Supplemental File 2. Additional quotes

Explanation

- In the table below, additional quotes of the participants are provided for each subtheme, using brackets ('[…]') to indicate omitted text within a quote. After each quote, the following characteristics are presented successively: quote number (Q), participant number (P), profession, and whether below or above the median number of years of work experience (<MWE or >MWE).
- During the focus group meetings, all participants were asked to write down at least two stimulating (i.e. facilitators) and two impeding factors (i.e. barriers) for promoting a healthy lifestyle, such as more physical activity or healthy nutrition, for patients with hip and/or knee osteoarthritis they encounter in their daily practice (see Supplemental File 1). These factors were written down on post-its, and then collected and categorized by the researchers. However, since these post-its had not been labeled, it was not possible to identify afterwards the participant who wrote down the relevant factor. This is indicated by an asterisk (*) where applicable.
- The original Dutch quotes are available in Supplemental File 3.

Subtheme	**Quotes**
Intervention factors	
Effectiveness	"So perhaps even apart from losing weight, exercising with the aim of losing weight, exercising also has other positive effects, of course." *(Q53, P5, physiotherapist, >MWE)*
	General health benefits *(written down as facilitator, participant unknown*)*
	Reduction of symptom *(written down as facilitator, participant unknown*)*
	Exercising reduces pain *(written down as facilitator, participant unknown*)*
	"But I'm also very curious about what actually, indeed also what its effect will be, of bringing it up [weight loss] again and again and what effect that ultimately will have on someone's outcomes following surgery, or of a surgical procedure being postponed further. What that does exactly." *(Q54, P8, general practitioner, >MWE)*
	Expected effect for the individual *(written down as barrier, participant unknown*)*
	Too few studies *(written down as barrier, participant unknown*)*
Complexity of behavioral change	"You don't accomplish that [behavioral change] in five minutes, one-on-one, that has, I − I see people indeed just one-on-one, sometimes for two years once a week or twice a week also in the beginning, or three times. It's really, it needs a lot more time and energy than it's getting right now." *(Q55, P9, lifestyle counselor, <MWE)*

	"There is of course losing weight and 'losing weight'. There are plenty of people following some crazy crash diet or other, and that just doesn't work. That is well-known, they lose weight, like within a few months they lose 10 kilos, and after a month they put the weight back on again. That just doesn't work." *(Q56, P24, general practitioner, >MWE)*
	"I think that ultimately it is, if you're really obese, then it might actually be more of a sort of addiction, [with] at least the same features, that you can never shake off. And will always be sensitive to it. Maybe you should focus more on that, besides telling you what to do, just like 'you should quit smoking', everybody already knows that." *(Q57, P33, orthopedic surgeon-in-training, <MWE)*
	"Very often I feel, then people come back to me and then I think yeah, now they've been to the physiotherapist and the dietician and it doesn't work because you see, no, I have the idea that the bigger picture is being forgotten. So indeed the [behavioral] change, they don't see the necessity, and so the motivation isn't there, and I would need more of that indeed, someone who looks at the big picture yet still tries to get them intrinsically motivated. Which makes them enjoy riding their bike for a bit, or whatever. Instead of walking five minutes, do it for ten minutes or whatever." *(Q58, P3, nurse practitioner, >MWE)*
	"You will first have to be on the same page as the patient. […] And there I think that we as GPs [general practitioners], the longer you've been in a practice, the better you know the persons and you also detect more and more clues, see, that you can discuss to motivate someone." *(Q59, P14, general practitioner, >MWE)*
	"Because you can say 'exercise, everyone should do that', but you only start exercising if you choose something you like. And that will vary per patient, and you have to invest time in it." *(Q60, P27, general practitioner-in-training, <MWE)*
	"But I think that you, in the end those people aren't going to take action until they go somewhere, talk to someone and three months later talk to that same person again. And then they think 'okay we agreed on this, this didn't work out'. Or they think 'oh I have to go there soon, so I should have something to tell', or something like that. And if they're going to watch films about it, no matter how many films it is, they're not going to do it anyway. So in the end I think they have to go to a person, or a service desk, or a mentor, whoever that is." *(Q61, P33, orthopedic surgeon-in-training, <MWE)*
Availability	"You see that in practice, but also in the training that, well, as I just said, there are again all kinds of separate apps and programs and ideas which are all great on their own, but which never really get off the ground." *(Q62, P28, general practitioner-in-training, <MWE)*
	"Of course also now I have referral criteria very often. And then it says,

	for example for the knee, it says get an X-ray first, and then my guideline says don't get an X-ray. And then I think, what should I do now." *(Q63, P30, general practitioner-in-training, <MWE)*
Individual HCP factors	
Knowledge	"I think in general we know too little about it [nutrition], what's good and what isn't." *(Q64, P11, general practitioner-in-training, <MWE)*
	[as advice] "I would like to emphasize a piece of training, indeed, among professionals. So, that, what is indeed a healthy lifestyle, how do you feel about it yourself. Plus conversational technique, I think that's also important to include, in an advice or an intervention, that it's not as simple as 'yeah you have to do something about it and see you next week'." *(Q65, P9, lifestyle counselor, <MWE)*
	"I think we get little instruction about the musculoskeletal system in general, as GPs [general practitioners], you see. At least, I feel strongly about that." *(Q66, P22, general practitioner-in-training, <MWE)*
	[regarding education] "I think, among other things, about the different possibilities there are, but also specific physiology, and perhaps also a piece of motivational interviewing." *(Q67, P21, general practitioner, <MWE)*
	Knowledge about where to refer (suitable PT [physiotherapist], new initiatives such as walking groups, coaches) *(written down as barrier, participant unknown*)*
Attitude toward LIs	"So I think it is a very important topic to think about how we can acquire tools to get and keep people exercising." *(Q68, P3, nurse practitioner, >MWE)*
	"You see, as a professional you still have to be open to that indeed, and I just miss that a lot. Often it's just 'well here's your medication and see ya'. And then it [lifestyle] isn't even, it's not even discussed." *(Q69, P9, lifestyle counselor, <MWE)*
	"We are here as a motivated group, but there is of course a very large group that may know less about it, or is less motivated." *(Q70, P21, general practitioner, <MWE)*
Responsibility	"You have to assign it to the one who can do it best. I think we should all say the same thing, that weight reduction is desirable, but I don't think I'm the right person to explain that to a patient in the best way possible. Besides, it's not my thing." *(Q71, P7, orthopedic surgeon, <MWE)*
	"And that it should also be made clear that nutrition is not just something for dietitians, but really for every physician." *(Q72, P11, general practitioner-in-training, <MWE)*
	"Recently attended a clinical lesson on a ward, everyone enters with a mouthful of cookies, all the while patients are lying there, so right there

	you already have an example." *(Q73, P9, lifestyle counselor, <MWE)*
	You yourself exercise and share that with the patients *(written down as facilitator, participant unknown*)*
	Example of physician *(written down as both barrier and facilitator, participant unknown*)*
Patient factors	
Health status	"And with people who have many complaints but really only a little bit of osteoarthritis, I do my very best. Because them, I won't put those people on the list for surgery, because I think it makes sense, more sense to go in that direction." *(Q74, P33, orthopedic surgeon-in-training, <MWE)*
	Degree of osteoarthritis *(written down as both barrier and facilitator, participant unknown*)*
	Impact of ADL [activities of daily living] *(written down as both barrier and facilitator, participant unknown*)*
	Multimorbidity *(written down as facilitator, participant unknown*)*
	Psychologically vulnerable patient *(written down as barrier, participant unknown*)*
	Comorbidity (DM [diabetes mellitus], depression) *(written down as barrier, participant unknown*)*
	"And even if they have been there [physiotherapist], they've often have bad experiences with it. And then they tell that to me, like 'yeah I've already been there and it didn't help at all'. And then you really can't discuss it any further." *(Q75, P27, general practitioner-in-training, <MWE)*
	Previously failed attempts to change *(written down as barrier, participant unknown*)*
	Not all conservative measures have been applied yet *(written down as facilitator, participant unknown*)*
Treatment preferences	"People would rather take an extra pill than having to put in the effort. Because it takes effort. So I think that's the biggest problem, they have, they just want to have it as easy as possible." *(Q76, P17, general practice assistant, >MWE)*
	"A lot of people actually want […] to go somewhere, solution, and come back and go on with life, so to speak. So they don't really feel like losing 60 kilos first." *(Q77, P30, general practitioner-in-training, <MWE)*
	Type of patient: no pills but advice *(written down as facilitator, participant unknown*)*
	Reluctance of patient toward surgery *(written down as facilitator, participant unknown*)*
	Quick fix *(written down as barrier, participant unknown*)*
	"Sometimes even if someone has been to, for example, a rheumatologist

	or an orthopedic surgeon. And then they say, 'well then, go to the physiotherapist', and then they don't really know what the physiotherapist would do, so that already gives the patient a wrong impression." *(Q78, P18, physiotherapist, <MWE)*
	"That's kind of the image people still have, of, well, that woman – or it could of course be a man − will just tell me I have to eat seven sandwiches and cannot eat sweets anymore. Yes, so that's still the idea that a lot of people have if they ever went to a dietician just once, ten years of twenty years ago. And it is quite difficult to break that pattern." *(Q79, P15, dietician, >MWE)*
	"The patient truly believes, also shaped by environment and who knows what else, literature they read, that the orthopedic surgeon is the best way to go." *(Q80, P28, general practitioner-in-training, <MWE)*
Capability	"But I do have the feeling that the majority of people who are overweight […] are literally not accepting the fact that this is a problem and that it has to be solved." *(Q81, P33, orthopedic surgeon-in-training, <MWE)*
	"I think that people realize that it is healthier to adopt a healthy lifestyle, that a healthy diet contributes and that exercising contributes, but that they find it difficult to find their way in such a jumble of information." *(Q82, P10, general practitioner, >MWE)*
	"I think it's also very important, simply that it's properly explained to the patient what osteoarthritis actually is. Just why exercising is good, what it does to the cartilage." *(Q83, P20, nurse practitioner, >MWE)*
	"I have a really hard time giving any information to my patients in language they understand. That poses a problem, I also notice, we have [a] very good website [with] information for GPs [general practitioners], [name of website], but even that is still too difficult for many people. And also, a lot of illiteracy, and low literacy, so that makes it difficult to have a well-informed conversation with patients." *(Q84, P27, general practitioner-in-training, <MWE)*
	"And certainly when people get a bit older, you know, and they all live alone, how are you going to deal with that, and what can you still do about it, can something still be done." *(Q85, P17, general practice assistant, >MWE)*
	"I work a lot with the social environment, I can do my very best with someone, but if there are five people at home who all do it differently, then it is really hard to be able to change someone." *(Q86, P19, lifestyle counselor, <MWE)*
	Environment (no help from e.g. family/friends) *(written down as barrier, participant unknown*)*
	Positive social environment (family, etc.) *(written down as facilitator, participant unknown*)*

	Peer support *(written down as facilitator, participant unknown*)*
	"They can't afford a subscription to the pool or the gym or whatever. Well what can you do, then you can walk around your neighborhood. Well, at some point you've had enough. A lifestyle coach for two years, I don't know if you'll be reimbursed but I don't think so." *(Q87, P8, general practitioner, >MWE)*
	"And of course it's also the case, that there is a number of people who will go to the physiotherapist. And they can get ten sessions, and that's all insurance will cover. And after that, they have to pay for the sessions themselves. And then they say 'yeah but I can't afford that, so just send me to the orthopedic surgeon'." *(Q88, P24, general practitioner, >MWE)*
	Patients' financial situation *(written down as barrier, participant unknown*)*
	"But an average [smartphone brand] does have the [smartphone brand] app with a pedometer, and that phone, they always have it with them. So that can motivate you to take walks, there are positive stories about the pedometers." *(Q89, P1, general practitioner-in-training, <MWE)*
	"I also notice in [location] that there are quite a lot of young, young people who, for example, don't have internet in their subscription or don't even have internet at home. So they don't get to that either. And people with low literacy don't have apps on their phone either." *(Q90, P27, general practitioner-in-training, <MWE)*
	Easy access to coach/personal contact *(written down as facilitator, participant unknown*)*
Health ownership	"The patient says, so to speak, 'here's my problem, please'. And then he sits down." *(Q91, P26, orthopedic surgeon-in-training, <MWE)*
	"What we want is, it's normal to exercise and to go for a walk every day. And you don't necessarily want to need a professional for that." *(Q92, P28, general practitioner-in-training, <MWE)*
Professional interactions	
Network	"Knowing the network is important." *(Q93, P1, general practitioner-in-training, <MWE)*
	"You also notice, for example, a lot of difference among different physiotherapists. You probably notice that too. That at some point you know which physiotherapists are more into getting patients to exercise, so you want to refer to them, at least I do. And which are more into, well, kneading and those kinds of modalities." *(Q94, P16, general practitioner, <MWE)*
	Insufficient network connections *(written down as barrier, participant unknown*)*
	Too few professional groups know the exercise and lifestyle

	advisor/lifestyle coach (no referral) *(written down as barrier, participant unknown*)*
Coordination of OA treatment	"So what I'm also thinking of [is], like a kind of lifestyle clinic. […] They can, so to speak, be here for an hour, and then 15 minutes with that provider, 15 minutes with another, then 15 minutes with another, so that you really go from one healthcare provider to another and they coordinate things with each other. Well, that may not be possible for everyone, but something like that, you know, I do think that joining forces is important here. What was just mentioned, that 'one says that, the other says something completely different'. Then as healthcare providers you are all on the same page." *(Q95, P4, dietician, <MWE)*
	"It would be a lot easier if we all spoke the same language, and we're not even doing that at this table." *(Q96, P7, orthopedic surgeon, <MWE)*
	"It is very important that we take a multidisciplinary approach." *(Q97, P23, orthopedic surgeon, >MWE)*
	"But the point is that we all [have] the same message, that referring professionals, like GPs [general practitioners], but also that all physiotherapists know, and all dietitians know what your position is." *(Q98, P31, physiotherapist, >MWE)*
	"That I refer patients to those people who have the same ideas, who know, right, that if I say exercise program it doesn't mean treating the knee locally but the whole body." *(Q99, P20, nurse practitioner, >MWE)*
	"In any case, there are PTs [physiotherapists] that we refer to, and we know that they do some things in terms of exercise programs, they don't just give massage." *(Q100, P26, orthopedic surgeon-in-training, <MWE)*
	"But it makes a difference, whether you perform a total knee also depends on the BMI [body mass index]. Some say I definitely won't do that, others say you know what, I'll do it." *(Q101, P33, orthopedic surgeon-in-training, <MWE)*
	Different treatment visions *(written down as barrier, participant unknown*)*
	Hospital has the same vision on problem/osteoarthritis *(written down as facilitator, participant unknown*)*
	[as advice] "Then I think connecting primary and secondary care, so to speak. So that we work together to create a single policy." *(Q102, P30, general practitioner-in-training, <MWE)*
	"I think the paramedics are already looking for each other in this story. But that, let's say, the step toward the hospitals, I think a lot can be improved there. Physiotherapy, dietetics, lifestyle and exercise, those are things that already end up connecting." *(Q103, P35, dietician, >MWE)*

	"If you all have the same roadmap, then you have it already, you are at least working together on joint policy …" *(Q104, P37, orthopedic surgeon, >MWE)*
	"That is precisely the purpose of such a network. That you make use of everyone's strength, knowledge, experience and skills." *(Q105, P39, nurse practitioner, >MWE)*
	Direct collaboration with other disciplines in primary and secondary care *(written down as facilitator, participant unknown*)*
	"And if everyone gives the exact same story. Then it just keeps getting […] brought up and repeated." *(Q106, P31, physiotherapist, >MWE)*
	"But then everyone has to say the same thing. Because if I say 'well, you have to lose weight' and then they go to someone else who says 'sure, ma'am, let me take care of you, I'll give you that knee [prosthesis]'." *(Q107, P37, orthopedic surgeon, >MWE)*
	"I think that as a network you also have to coordinate things like how are you going to inform a patient. What do you say, what don't you say, so to speak. That you are all on the same page." *(Q108, P39, nurse practitioner, >MWE)*
Communication	"As primary care practitioner you don't often get feedback from the hospital, in fact you don't. But that doesn't even happen within my own discipline." *(Q109, P15, dietician, >MWE)*
	[as advice] "Indeed a small-scale network with whom you indeed have regular physical contact to be able to discuss things and patients. And I think that's also very valuable. So what and how we are currently doing that for the elderly, that would also be very nice for osteoarthritis patients." *(Q110, P17, general practice assistant, >MWE)*
Incentives and resources	
Time	"Just having or being able to take the time to explain to those people what you mean by it, that you don't want to offend them by saying they are too fat or want to bully them away or because you don't feel like dealing with the complications or whatever. But to make them aware of the problem. […] And you cannot manage that in five or ten minutes." *(Q111, P34, orthopedic surgeon, <MWE)*
	"Lack of time also plays a major role for us, in our practice you have ten minutes for a patient, or you need a double consultation, but normally it is ten minutes. And then a lot has to happen in those ten minutes." *(Q112, P21, general practitioner, <MWE)*
	Time in the consultation room *(written down as barrier, participant unknown*)*
	Time for the patient *(written down as facilitator, participant unknown*)*
	"We actually need that, that you have all those social networks around you, but that takes a lot of time, you know. […] So to map out, you

	know, to maintain those contacts, to know who to contact and when." *(Q113, P12, physiotherapist, >MWE)*
	Time to participate in interventions yourself *(written down as facilitator, participant unknown*)*
Financial resources	"This is how it is in physiotherapy, we are no longer allowed to treat diabetics and people with overweight individually, they have to be treated in groups. […] So you are not allowed to do that one-on-one, yes you are, but you just get much less money for that. […] And that can become a hindrance for some people." *(Q114, P12, physiotherapist, >MWE)*
	"But that also has to do with financing, what you encountered in general practice, or what you saw in primary care at some point, it was promoted, just like […] integrated primary care, there was a subsidy for that, that managers could be appointed, so they were going to connect people, they had that, that was their job." *(Q115, P31, physiotherapist, >MWE)*
Facilities	"I work at two physiotherapy practices, I have a practice in both. And I collaborate a lot with them in terms of, they also see people in the preop or postop phase, so with regard to the new hip. And I see, they refer directly to me for nutrition. To support that, with regard to weight loss." *(Q116, P35, dietician, >MWE)*
	"Of course we have other chronic diseases, we have care trajectories, which means that you have all patients in the picture, but the osteoarthritis group, I don't know them. Every now and then you see, you see someone passing by, and then it is often because they call or come with a symptom. But I don't have a full picture of the group, and I don't think the GPs [general practitioners] themselves do either." *(Q117, P17, general practice assistant, >MWE)*
Capacity for organizational change	
Leading character	"Practice now is, of course, that you need a few enthusiasts who go for it, so to speak, and that is very fragmented by region, whether those people have stepped up, like in your region, or not." *(Q118, P28, general practitioner-in-training, <MWE)*
	"That things have already been set up, things have already been arranged, the logistics are already in place. There are people you can use, and of course the compensation is also included in it. If that has already been arranged, it will be easier for other healthcare providers to participate as well." *(Q119, P21, general practitioner, <MWE)*
Social, political and legal factors	
Societal lifestyle	"See, what we all do in this society is very complicated to change. We

climate	have this focus group discussion, we are all sitting here. We know how bad things are. But just try to organize things to get us, you know, all standing, or all sitting on a skippy ball. That would be much better for us. And we know that, we are motivated, but still we're just sitting now. That's how it works." *(Q120, P14, general practitioner, >MWE)*
	The comfort zone in society requires less and less exercising *(written down as barrier, participant unknown*)*
	"I really think that more action is required on a societal level, more because if you look at it, so to speak, if we are all getting fatter, if we all have adopted a certain lifestyle, then I wonder if we are the only ones who should try to reinvent the wheel and try to solve it. I think that much more information should also be given in society so that a different climate will arise, or at least I hope that a different climate will arise in this respect." *(Q121, P10, general practitioner, >MWE)*
	"Not offering unhealthy foods at schools or something like that." *(Q122, P11, general practitioner-in-training, <MWE)*
	"Moreover, also create the conditions for a healthy society first. Because you see, now [fast food chains] are on every street corner. Fruit is still more expensive than fast food and chips. Yeah, that's what I mean, people do follow the path of least resistance." *(Q123, P27, general practitioner-in-training, <MWE)*
Healthcare system	"The current healthcare financing system is of course also [about] cutting open [performing surgery], that pays off enormously, you know." *(Q124, P16, general practitioner, <MWE)*
	"We should reward healthy behavior. […] Yes, because I think health insurers really have to make that move. There is far too much emphasis on disease. […] Our entire medical system is based on treating disease. And that, for me, is no longer affordable. So we also have to make a move. On comorbidity, on lifestyle. We can no longer afford that." *(Q125, P23, orthopedic surgeon, >MWE)*
	"Could you call that decompartmentalizing, what you're saying [connecting primary and secondary care], I think that's super important, decompartmentalizing." *(Q126, P23, orthopedic surgeon, >MWE)*
Media	"Well, these kinds of programs like [name of television program], last week was part 1 cholesterol. And part 2 [name of television program] was extra cholesterol. You don't want to know how many people visited my walk-in hour, who all want to stop taking their statins. And then I say 'yes, but I'm following the guideline, okay?', 'I want nothing to do with it, the stuff is really awful and I have muscle pain'. Okay, but you see, you may have an infarction and then it's my fault. […] And that's a whole discussion, so these programs don't help." *(Q127, P36, general practitioner, >MWE)*
	Media attention to lifestyle *(written down as facilitator, participant*

	unknown[*]*)*
Patient and HCP interactions	
Therapeutic alliance	"Sometimes you hit it off, sometimes you just don't. Some people I don't click with, but they do click with my direct colleague. And we basically do the same thing with patients." *(Q128, P19, lifestyle counselor, <MWE)*
	General practitioner sees patients regularly *(written down as facilitator, participant unknown*[*]*)*
	(long-term) relationship with patient *(written down as facilitator, participant unknown*[*]*)*
	"Although you do notice in the older population that they still defer more authority to the physician, so that makes a big difference." *(Q129, P29, general practitioner-in-training, <MWE)*
	"I feel that the patients often have more trust in the PT [physiotherapist] than the doctor." *(Q130, P26, orthopedic surgeon-in-training, <MWE)*
	"And what I find difficult as a GP [general practitioner] is that you cannot be as tough as in secondary care. In secondary care at [department] I could be tough, because you won't see those patients again. But as a GP you have a relationship with your patient, you can't just say 'I'm not doing this'. Because you know that the patient may not come back, or will hold it against you – 'but doctor, you don't want to refer me'. You just want to maintain a good relationship with your patients." *(Q131, P27, general practitioner-in-training, <MWE)*
	"I don't have a problem with it. If someone comes to me and they are too fat, I'll say it. Because that's why they come to me." *(Q132, P32, lifestyle counselor, <MWE)*
	"You discuss the weight, but I'm not going to say something like 'you have to lose weight, anything less than that and you cannot come to me anymore' or whatever. I did that in the beginning, but it caused a lot of friction and unrest, and that took even more time." *(Q133, P40, orthopedic surgeon, >MWE)*
Disease factors	
Image	"For example, our diabetics, we label them as chronically ill, and they are seen by our GP [general practice] assistant. But our patients with osteoarthritis […] that's also a chronic disease, but I don't think we label them that way in our practice, and they are not seen by our GP assistant either, we have them much less in the picture. See, they are much less supervised." *(Q134, P16, general practitioner, <MWE)*
	"That is also somewhat the image the patient has, like this has wear-and-tear, an old car, just replace it, you know. That's what you often hear, that's all you can do. To replace. That you can do something with your lifestyle, that is not very well known, at least." *(Q135, P21, general*

	practitioner, <MWE)
	"Because we keep talking about [a] new hip, and when you say to someone hip wear-and-tear, the first thing they think of is a new hip." *(Q136, P31, physiotherapist, >MWE)*
	"If you keep living the same life, that new knee or new hip won't last forever either. So something has to change as well, if they want to live comfortably with that new knee or hip." *(Q137, P27, general practitioner-in-training, <MWE)*
	"So for me the only opening, especially for weight, is to say 'okay, if I perform surgery, then you get a prosthesis, [but] the survival of the prosthesis will depend on your weight'. Then there is an opening to possibly refer people somewhere else." *(Q138, P40, orthopedic surgeon, >MWE)*
Variability	"Also because they [specific patient population] perform a lot of work on their knees. Then it's not the lifestyle per se." *(Q139, P30, general practitioner-in-training, <MWE)*
	"But I think the link [between osteoarthritis and lifestyle], because that's what you mean, the link does exist, we're convinced of that. The only question is whether you should see that as the fault of those who, partly to whom it can also happen. Because you have the wrong genes, because you don't have a social network, because of your finances, all kinds of things." *(Q140, P10, general practitioner, >MWE)*
	[when you would refuse to perform surgery] "It is justifiable if the risk of surgery is too high. Because that's just bad medical care. But it's not justifiable if you say something like 'well as long as you don't do your best, I won't either'." *(Q141, P8, general practitioner, >MWE)*