Assumptions:

- People either want to know a lot about the subject, or don't want to go into detail
  - Dietist: they want to know a lot about the subject
  - Surgeon: they normally don't hesitate to ask questions and try to read as much information as possible
- It can occur that a patient discovered this fact too late in the process
  - Surgeon: patients have trouble receiving and using the information, but he didn't mention 'realizing too late'. When the patient is not in optimal condition they postpone the procedure
- Patients and caretakers are insecure about if they can eat specific meals or do certain exercises. They give inaccurate suggestions/reminders based on info the specialist and the internet told
  - Surgeon: I'll fill the gaps or correct wrong assumptions
- Several patients had no phone with internet access
- Healthcare professionals distrust digital help tools from hospitals
  - Dietist: https://www.voedingenkankerinfo.nl/
  - Surgeon: We've attempted to make several videos. I'm not very fond of e-consulting, mainly because of declarations and a large 'impersonalized' workload (for example, answering 50 mails)
- Patients and specialists were required to fill out their entire food pattern by filling out every food item separately or administering patient data
  - Surgeon: I've tried to make patients fill in that data, but only 30% responded.
- Patients are looking for a more convenient approach to hand over the information (about the illness, adaptive lifestyles, procedures)
  - Dietist: doesn't experience this. It is already convenient. Maybe something that patiënts can look up information about ingredients or food items
  - Surgeon: especially at the diagnosing phase is hectic for the patient

- Family and friends are most likely to help the patient in any way during the process (even when they aren't really helping at all). Miscommunications between caretakers occur very often (information- and planning wise)
  - Dietist: confirms
  - Surgeon: every patient brings someone to doctors' appointments, but I don't experience big miscommunications
- Mediators / personal assistants exists and actually helps during the patients' process
  - Dietist: is a mediator
  - Surgeon: isn't really a mediator or personal assistant. He mostly checks based on info the other specialist gave
- Patients have trouble formulating critical questions and remembering answers at the CP
  - Dietist: the only questions asked is how they stop losing weight and how to ease the process
  - Surgeon: they already formulate excellent questions. As long as they know the procedure, alternatives and expectations then I've covered the essentials
- Learning and adjusting routines of the patient is really hard, but necessary
  - Dietist: it's not complicated to learn and adjust routines

- - Surgeon: quit smoking has proven to be very difficult
- Patients and/or caretakers are interested/inspired in experiences of other patients (it is valuable information)
  - Surgeon: that would be very valuable!
- What do caretakers do when a patient isn't accepting any help (I'm fine)?
  - They can get psychological help
- Patients and caretakers desire informational- and emotional support
  - Surgeon: the call centre receives a lot of trivial questions that can be solved quickly, so information-wise can be improved. When the patient isn't motivated we can always redirect them to a therapist
- Conversational Agent (with AI) is more desired then the digital platform itself
  - Surgeon: sharing personal experiences is very interesting for the platform

- Patients want to contact a real person when he/she doesn't get the satisfaction when using the app (specialist vs conversational agent)
  - Surgeon: confirms
- Patients desire social interaction more than getting ongoing health monitoring support on exercising and eating (family vs conversational agent)
  - Not really that interesting, but we think family is more motivating