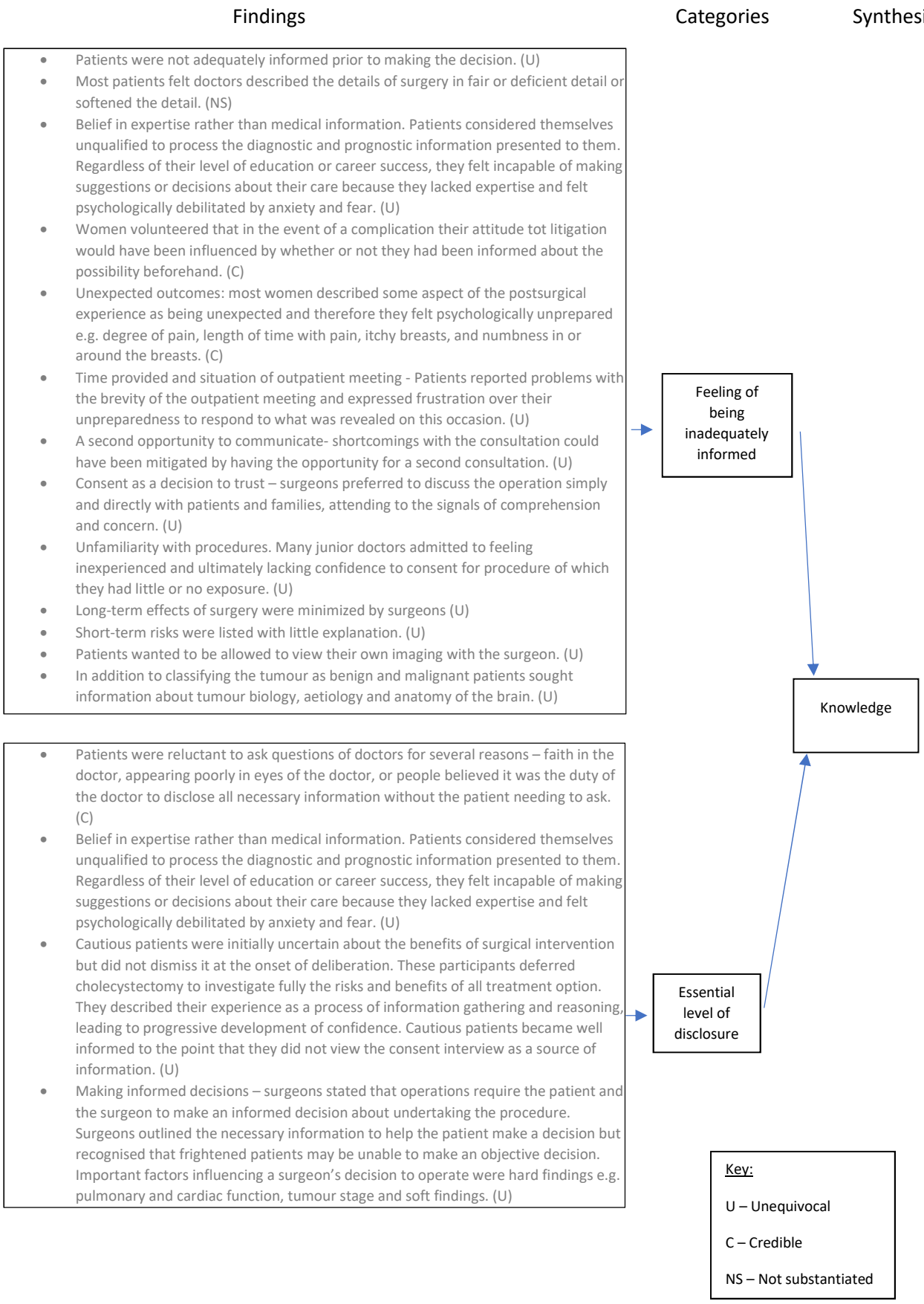
Findings
Categories
Synthesis
Patients were not adequately informed prior to making the decision. (U)
Most patients felt doctors described the details of surgery in fair or deficient detail or softened the detail. (NS)
Belief in expertise rather than medical information. Patients considered themselves 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)
Women volunteered that in the event of a complication their attitude tot litigation would have been influenced by whether or not they had been informed about the possibility beforehand. (C)
Unexpected outcomes: most women described some aspect of the postsurgical experience as being unexpected and therefore they felt psychologically unprepared e.g. degree of pain, length of time with pain, itchy breasts, and numbness in or around the breasts. (C)
Time provided and situation of outpatient meeting - Patients reported problems with the brevity of the outpatient meeting and expressed frustration over their unpreparedness to respond to what was revealed on this occasion. (U)
A second opportunity to communicate- shortcomings with the consultation could have been mitigated by having the opportunity for a second consultation. (U)
Consent as a decision to trust – surgeons preferred to discuss the operation simply and directly with patients and families, attending to the signals of comprehension and concern. (U)
Unfamiliarity with procedures. Many junior doctors admitted to feeling inexperienced and ultimately lacking confidence to consent for procedure of which they had little or no exposure. (U)
Long-term effects of surgery were minimized by surgeons (U)
Short-term risks were listed with little explanation. (U)
Patients wanted to be allowed to view their own imaging with the surgeon. (U)
In addition to classifying the tumour as benign and malignant patients sought information about tumour biology, aetiology and anatomy of the brain. (U)
Feeling of being inadequately informed
Knowledge
Patients were reluctant to ask questions of doctors for several reasons – faith in the doctor, appearing poorly in eyes of the doctor, or people believed it was the duty of the doctor to disclose all necessary information without the patient needing to ask. (C)
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)
Cautious patients were initially uncertain about the benefits of surgical intervention but did not dismiss it at the onset of deliberation. These participants deferred cholecystectomy to investigate fully the risks and benefits of all treatment option. They described their experience as a process of information gathering and reasoning, leading to progressive development of confidence. Cautious patients became well informed to the point that they did not view the consent interview as a source of information. (U)
Making informed decisions – surgeons stated that operations require the patient and the surgeon to make an informed decision about undertaking the procedure. Surgeons outlined the necessary information to help the patient make a decision but recognised that frightened patients may be unable to make an objective decision. Important factors influencing a surgeon's decision to operate were hard findings e.g. pulmonary and cardiac function, tumour stage and soft findings. (U)
Essential level of disclosure
Key:
U – Unequivocal
C – Credible
NS – Not substantiated

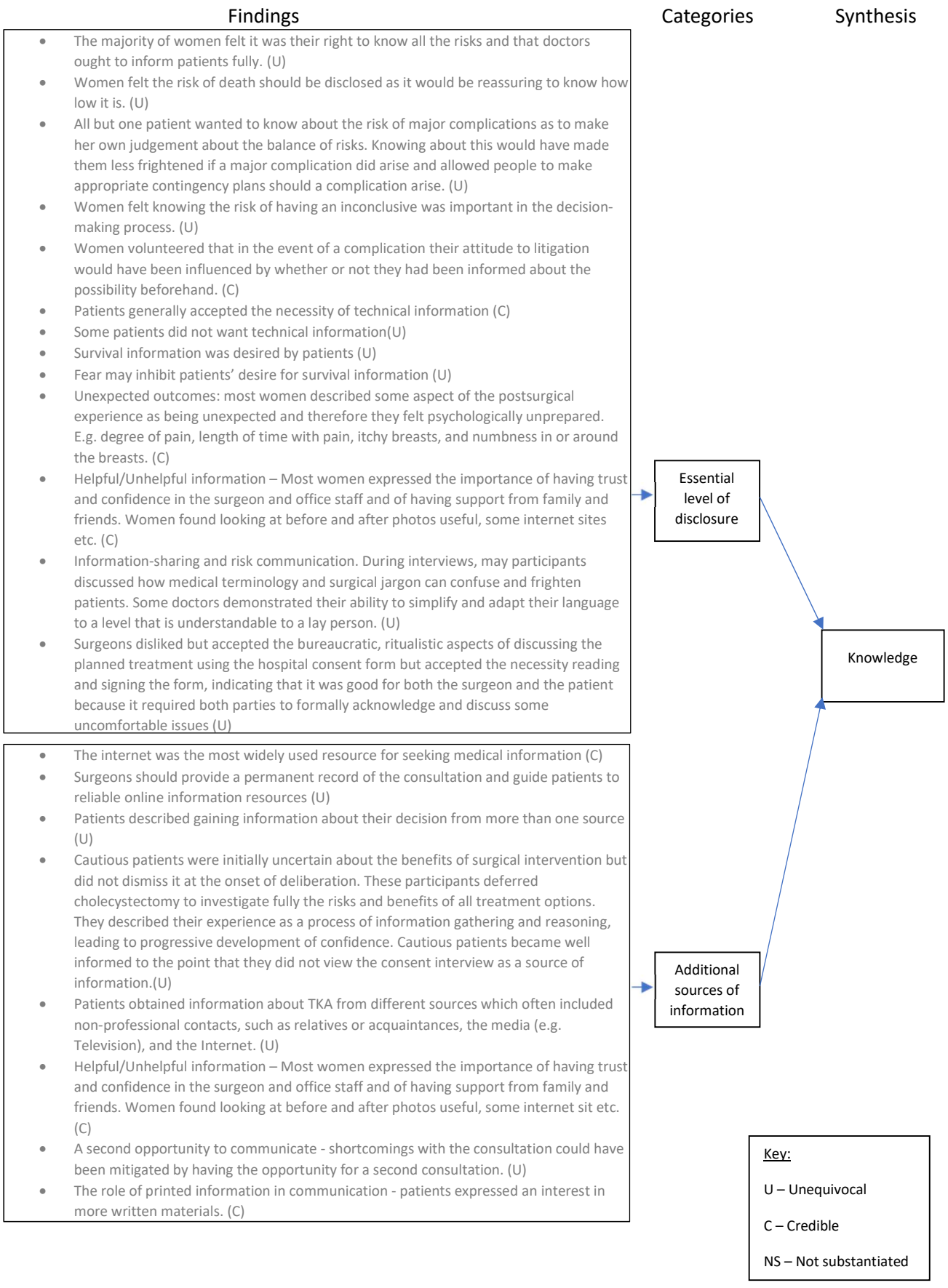

Figure 3: Knowledge synthesised finding.