

Findings

Categories

Synthesis

- Surgeons should be forthright with information and avoid medical jargon. (U)
- Patients wanted their doctor to spend time and explain their illness/surgery in a way they would understand. (U)
- 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)
- The majority of women felt it was their right to know all the risks and that doctors ought to inform patients fully. (U)
- Surgeons presented detailed technical information. (U)
- Surgeons presented the uncertainty around survival. (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)
- Communication and information – almost all patients wished to be told the truth about their condition and to be given details about their diagnosis, treatment and long-term implications. Patients felt that they were not as involved in consultation with surgeon as they would like. (NS)
- Short-term risks were listed with little explanation. (U)

Clarity

Communication

- There was a range of meanings given to the consent form. (U)
- Patients generally accepted the necessity of technical information. (C)
- Logistics and processes. Doctors reported that they felt it would be preferable if the consent process was routinely started in the pre-operative clinic. (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 information to ensure they comply with their legal requirements. (U)
- Surgeons disliked but accepted the bureaucratic, ritualistic aspects of discussing the planned treatment using the hospital consent form but accepted the necessity of reading and signing the form, indicating that it was good for both the surgeon and the patient because it required both parties to formally acknowledge and discuss some uncomfortable issues. (U)

Logistical process

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

Figure 4: Communication synthesised finding.