82% identified at least one or more people who helped them make their decision for surgery. (U)

Helpful/Unhelpful information – Most women expressed the importance of having trust and confidence in the surgeon and office staff and of having support from family and friends. Women found looking at before and after photos useful, some internet sites etc. (C)

Women in hospital are removed from their usual social relationships and only have access to those who accompany them. (U)

Patients rarely do anything other than obey professionals request for a signature (U)

Women who had signed the form without wanting to be seen their behaviour as out of character. (U)

While most patients perceive a choice to have surgery or not many see it as a necessity. (U)

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)

Acceptance of expert recommendation as consent to treatment. Patients did not perceive themselves to be making an informed decision; they viewed themselves as accepting an expert recommendation. (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)

Financial issues were often discussed, and most participants expressed concerns about the cost of surgery, although in general they stated that financial difficulties would not affect their final decision to undergo knee surgery. (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)

Negotiating responsibility - some patient explicitly said that the doctors should decide for them. Doctors however, handed the responsibility back to patients. Others were aware of their responsibility and right to choose a potentially dangerous treatment. (U)

Patients did not understand the scope of their options. (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)

Women felt their capital [to make a decision] was seriously diminished by a number of features of the situation eg pain, drugs, extreme states. (U)

Women in hospital are removed from their usual social relationships and only have access to those who accompany them. (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)

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Figure 7: Decision making synthesised finding.