



## A commentary on “Factors Considered By Patients In Provider Selection For Elective Specialty Surgery: A Questionnaire Based Survey” (Int J Surg 2019;69:43–8)



### ARTICLE INFO

#### Keywords:

Surgeon selection  
Elective specialist surgery  
Healthcare systems

We took great interest in the article by Aydin et al. [1] “Factors Considered By Patients In Provider Selection For Elective Specialty Surgery: A Questionnaire Based Survey”.

The article presents original research pertaining to surgeon selection in a tertiary care setting. It is widely recognised that the delivery of healthcare worldwide is developing into a more consumerist model, with importance placed on total information transparency and ubiquity [2]. Thus, emphasis should be placed on understanding these underlying factors that govern the selection of a healthcare provider.

The work of Aydin et al. concluded that the perceived attitudes of the surgeon was deemed highly significant in surgeon selection by study subjects. We feel the study omits a critical category in delineating the factors governing surgeon selection. The level of patient involvement in the treatment pathway, with full discussion surrounding various treatment modalities, should have been included within the scope of this research. We feel this is essential to evaluate, given that patients who are mis-informed regarding their various treatment choices available are most commonly dis-satisfied with their healthcare provider [3,4].

Additionally, cultural variation has been identified to influence the patient-surgeon relationship, with certain cultures demonstrating a more paternalistic approach to the patient-surgeon encounter [5,6]. Equally, it is noted that within other healthcare economies, patients and surgeons are more equally involved throughout the decision-making process. Further investigation into the importance of cultural nuance on surgeon selection could help to demystify this relatively mis-understood process.

We feel the timeframe in which the data was collected is not explicitly stated within the study design. This omission raises fundamental questions surrounding the validity of the collected data. Data collected after the initial patient-surgeon interaction will significantly differ compared to data collected prior to this interaction. Further, patients involved in this study were already admitted to a tertiary care environment. We feel that extending the parameters of the study to encompass the views of the general population, and both secondary and primary care, may have yielded noteworthy comparisons, whilst producing valid control groups.

We would like to highlight the notion that certain surgeons feel that surgeon-specific outcome data may be affecting the surgeon-patient relationship [7]. For example, within the National Health Service (NHS)

of Great Britain, the advent and ubiquity of comprehensive surgical outcome data has now fundamentally coloured the patient-surgeon selection process [8]. We feel the lack of importance placed on outcome data by patients during surgeon selection within this study requires further investigation. Fundamentally, patient experience and satisfaction are affected by the quality and outcome of the surgical procedure involved [9].

By considering surgeon selection in a wider range of populations, within different socioeconomic climates, more valid comparisons will allow increased understanding of this critical relationship.

#### Ethical approval

Not applicable.

#### Sources of funding

None.

#### Author contribution

MP: Conception, Literature search, Writing.  
HK: Literature search, Writing.  
PG: Literature search, Writing.

#### Trail registration number

Not applicable.

#### Guarantor

Max Prokopenko.

#### Provenance and peer review

Not Commissioned, internally reviewed.

#### Data statement

Not applicable.

<https://doi.org/10.1016/j.ijjsu.2019.11.018>

Received 10 November 2019; Accepted 13 November 2019

Available online 19 November 2019

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## Declaration of competing interest

Not applicable.

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