opinionway
HEALTHCARE

FOR
Boston Scientific

Cardiac Health Observatory

General public and patients living with atrial fibrillation

France, Italy, United Kingdom

Combined quantitative + qualitative report | October 2026



A report in three parts: what the general public knows, what patients experience, and what reading both together tells us

Contents

1 **THE GENERAL PUBLIC** **Online quantitative survey · 3,004 people aged 18 and over**
Knowledge of heart conditions and AF, symptoms, risk factors, healthcare professionals to consult

2 **THE PATIENTS** **Online community · 8 patients who have had an AF ablation**
From first symptoms to life after ablation: diagnosis, decision, procedure, return to an active life

3 **CROSS-READING** **Both studies read together**
Gaps between public knowledge and patient experience, country insights, shared recommendations and messages

\+ **APPENDICES** **Detailed qualitative analysis**
Insight sheets, patient profiles, recommendations and limitations of the patient study

An Observatory built on two complementary studies: measuring what the public knows, understanding what patients experience

Background and approach

Finn Partners is supporting Boston Scientific in setting up a Cardiac Health Observatory in France, Italy and the United Kingdom. OpinionWay Healthcare conducted two complementary studies.

STUDY 1 · GENERAL PUBLIC What people know	
Method	Self-administered online questionnaire (CAWI)
Sample	3,004 people aged 18 and over: France 1,000, United Kingdom 1,001, Italy 1,003
Representativeness	Quota method: gender, age, socio-professional category, region
Fieldwork	4 to 17 September 2026
Contribution	Measure and compare countries; margins of uncertainty of 1.35 to 3.1 points

STUDY 2 · PATIENTS What patients experience	
Method	Asynchronous online community (Recollective), 3 days, 3 activities
Sample	8 AF patients who have had an ablation: Italy 3, France 4, United Kingdom 1
Representativeness	None: qualitative approach, sporty and well-informed profiles
Fieldwork	[30 September to 22 Octobedr 2026
Contribution	Understand patient journeys, emotions and decision-making mechanisms

HOW TO READ The quantitative study measures and compares countries; the qualitative study explains what lies behind the figures. Patient quotes cannot be extrapolated, and public figures do not describe what patients go through.

In one sentence

Atrial fibrillation remains poorly known by the general public, especially in France; several of the patients interviewed knew little about it before their diagnosis, which came after warning signs that were often misread. Once in care, trust in the cardiologist and the quality of the explanations received carry them through, and ablation brings the hope of returning to an active life.

Five messages for the Observatory: a condition the public barely knows, a patient journey carried by trust

Overall summary

1 **AF remains little known, especially in France**
52% of French people say they know it, versus 83% of Italians; half of French people cannot define it. Among patients, initial knowledge varied widely and was often limited at the time of first diagnosis.

2 **Warning signs are reduced to palpitations**
Extreme fatigue is less associated with heart rhythm disorders and rarely seen as urgent (14 to 27%); yet it is often the first sign active patients experience, put down to fitness or age.

3 **A condition that can hide**
Only one respondent in three knows AF can be asymptomatic; among patients, “normal” tests between episodes can delay diagnosis by up to two years.

4 **The cardiologist, a shared reference**
Cited by 74 to 84% of the public; for patients, the quality of the cardiologist's explanations builds trust and eases the decision to have an ablation. But the journey often starts elsewhere (A&E, GP, sports medicine).

5 **A life regained, information to be humanised**
Patients describe a quick recovery after ablation. What they expect is a simple explanation, what they will feel, and a journey without dead time.

WHAT IT CHANGES	Both studies converge: there is a knowledge challenge upstream (recognising AF and its signs) and an explanation and support challenge downstream (understanding and living through the journey).

1

THE GENERAL PUBLIC

Atrial fibrillation is still poorly known, particularly in France

Methodology

Any publication, total or partial, must contain the following mention :
« OpinionWay survey for FINN PARTNERS »
and no resumption of the survey can be dissociated from this title.

Study carried out on a sample of **people, aged from 18 and more,** in the following countries:


France
1000 people


United-Kingdom
1001 people


Italy
1003 people

The samples were drawn up according to the quota method, with regard to the criteria of sex, age, socio-professional category, region of residence for each countries.

The interviews were performed using a **self-administered online questionnaire** via the CAWI (Computer Assisted Web Interview) system.

The interviews were done **4 to 17 September 2026**

OpinionWay carried out this survey by applying the procedures and rules of **ISO 20252**

The results of this survey must be read taking into account the margins of uncertainty: 1.35 to 3.1 points at most for a sample of 1000 respondents.



Sample profiles

Sample profile
France

French population aged 18 and older

Base : 1000



Gender	%
Male	48%
Female	52%

Age	%
18 to 24 years old	10%
25 to 34 years old	15%
35 to 49 years old	24%
50 to 64 years old	24%
65 and older	27%

Region	%
Ile-de-France	19%
North-West	23%
North-East	22%
South-West	11%
South-East	25%

Professional activity	%
CSP+	29%
CSP -	29%
Inactif	42%

Sample profile
Italy

Italian population aged 18 an older.

Base : 1003



Gender	%
Male	48%
Female	52%

Age	%
18 to 24 years old	9%
25 to 34 years old	15%
35 to 44 years old	19%
45 to 54 years old	18%
55 to 64 years old	15%
65 and older	24%

Region	%
North West	27%
North East	19%
Center + Sardinia	23%
South	31%

Incomes	%
0 - 23.000 €	26%
23.001 - 32.000 €	16%
32.001 - 46.000 €	13%
46.001 - 67.000 €	19%
67.001 - 95.000 €	14%
>95.001 €	12%

Sample profile *United-Kingdom*

English population aged 18 and older

Base : 1001



Gender	%
Male	49%
Female	51%

Age	%
18 to 24 years old	12%
25 to 34 years old	17%
35 to 44 years old	18%
45 to 54 years old	18%
55 to 64 years old	15%
65 and older	20%

Region	%
East Anglia, East Midlands	16%
North East, North West, Scotland, Northern Ireland	26%
Greater London, South East, South West	36%
Wales, West Midland, Yorkshire & Humberside	22%

Professional activity	%
CSPA	23%
CSP B	28%
CSP c	21%
Not in the labor force	28%



Results

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Abnormal shortness of breath, chest pain and heart palpitations are the three symptoms for which respondents would be most likely to consult a healthcare professional. Respondents in the UK are less likely to seek medical advice for certain symptoms than those in Italy and France.

A1. If you experienced any of these symptoms, would you consult a healthcare professional for this reason?

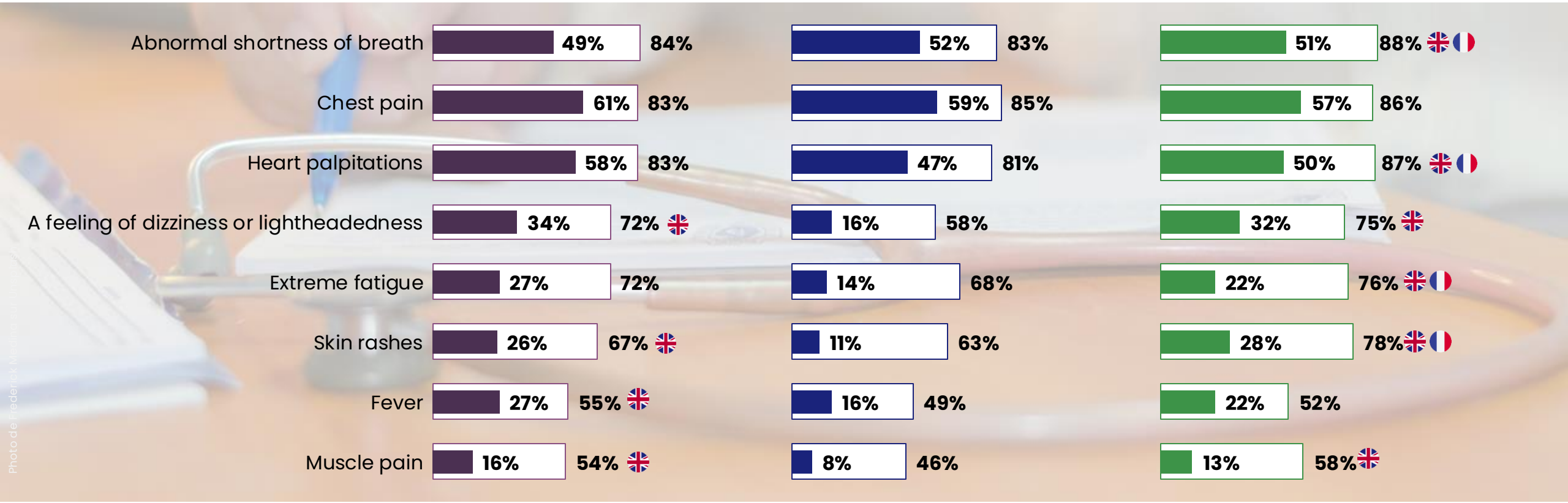


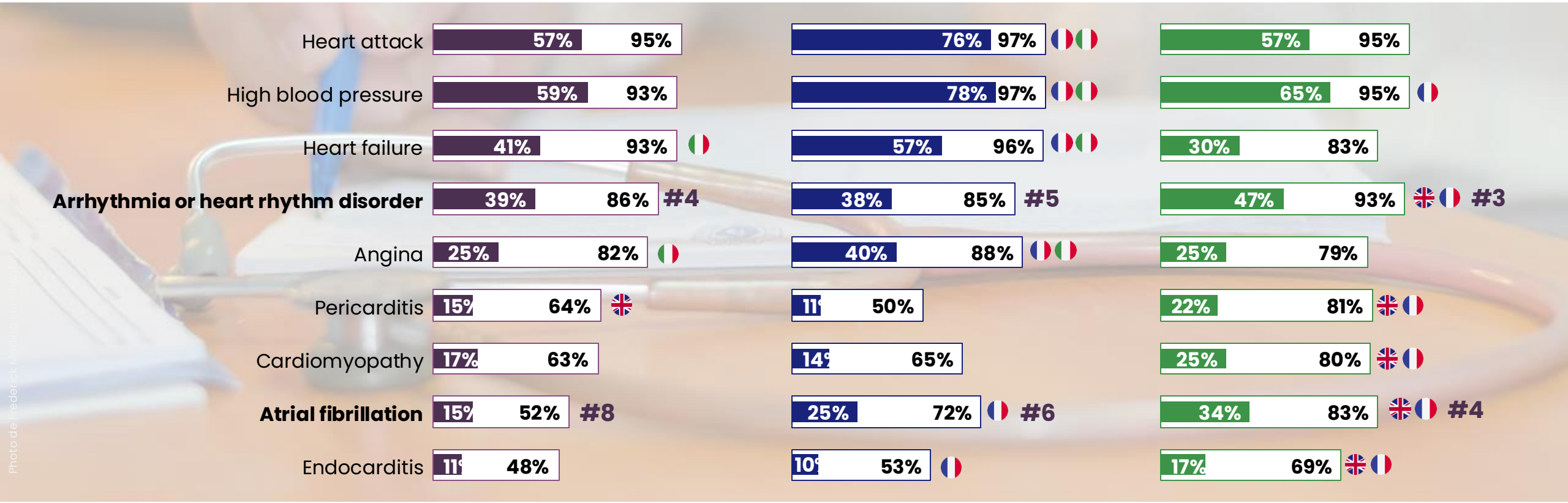
Photo de Frederick Medina sur Unsplash

High blood pressure and heart attack are the best-known heart conditions in all three countries. Heart rhythm disorders and atrial fibrillation are better known in Italy than in France and the UK, although the proportion of people who reported knowing exactly what these conditions are remains low in all three countries.

A2. To begin, how would you rate your level of knowledge regarding these heart conditions?

ST Know

I'm familiar with it, and I know exactly what it is



	France 1000 people		United-Kingdom 1001 people		Italy 1003 people	
Heart attack	57%	95%	76%	97%	57%	95%
High blood pressure	59%	93%	78%	97%	65%	95%
Heart failure	41%	93%	57%	96%	30%	83%
Arrhythmia or heart rhythm disorder	39%	86% #4	38%	85% #5	47%	93% #3
Angina	25%	82%	40%	88%	25%	79%
Pericarditis	15%	64%	11%	50%	22%	81%
Cardiomyopathy	17%	63%	14%	65%	25%	80%
Atrial fibrillation	15%	52% #8	25%	72% #6	34%	83% #4
Endocarditis	11%	48%	10%	53%	17%	69%

Photo de Frederick Mc Donald

Indicates a significant difference vs. the country mentioned

It is also in Italy that respondents declare to be best informed about how to define what atrial fibrillation is.

A4. In your opinion, what is “atrial fibrillation”?

Multiple answers possible





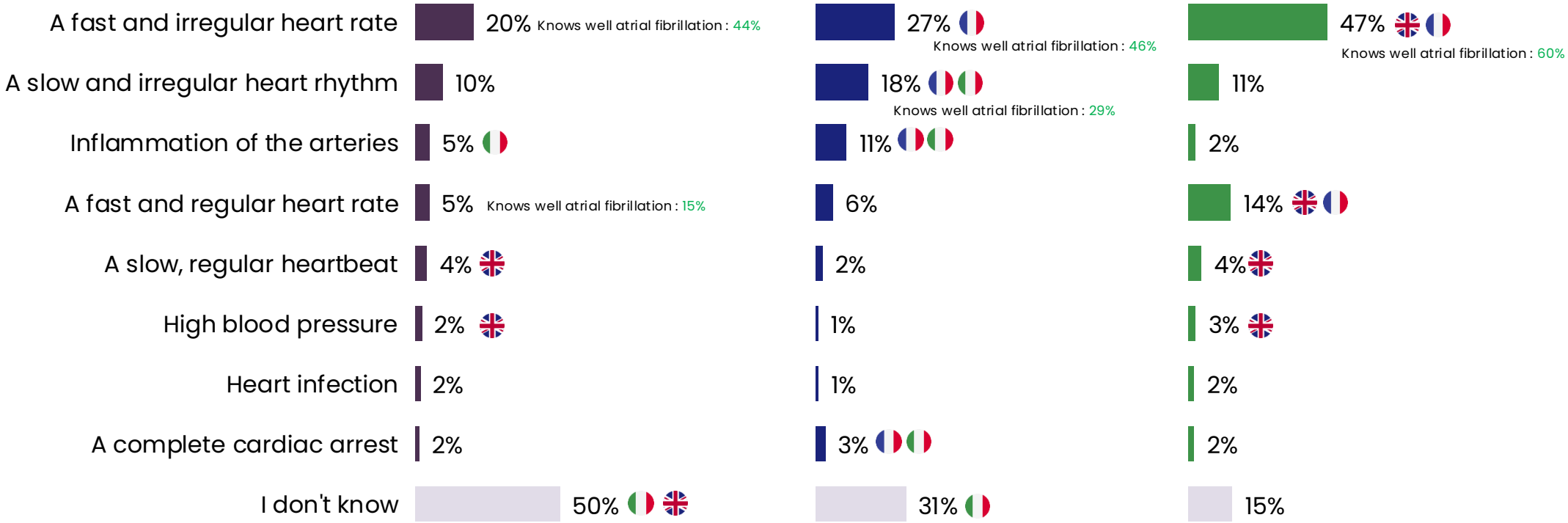
France
1000 people



United-Kingdom
1001 people



Italy
1003 people



Indicates a significant difference vs. the country mentioned

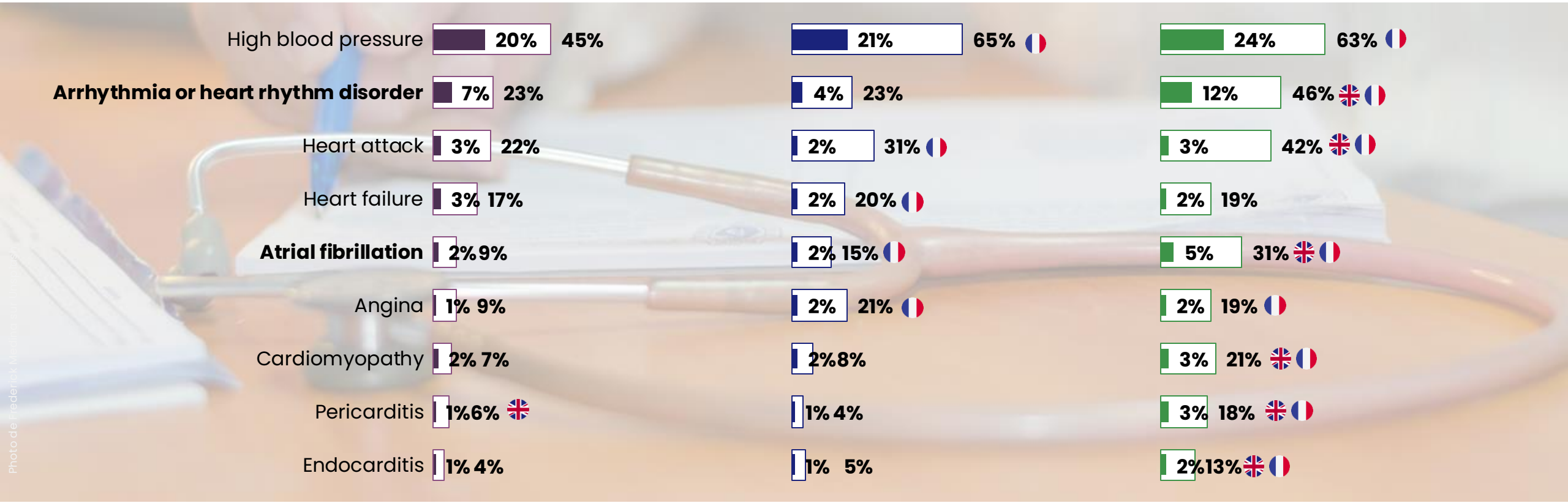
In Italy, a much higher proportion of respondents also report having someone in their network who suffers from heart rhythm disorder or atrial fibrillation.

A3. Do you yourself, or does someone close to you, suffer from any of these conditions?

Multiple answers possible

○ ST Yes

● Yes, I have it myself



	France 1000 people	United-Kingdom 1001 people	Italy 1003 people
High blood pressure	20% 45%	21% 65%	24% 63%
Arrhythmia or heart rhythm disorder	7% 23%	4% 23%	12% 46%
Heart attack	3% 22%	2% 31%	3% 42%
Heart failure	3% 17%	2% 20%	2% 19%
Atrial fibrillation	2% 9%	2% 15%	5% 31%
Angina	1% 9%	2% 21%	2% 19%
Cardiomyopathy	2% 7%	2% 8%	3% 21%
Pericarditis	1% 6%	1% 4%	3% 18%
Endocarditis	1% 4%	1% 5%	2% 13%

Photo de Frederick Medina sur Unsplash

The 3 symptoms most associated to heart rhythm disorders in the 3 countries are palpitation, shortness of breath and chest pain.

A5. Heart rhythm disorders are abnormalities in the heart's electrical activity that cause irregular heartbeats—either too fast (tachycardia, >100 bpm) or too slow (bradycardia, <50–60 bpm). Which of the following symptoms do you think may be associated with a heart rhythm disorder?

Multiple answers possible

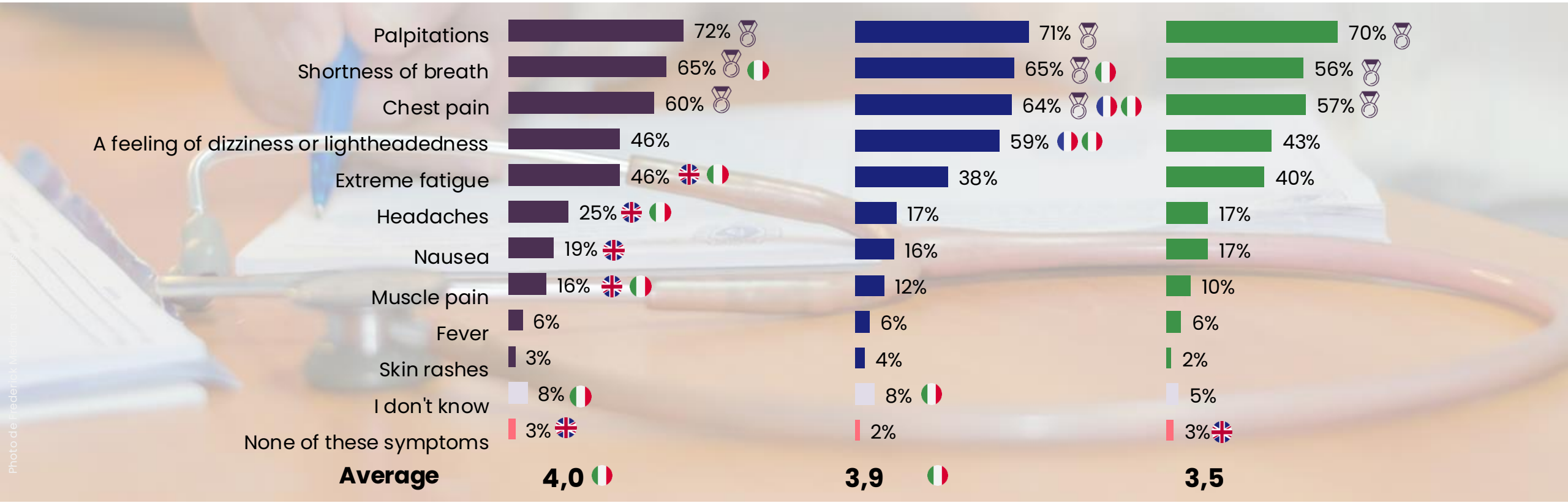


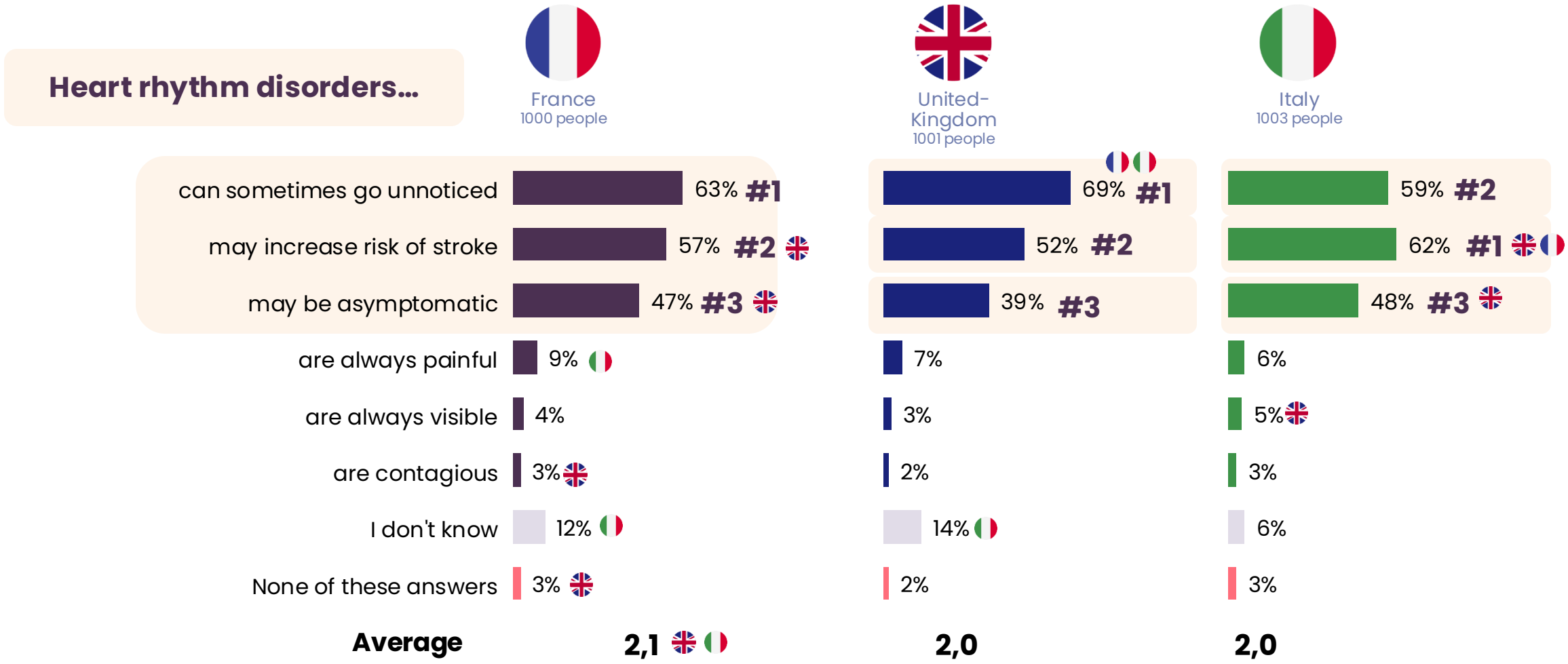
Photo de Frederick Medina sur Unsplash

Indicates a significant difference vs. the country mentioned

Respondents do recognize that heart rhythm disorders can sometimes be unnoticed, that they increase the risk of stroke and that they can be asymptomatic.

A6. Here is a list of statements about heart rhythm disorders. In your opinion, which one(s) are correct?

Multiple answers possible

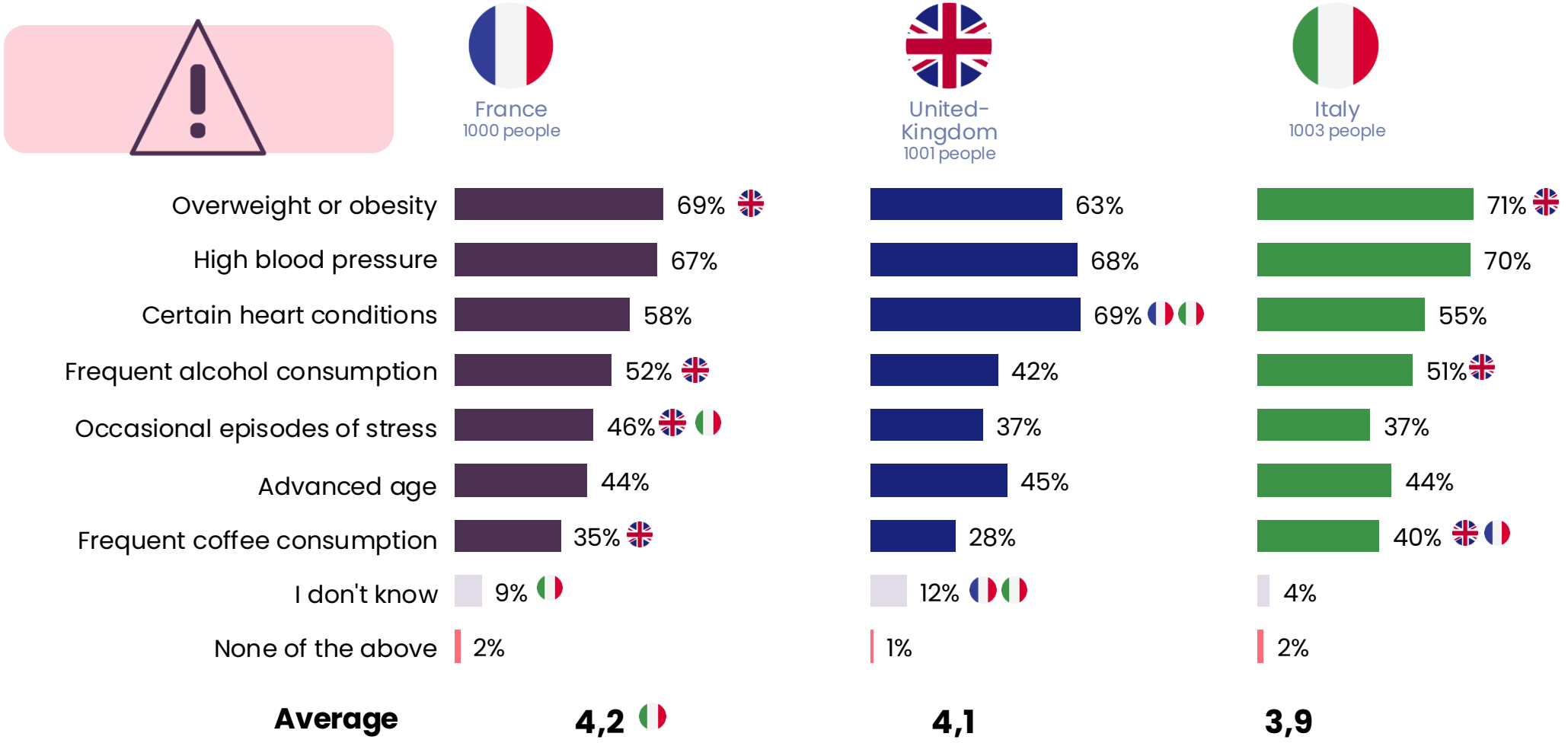


Indicates a significant difference vs. the country mentioned

Overweight, high blood pressure and certain heart conditions are the top 3 recognised risk factors for heart rhythm disorders in the 3 countries. People in the UK significantly less recognized overweight and alcohol consumption as risk factors.

A7. Which of the following do you consider to be risk factors for heart rhythm disorders?

Multiple answers possible



Indicates a significant difference vs. the country mentioned

Overweight is less considered a risk factor for people living in the UK who have reported being aware of heart rhythm disorders.

A7. Which of the following do you consider to be risk factors for heart rhythm disorders?

Multiple answers possible



	All 1000 people	Knows well HRD 390 people	All 1000 people	Knows well HRD 380 people	All 1003 people	Knows well HRD 462 people
Overweight or obesity	69%	76%	63%	65%	71%	78%
High blood pressure	67%	73%	68%	76%	70%	76%
Certain heart conditions	58%	70%	69%	79%	55%	65%
Frequent alcohol consumption	52%	56%	42%	52%	51%	56%
Occasional episodes of stress	46%	52%	37%	44%	37%	39%
Advanced age	44%	49%	45%	54%	44%	50%
Frequent coffee consumption	35%	38%	28%	36%	40%	47%
I don't know	9%	4%	12%	6%	4%	2%
None of the above	2%	1%	1%	0%	2%	1%
Average	**4,2**	**4,4**	**4,1**	**4,3**	**3,9**	**4,2**

According to respondents, the cardiologist (particularly in Italy) and, in second place, the GP are the main healthcare professionals to consult for a diagnosis or a treatment of a heart rhythm disorder.

A8. In your opinion, which healthcare professionals should one consult for the diagnosis and treatment of a heart rhythm disorder?

Multiple answers possible

○ Au total

● En 1er

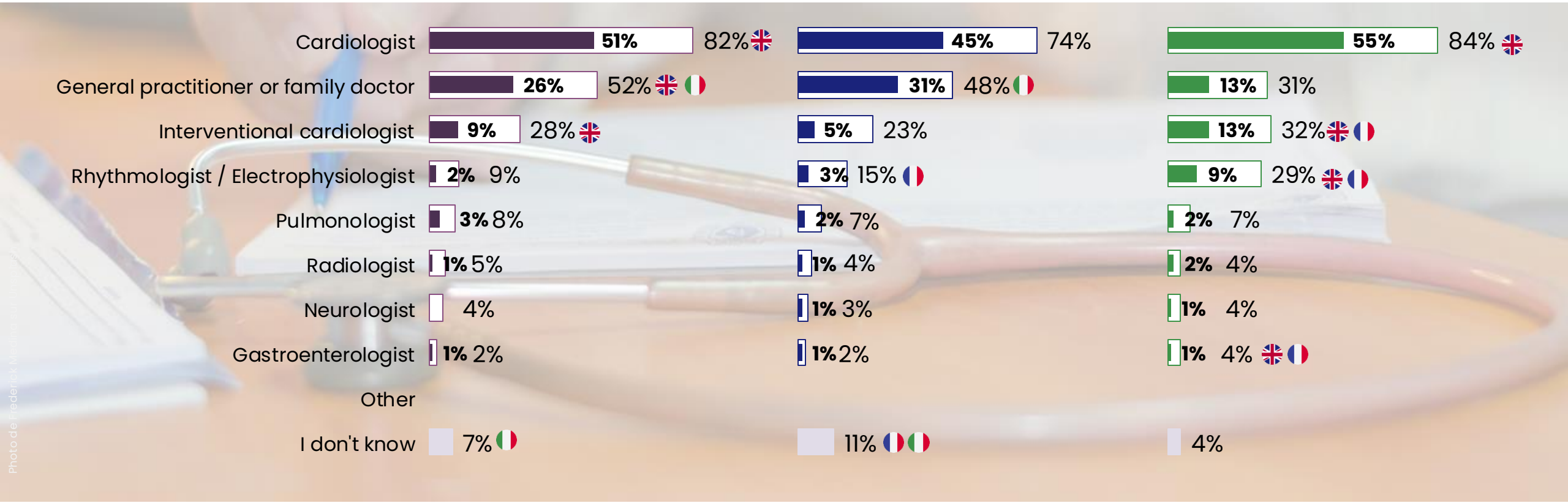


Photo de Frederick Medina sur Unsplash

Cardiologists are mentioned even more as the healthcare professional to consult, by people who report knowing what a heart rhythm disorder is, in all countries

A8. In your opinion, which healthcare professionals should one consult for the diagnosis and treatment of a heart rhythm disorder?

Multiple answers possible

○ Au total

● En 1er

	All 1000 people	Knows well HRD 390 people	All 1000 people	Knows well HRD 380 people	All 1003 people	Knows well HRD 462 people
Cardiologist	82%	87%	74%	84%	84%	89%
General practitioner or family doctor	52%	58%	48%	54%	31%	34%
Interventional cardiologist	28%	30%	23%	27%	32%	36%
Rhythmologist / Electrophysiologist	9%	12%	15%	19%	29%	37%
Pulmonologist	8%	7%	7%	9%	7%	8%
Radiologist	5%	5%	4%	4%	4%	5%
Neurologist	4%	5%	3%	4%	4%	5%
Gastroenterologist	2%	3%	2%	2%	4%	4%
Other	0%	1%	0%	0%	0%	0%
I don't know	7%	2%	11%	4%	4%	2%

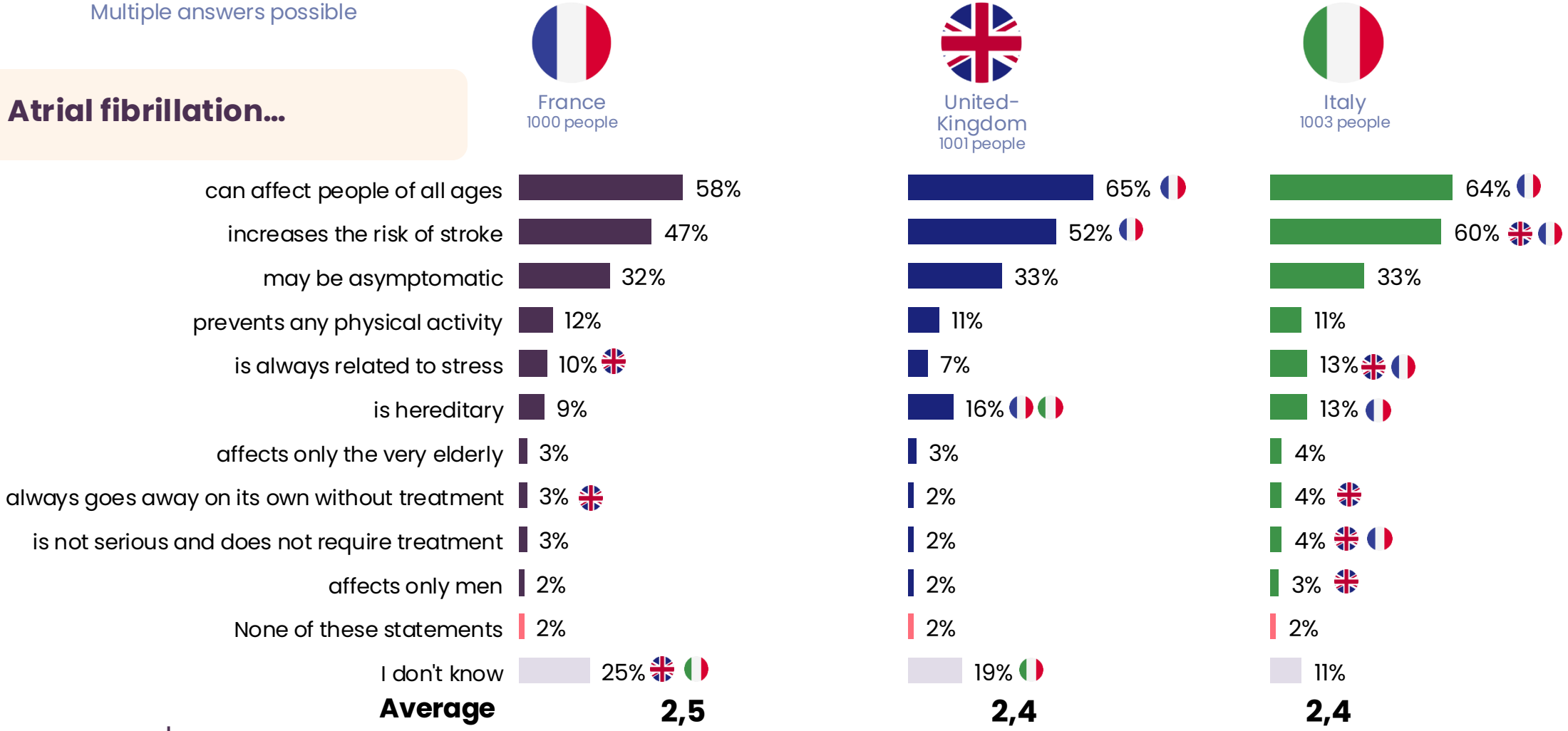
Photo de Frederick Medina sur Unsplash

Respondents do recognize that atrial fibrillation can affect people of all ages and that it increases the risk of stoke, even if less significantly in France.

A9. Among heart rhythm disorders, the most common is atrial fibrillation.
Atrial fibrillation is a heart rhythm disorder in which the heart beats irregularly, sometimes too quickly, which can reduce its efficiency.
Here is a list of statements about atrial fibrillation. In your opinion, which one(s) are correct?

Multiple answers possible

Atrial fibrillation…



Indicates a significant difference vs. the country mentioned

This opinion is even more shared by those who have reported knowing about atrial fibrillation.

A9. Among heart rhythm disorders, the most common is atrial fibrillation.
Atrial fibrillation is a heart rhythm disorder in which the heart beats irregularly, sometimes too quickly, which can reduce its efficiency.
Here is a list of statements about atrial fibrillation. In your opinion, which one(s) are correct?

Multiple answers possible

Atrial fibrillation…

	 All 1000 people	Knows well AF 147 people	 All 1000 people	Knows well AF 258 people	 All 1003 people	Knows well AF 322 people
can affect people of all ages	58%	69%	65%	80%	64%	74%
increases the risk of stroke	47%	66%	52%	70%	60%	64%
may be asymptomatic	32%	37%	33%	42%	33%	40%
prevents any physical activity	12%	17%	11%	11%	11%	11%
is always related to stress	10%	14%	7%	10%	13%	16%
is hereditary	9%	12%	16%	20%	13%	15%
affects only the very elderly	3%	7%	3%	4%	4%	6%
always goes away on its own without treatment	3%	3%	2%	2%	4%	5%
is not serious and does not require treatment	3%	6%	2%	2%	4%	5%
affects only men	2%	3%	2%	3%	3%	5%
None of these statements	2%	1%	2%	1%	2%	0%
I don't know	25%	7%	19%	5%	11%	2%
Average	**2,5**	**2,6**	**2,4**	**2,6**	**2,4**	**2,5**



Summary

Summary

Awareness of heart rhythm disorders and atrial fibrillation is uneven across all three countries :
Awareness of heart rhythm disorders : 85% ; 86%; 93%. → ranking amongst heart conditions : #5; #4; #3 .
Awareness of atrial fibrillation : 52%; 72%; 83% . → ranking amongst heart conditions : #8; #6; #4 .

Italian people stand out as the most informed and aware : Italian people show a highest knowledge of heart rhythm disorders and atrial fibrillation, are better able to define atrial fibrillation (*47% chose the correct definition, 27% in the UK and 20% in France*), report greater familiarity through people in their network, and are more likely to identify the cardiologist as the key specialist to consult. It is also the country where people would be most likely to seek medical advice if they had symptoms

The people living in the UK show lower intent to seek care and minimize certain risk factors : People living in the UK are less likely to say they would consult a healthcare professional for several symptoms, and they are less likely to recognize some of the risks factors for heart rhythm disorders (overweight, alcohol consumption…). However, 69% correctly recognize that heart rhythm disorders can go unnoticed (the highest among the three countries).

French people present a significant lack of knowledge about atrial fibrillation compared to the 2 other countries: the country where atrial fibrillation is least well known. Half of the French people admit they "don't know" the definition of atrial fibrillation. They also report the lowest personal or network exposure to atrial fibrillation (only 9% vs 15% in the UK and 31% in Italy). …probably (and only partly) because their knowledge of the disease is low.

2



THE PATIENTS

From first symptoms to life after ablation: a journey carried by trust

A 3-day online community to reconstruct patients' experience, from their first symptoms to life after ablation

Background, objectives and approach

BACKGROUND

Finn Partners is supporting Boston Scientific in setting up a Cardiac Health Observatory in 3 countries (France, Italy, United Kingdom).

Alongside the general population survey, a qualitative study gives a voice to patients with atrial fibrillation (AF) who have had an ablation.

OBJECTIVES OF THE PATIENT STUDY

- Map the lived journey: first symptoms, diagnosis, living with AF, decision, procedure, return to daily life
- Understand the rational and emotional dimensions at each stage, and the people who matter
- Identify satisfactions, pain points and needs for information and support
- Surface ways to improve the journey and messages useful to patients and healthcare professionals alike

THE APPROACH

Method	Asynchronous online community (Recollective platform), 3 days, around 20 min per day per participant
Activities	1 · Before the procedure: from first signs to the decision 2 · The ablation and the return to daily life 3 · Looking back: support, information, recommendations
Moderation	Senior moderator specialised in health, individual follow-up questions on the platform
Participants	8 patients who have had an AF ablation: 3 in Italy, 4 in France, 1 in the United Kingdom
Fieldwork	30 September to 22 October 2026

KEY TAKEAWAY The approach allows an in-depth reading of individual journeys. The sample, smaller than planned, calls for a cross-cutting reading rather than a country-by-country one (see next page).

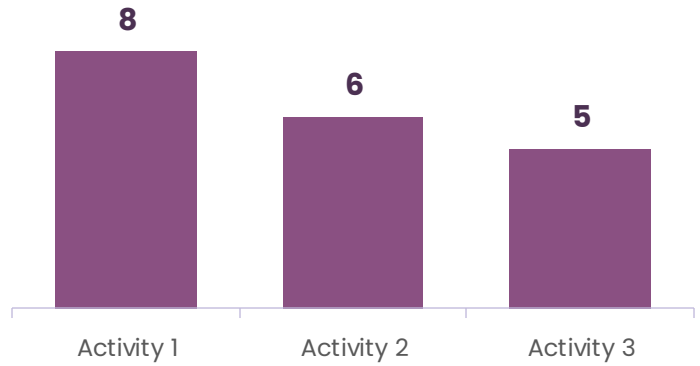
8 very different journeys, but a small, sporty and well-informed sample that calls for caution

Participant profiles and reading precautions

Code	Country	Profile	AF / ablation journey (as described)	Act.
IT1	Italy	Man, sporty, pacemaker	Medication, 1st ablation 2024 (cryo), recurrence, 2nd ablation 2026	1-2-3
IT2	Italy	Woman, competitive amateur athlete	Detected at sports certificate, 1-year wait, 2nd opinion, ablation 2026	1-2-3
IT3	Italy	Man, 67, AF since 2004	6 to 7 ablations since 2004, defibrillator late 2024	1-2-3
FR1	France	Man, engineer	Electroporation ablation in an expert centre	1-2-3
FR2	France	Man, scientific background	Electroporation as part of a clinical trial	1-2-3
FR3	France	Man, former rugby player	2 years to diagnosis, ablation (details not provided)	1
FR4	France	Woman, active	Poorly tolerated medication, asked for electroporation (~1 month)	1-2
UK1	United Kingdom	Man, teacher	Ablation ~2015, recurrence ~2022/23, 2 further ablations	1 (partial)

Act. = activities completed. The ablation technique is explicitly named (electroporation) only by 3 French patients; Italian patients do not specify it. Medical information is as reported by patients.

PARTICIPATION BY ACTIVITY (OUT OF 8)



Reading precautions

- Initial target of 3 patients per country not reached: the UK rests on a single, partial case
- Very sporty and often very well-informed profiles (engineer, scientist, pharmacist spouse)
- Broadly satisfied patients: caution regarding the diversity of experiences represented, particularly more difficult ones

KEY TAKEAWAY The findings that follow describe mechanisms and experiences, not frequencies. They cannot be extrapolated to all patients, nor compared from one country to another.

Five key findings: trust in the cardiologist carries the whole journey; uncertainty and silence are the real pain points

Summary of findings

1. **AF is first experienced as a LOSS OF FREEDOM**
   Among the most active patients, giving up sport and limiting exertion weigh beyond the symptoms, to the point of eroding self-confidence. The psychological impact remains highly variable, from none to depression.

2. **Before ablation, UNCERTAINTY DOMINATES**
   Symptoms put down to fitness or age, "normal" tests between episodes, multiple entry points and GPs seen as poorly informed: diagnosis can take from 1 month to 2 years.

3. **The decision rests on the RELATIONSHIP WITH THE CARDIOLOGIST**
   The cardiologist initiates, explains and reassures. A simple explanation (a drawing) can turn a refusal into acceptance, and an abrupt announcement can trigger rejection.

4. **A WELL-RECEIVED PROCEDURE, a quick recovery… and a few surprises**
   Teams are praised and recovery is described as quick (from a few days to a month). The only grey areas: unanticipated sensations and waiting for the check-up: "has it worked?".

5. **INNOVATION REASSURES because an expert stands behind it**
   New techniques are generally seen as an opportunity, but their credibility rests largely on the trust placed in the doctor and the centre.

WHAT IT CHANGES	The top need expressed is simple, human, "step-by-step" information (including on what you feel afterwards), and a clear journey without waiting periods left without news.

2.1

Before ablation



First signs are often misread, especially by sporty people who first put them down to their fitness or age

First symptoms

A fairly consistent set of symptoms

- Fast or irregular heartbeat, breathlessness, fatigue on exertion, feeling faint to the point of nearly losing consciousness
- Episodes often at night (FR1, FR2, FR4), triggered according to patients by alcohol, meals, exertion or stress

But their meaning is not always obvious

- Among sporty people, the drop in performance is first read as a lack of training or a sign of age (IT2): the heart is not the first suspect
- Conversely, some immediately recognise a cardiac cause (FR4, UK1 at his recurrence)

A highly variable emotional impact

- From "no impact" (FR3, who simply books an appointment) to strong anxiety (FR1, FR4) or depression (UK1)
- Anxiety is mainly linked to the nocturnal, unpredictable and unexplained nature of the episodes

"I didn't immediately think it could be a heart problem; I thought I needed to step up my training to perform better. […] I thought it was also due to getting older." **Woman, Italy, competitive athlete (translated from Italian)**

"In the middle of the night, I would wake up with a very irregular and very fast pulse. […] Then it happened much more regularly, always at night; it was very distressing." **Man, France, engineer (translated from French)**

"These symptoms caused spells of malaise that forced me to rest, sometimes with the feeling of being on the verge of losing consciousness. Very distressing, especially when it happens at the end of the night." **Woman, France (translated from French)**

"Not at all. I simply made an appointment with my cardiologist." **Man, France, former rugby player, on the emotional impact (translated from French)**

WHAT IT CHANGES Recognising symptoms is a challenge in itself, particularly for active people: an awareness message can help connect fatigue on exertion, night-time palpitations and the heart.

Diagnosis is quick when an episode is “captured”, elusive when tests fall between episodes

From symptoms to diagnosis

MULTIPLE ENTRY POINTS

A&E / emergency doctor	**IT3, FR1, FR2** Diagnosis made on an ECG during the episode
General practitioner	**FR4, UK1** Referral to a cardiologist; ~6 months in the UK
Sports medicine	**IT2** Anomaly detected at the sports certificate check; ~1 month
Pacemaker follow-up	**IT1** Symptoms + device data
Regular cardiologist	**FR3** Repeatedly normal ECGs: 2 years before a positive Holter

Diagnosis

Initial knowledge of AF varies widely: limited for some patients at first diagnosis, but greater among those already followed for heart conditions or who had a previous ablation. Stroke risk is also mentioned by some patients (notably FR1 and FR4), without being central to every account.

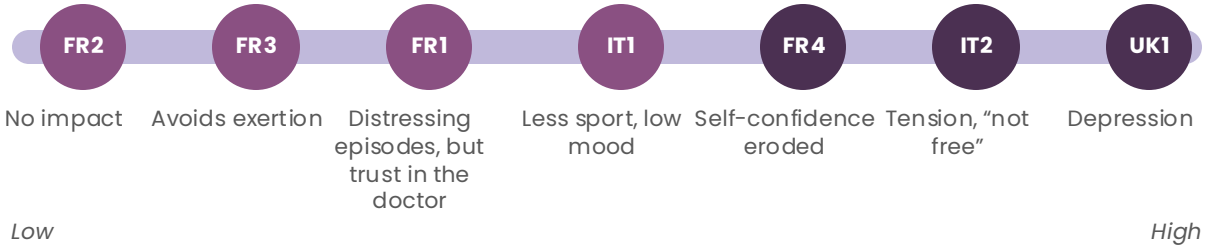
> *“Time to diagnosis: two years. I saw my cardiologist several times; each time he did an ECG and said everything was normal.”* **Man, France, former rugby player (translated from French)**
>
> *“Little information from my GP, but my cardiologist later advised me to go to the French Federation of Cardiology website.”* **Woman, France (translated from French)**
>
> *“I knew nothing about atrial fibrillation until then.”* **Woman, Italy (translated from Italian)**

WHAT IT CHANGES The diagnostic journey depends heavily on the chance of the entry point. GPs and sports doctors are detection and referral relays that need equipping, not just steps to get through.

Before ablation, AF above all takes away the freedom to move, to the point of eroding the self-confidence of the most active

Living with AF before the procedure

A VERY CONTRASTED PERCEIVED IMPACT



The core of the experience: restricted physical activity

- Hardest for sporty people: no longer training, holding back "just in case", losing their outlet for stress (IT2, IT1, FR3, FR4)
- An identity blow: frustration, irritability, loss of self-confidence, "monotonous" days

A condition often kept quiet

- Some hide it from those around them to stay present or avoid clumsy comments (FR4, FR3)

"Certainly the biggest change was no longer being able to go to the athletics track to train with my team: this weighed on me a lot." **Woman, Italy, athlete (translated from Italian)**

"It certainly undermined my self-confidence. I hid this health problem as much as I could so that I could keep being present, emotionally and physically, for my family and friends." **Woman, France (translated from French)**

"Massively affected my mental health. I have struggled with depression in the past. […] Definitely impacted my quality of life." **Man, United Kingdom**

"No impact on my daily life or on family or other relationships." **Man, France, scientific background (translated from French)**

WHAT IT CHANGES Talking about AF in terms of "freedom regained" (moving, doing sport, no longer holding back) resonates better with active patients than the purely medical language of heart rhythm.

2.2

The decision



The cardiologist proposes ablation, explains it and reassures: the quality of the information received builds trust and eases the decision

The decision to have an ablation

An almost systematic proposal, rarely discussed

- The cardiologist or specialist initiates ablation in almost every case
- Alternatives are rarely mentioned; for some, their absence is even reassuring ("if it became necessary, it means there were no alternatives", IT1)

Quick acceptance, built on trust

- "Blind" trust (FR3), long-standing relationship (IT1, IT3), clear reasons (UK1)
- Simple, visual explanations make the difference: non-technical words, a diagram, images on screen

Real concerns, but overcome

- Heart surgery, anaesthesia or sedation, risks mentioned (stroke, tamponade cited by FR4)
- They are overcome by a deliberate choice to trust (FR4, UK1)

> *"Only one opinion counted: that of my cardiologist, whom I trusted "blindly"."* **Man, France, former rugby player (translated from French)**
>
> *"He explained to me thoroughly and gently, given the relationship built up over the years, how the 2 procedures would be carried out."* **Man, Italy, pacemaker (translated from Italian)**
>
> *"I thought this procedure carried risks and that made me worried, but I had committed and decided to trust the cardiologist in order to be in better health."* **Woman, France (translated from French)**
>
> *"I was nervous but I accepted that it was necessary and he was very clear about why, which made me feel better."* **Man, United Kingdom**

WHAT IT CHANGES The decision is not a technical trade-off between options: it is an act of trust in a doctor. Anything that strengthens the quality of that relationship (time, explanation, materials) directly supports acceptance.

The counter-example that explains it all: an abrupt announcement triggers refusal, a simple and empathetic explanation builds acceptance

Focus on one journey: Italian athlete, ablation in 2026

Detection	1st announcement	1-year wait	2nd opinion	Acceptance
Heart-rate peak on the exercise ECG for the sports certificate	"Arrhythmia" and surgery proposed straight away: surprise, fear, refusal	On the waiting list, never called, no visibility: "you feel a bit abandoned"	On running friends' advice: diagnosis refined (AF), explained with a drawing	Trust, peer testimonies, ablation then back to competition

Broken trust → dead time → trust rebuilt

"The cardiologist seemed a bit hasty in his manner. […] For doctors, procedures may be considered routine, but that's not the case for people who have no experience of them." **Woman, Italy (translated from Italian)**

"I didn't feel adequately supported or reassured. Perhaps I expected more empathy." **Woman, Italy (translated from Italian)**

"Atrial fibrillation was also explained to me with a simplified drawing to help me understand better. This attention made me more favourable to having the procedure and allowed me to trust the cardiologist." **Woman, Italy (translated from Italian)**

"A whole year went by in vain waiting to be called for the ablation, and this didn't help me feel calm." **Woman, Italy (translated from Italian)**

WHAT IT CHANGES This case shows how an insufficiently supported announcement can hold back acceptance, while a second opinion, tailored explanations and a more empathetic relationship can rebuild trust.

Two pillars of trust: the cardiologist for expertise, other patients for lived proof; the internet only confirms

Information sources and influences

The cardiologist / electrophysiologist
Dominant source, and the most trusted for all

Peers (friends, former patients)
A decisive accelerator when available (IT2, FR1, UK1 to a lesser extent)
A resource that does not suit everyone, however: FR4 deliberately limited discussions to avoid potentially anxiety-provoking testimonies

Spouse, family
Sounding board and support, rarely a prescriber

Internet, official websites, publications
To check or out of curiosity, "nothing really new" (FR1)

The GP
Seen as poorly informed about AF and new techniques (FR4, FR1)

Absent from what patients say: patient associations, social media, AI tools.

> *"[…] talking with my friends (and friends of friends) who had already had this procedure, and had thus solved the problem for good, was also decisive."* **Woman, Italy (translated from Italian)**
>
> *"Knowing [the specialist institute], I was perfectly familiar with the principle of electroporation ablation and above all with the many, very very positive testimonies of patients who had been operated on."* **Man, France, engineer (translated from French)**
>
> *"I didn't look for information through other channels. I relied only on the various cardiologists I met."* **Man, Italy, 67 (translated from Italian)**
>
> *"I did look for information online, but I didn't learn anything really new."* **Man, France, engineer (translated from French)**

WHAT IT CHANGES Peer voices are a powerful lever but currently a matter of chance (a running club, acquaintances): no patient accessed a testimony through an organised channel.

2.3

The procedure and after



The only grey areas are sensations nobody had mentioned: “what you will feel” is the great unspoken part of the journey

Right after the procedure

WHAT SURPRISED PATIENTS

Chest and throat pain
Crushing sensation in the chest for a while, sore throat on waking, possibly due to intubation (IT2)

Pain during the procedure
“Fairly uncomfortable” pain in the heart during the procedure (FR4)

Severe fatigue
Exhaustion on waking after general anaesthesia or a longer-than-expected procedure (IT1, IT2)

Minor discomforts
Compression dressing hurting the back, monitor noise at night (FR1), discharge delayed by a haematoma (FR4)

Extra beats
A few irregular beats: “will they persist?” (FR4)

Emotional vulnerability
Beyond physical sensations, FR4 mentions how hard it is to find herself “in the position of a patient”, despite care she found very reassuring

“What I would have liked to have explained more clearly was how I would feel right after the procedure, but perhaps that's also quite subjective.” **Woman, Italy (translated from Italian)**

“I would have liked the course of the procedure to be explained more clearly before I entered the electrophysiology room.” **Woman, France (translated from French)**

“For quite some time I had chest pain, like a crushing sensation […], which gradually disappeared.” **Woman, Italy (translated from Italian)**

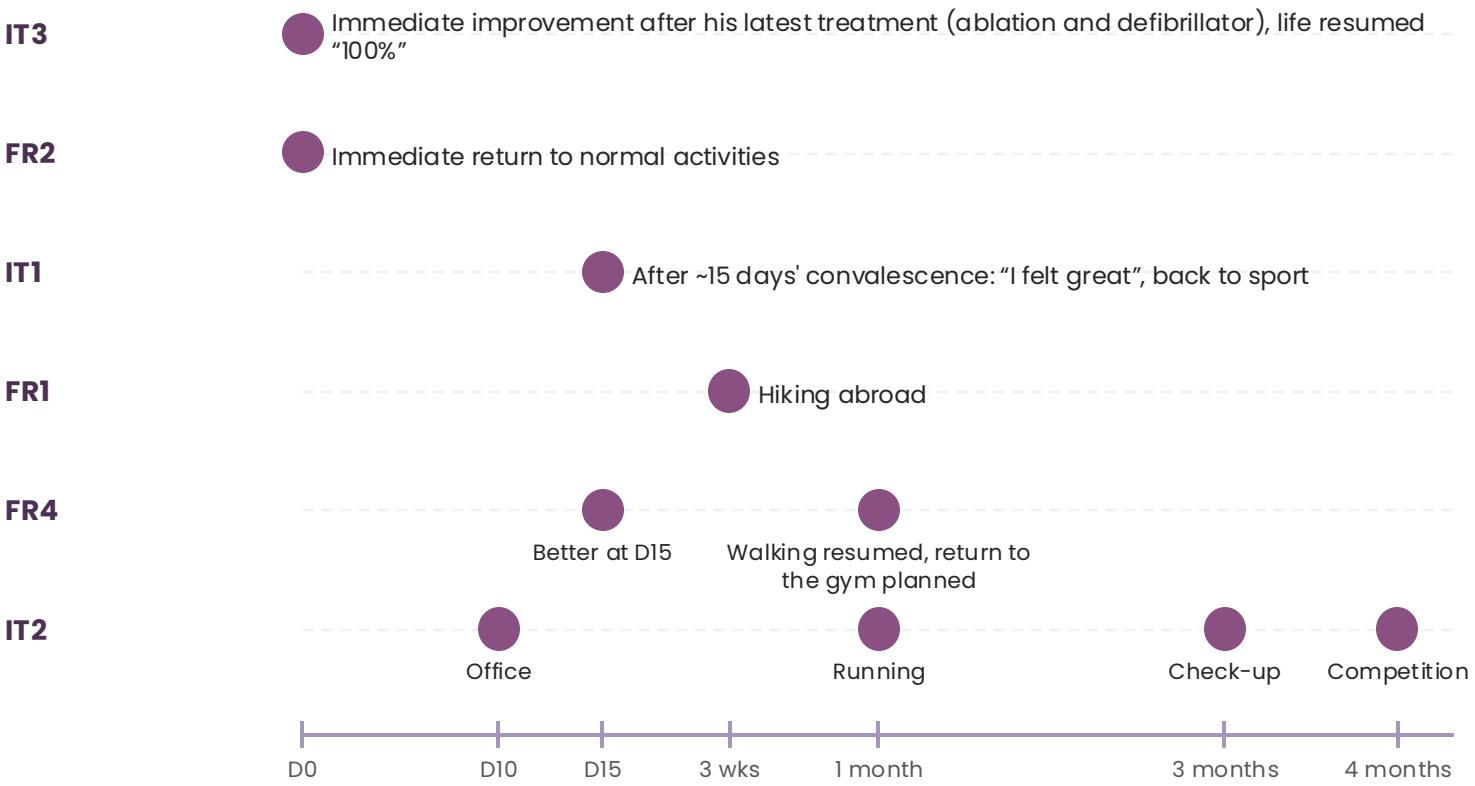
“Before deciding […], I would have needed more information about possible complications.” **Woman, Italy (translated from Italian)**

WHAT IT CHANGES

“Step-by-step” information on the course of the procedure and possible sensations (during, on waking, in the following days) would help prepare patients better, alongside the medical explanations already given. Content to be medically validated.

A return to normal life described as quick: from a few days to a month to get back to work, walking or sport

Return to daily life, as told by patients



Self-reported, approximate milestones, not comparable with each other; FR3 and UK1 did not complete this step.

"I went back to the office after 10 days and everyone was amazed at such a quick recovery." **Woman, Italy (translated from Italian)**

"Right away, climbing the stairs, I realised I was no longer struggling." **Man, Italy, pacemaker (translated from Italian)**

"The atrial fibrillation ablation procedure allowed me to regain a normal heart rhythm and a better psychological balance." **Woman, France (translated from French)**

WHAT IT CHANGES The dominant story is one of rebirth: no more breathlessness, back to sport, better morale. It is the most telling benefit for future patients, to be presented as lived experience, not as a promise.

New techniques are seen as an opportunity, with trust largely carried by the doctor and the centre

Perception of the procedure and of innovation

A simple and accurate understanding of the principle

- "Removing or isolating the faulty tissue or impulses": everyone has a clear picture of it, at their own level

Innovation perceived positively

- Minimally invasive, quick recovery, "great therapeutic progress" (FR4), pride in taking part in a trial (FR2) or being treated in a pioneering hospital (IT1)
- Novelty is not identified as a specific source of concern, even though worries about the risks of the procedure remain

Borrowed trust

- Reassurance comes from the reputation of the doctor and the centre ("an internationally renowned team", "among the greatest specialists in the world") more than from the technique itself

Point of caution for communication

Electroporation is named only by the 3 French patients treated in expert centres; Italian patients speak of a "new technology" or do not specify. Perceptions of efficacy or safety are patients' own and do not constitute clinical evidence.

> *"It seemed innovative to me and I thought it was an opportunity for me to benefit from this great therapeutic progress."* **Woman, France (translated from French)**
>
> *"[The expert centre] has fully mastered this technique, so I trusted medicine."* **Man, France, engineer (translated from French)**
>
> *"The source of information I trusted most was the cardiologist's explanations, because he is among the greatest specialists in the world."* **Man, France, scientific background (translated from French)**
>
> *"What helped me most […] was knowing I was in good hands: trust in the cardiologist and, as a result, in the facility where he operated."* **Woman, Italy (translated from Italian)**

WHAT IT CHANGES Innovation enjoys real but delegated trust: it is credible through the experts and centres who use it. Their voice is the best way to tell its story.

Five insights that shift the focus from technique to relationship, explanation and time

Overview of insights

1. **Beyond symptoms, AF can be experienced as a loss of freedom — Ablation brings the hope of regaining an active life**
2. **We are afraid of what we don't know** — Understanding matters more than knowing everything
3. **Trust in the doctor gives the technique its credibility — Innovation relies on the expertise of those who practise it**
4. **Former patients are lived proof, left to chance** — Peer voices are not organised
5. **Waiting without visibility can feel like abandonment — Clear steps and organised follow-up reassure**

WHAT IT CHANGES

None of these insights concerns the efficacy of a technique: all concern how the journey is explained, supported and paced. That is where the room for improvement lies.

3



CROSS-READING

What the public knows, what patients experience

What the public knows, what patients experience: five gaps that shed light on the AF journey

Quant × qual cross-reading

	The general public (survey)	The patients (community)	What the cross-reading reveals
Knowing AF	Awareness: 52% in France (8th of 9 conditions), 72% in the UK, 83% in Italy; 50% of French people cannot define it	Initial knowledge varies widely: limited for some at first diagnosis, greater among those already followed	**For some, the condition is discovered at the time of diagnosis**
Recognising the signs	Palpitations associated by ~70%; extreme fatigue by 38 to 46%, seen as urgent by only 14 to 27%	First signs: fatigue and breathlessness on exertion, night-time episodes, put down to fitness or age	**The symptom experienced is not the symptom expected**
A condition that hides	59 to 69% know a heart rhythm disorder can go unnoticed, but only 1 in 3 that AF can be asymptomatic	"Normal" ECGs between episodes, up to 2 years to diagnosis; chance detections	**Diagnosis depends on capturing an episode**
Who to consult	Cardiologist cited by 74 to 84%, GP by 31 to 52%, electrophysiologist by 9 to 29%	The cardiologist is the pillar of trust; real entry points are multiple, and the GP is seen as poorly informed	**The right reflex exists, the real journey is more winding**
Risks	47 to 60% know AF increases the risk of stroke	Stroke is mentioned by some patients, without being central to their accounts; among the most active, it is the loss of freedom that weighs	**Risk informs, a life regained motivates**

WHAT IT CHANGES The patient journey starts well before the cardiologist: in how the public recognises (or not) the signs of AF. Part of the diagnostic delay is played out there.

AF remains poorly known by the general public, and some patients discover it at the very moment of diagnosis

Cross-reading · Knowing the condition

THE GENERAL PUBLIC · SURVEY, 3,004 PEOPLE

Say they know atrial fibrillation (at least by name)

52%	72%	83%
France	United Kingdom	Italy

Rank among 9 heart conditions: 8th in France, 6th in the UK, 4th in Italy

Cannot define atrial fibrillation

50%	31%	15%
France	United Kingdom	Italy

Affected themselves or someone close to them

9%	15%	31%
France	United Kingdom	Italy

THE PATIENTS · COMMUNITY, 8 PEOPLE

> *"I knew nothing about atrial fibrillation until then."* **Woman, Italy (translated from Italian)**
>
> *"I wasn't ready to face a procedure (which I knew nothing about) and my first reaction was not to want any procedure at all: I wanted to understand properly."* **Woman, Italy (translated from Italian)**

Patients' initial knowledge varied widely: greater among those already followed for a heart condition, who had a previous ablation or knew an expert centre. The French patients interviewed, very well informed, do not reflect the knowledge gap measured in France.

WHAT IT CHANGES Explanation at diagnosis sometimes starts from scratch: it is a decisive teaching moment. Higher awareness in Italy goes hand in hand with more frequent exposure among relatives and friends, fertile ground for peer voices.

The public associates heart rhythm disorders with palpitations; patients often first felt fatigue on exertion

Cross-reading · Recognising the signs

THE GENERAL PUBLIC · SURVEY, 3,004 PEOPLE

Associate palpitations with a heart rhythm disorder

72%	71%	70%
France	United Kingdom	Italy

Associate extreme fatigue with a heart rhythm disorder

46%	38%	40%
France	United Kingdom	Italy

Would seek emergency care for extreme fatigue

27%	14%	22%
France	United Kingdom	Italy

Versus 58%, 47% and 50% for palpitations

THE PATIENTS · COMMUNITY, 8 PEOPLE

"I didn't immediately think it could be a heart problem; I thought I needed to step up my training to perform better. […] I thought it was also due to getting older." **Woman, Italy, athlete (translated from Italian)**

"Very high heart rate during even light effort." **Man, France, former rugby player (translated from French)**

"In the middle of the night, I would wake up with a very irregular and very fast pulse […]; it was very distressing." **Man, France, engineer (translated from French)**

WHAT IT CHANGES Raise awareness beyond palpitations: unusual fatigue and breathlessness on exertion, night-time episodes, faintness. A particular issue for active and sporty people, and in the UK where intention to seek care is lower.

The public knows a heart rhythm disorder can go unnoticed; patients have lived it, with “normal” tests between episodes

Cross-reading · A condition that hides

THE GENERAL PUBLIC · SURVEY, 3,004 PEOPLE

A heart rhythm disorder can sometimes go unnoticed

63%	69%	59%
France	United Kingdom	Italy

Statement considered correct; ranked 1st in France and the UK

Atrial fibrillation can be asymptomatic

32%	33%	33%
France	United Kingdom	Italy

Statement considered correct, after a definition of AF

The public accepts the idea of a discreet disorder, but not yet that of a “silent” AF.

THE PATIENTS · COMMUNITY, 8 PEOPLE

“Time to diagnosis: two years. I saw my cardiologist several times; each time he did an ECG and said everything was normal.” **Man, France, former rugby player (translated from French)**

“Actually, I didn't see a doctor straight away […]; it was when renewing my competitive sports certificate that the sports doctor found an abnormal heart-rate peak on the exercise ECG.” **Woman, Italy (translated from Italian)**

“Prevention is essential, even in the absence of particular symptoms.” **Man, Italy, pacemaker (translated from Italian)**

WHAT IT CHANGES Detection opportunities (sports certificate, device follow-up, extended recording) are levers. Making it known that a normal test between episodes does not rule out AF is a message to build with cardiologists.

The public names the cardiologist and patients confirm his central role, but their journey often starts elsewhere

Cross-reading · Who to consult

THE GENERAL PUBLIC · SURVEY, 3,004 PEOPLE

The cardiologist, to diagnose and treat a heart rhythm disorder

82%	74%	84%
France	United Kingdom	Italy

The GP

52%	48%	31%
France	United Kingdom	Italy

Rhythm specialist / electrophysiologist

9%	15%	29%
France	United Kingdom	Italy

The specialist who performs ablation remains little known

THE PATIENTS · COMMUNITY, 8 PEOPLE

"Only one opinion counted: that of my cardiologist, whom I trusted "blindly"." **Man, France, former rugby player (translated from French)**

"Little information from my GP, but my cardiologist later advised me to go to the French Federation of Cardiology website." **Woman, France (translated from French)**

"What I understood is that many people suffer from AF, and that they should not hesitate to see a cardiologist rather than their GP." **Man, France, engineer (translated from French)**

WHAT IT CHANGES The "cardiologist" reflex exists; the challenge is fast referral from first-line care (GPs, A&E, sports doctors) and greater visibility for electrophysiologists and expert centres.

Clear contrasts between countries on the public side, which the patient study sheds light on without being able to measure them

Cross-reading · Country insights

ITALY

GENERAL PUBLIC

- The best-informed public: 83% know AF, 47% define it correctly
- 31% affected themselves or someone close to them
- Cardiologist cited by 84%

PATIENTS

- Long-standing relationship with a referring cardiologist
- Role of peers (running club) in the decision
- Pain point: waiting without news, abrupt announcement (one case)

FRANCE

GENERAL PUBLIC

- The least-informed public: 52% know AF, 50% cannot define it
- 9% affected themselves or someone close to them
- GP cited more often than elsewhere (52%)

PATIENTS

- Very well-informed patients, treated in expert centres (electroporation)
- The sharpest criticism of GPs
- A sample that does not reflect the French public

UNITED KINGDOM

GENERAL PUBLIC

- Lower intention to seek care for several symptoms
- Some risk factors minimised (overweight, alcohol)
- But 69% know a heart rhythm disorder can go unnoticed

PATIENTS

- A single patient, partial activity
- Recurrence after 7 to 8 years, ~6 months to diagnosis
- Strong impact on mental health

READ WITH CAUTION The figures describe differences between countries; the patient study, with 1 to 4 cases per country, measures none. Above all, it shows that the mechanisms (trust, need for explanation, speed of recovery) are shared.



opinionway

Crédits : garmin-b

Appendices

A

Patient study: detailed analysis



Medication is experienced as a holding stage: often insufficient, sometimes poorly tolerated, hard to reconcile with an active life

Initial management and treatment

Insufficient

Episodes persist despite treatment (IT1, FR4, UK1): “My heart was better managed […], but the symptoms were unchanged” (UK1)

Poorly tolerated

Low blood pressure, heart too slow, low blood sugar, nosebleeds on anticoagulants (FR4, UK1)

Incompatible with sport

IT2 refuses beta blockers to keep competing; FR4 times her dose after training sessions

But not rejected by all

“No qualms” (FR2), taken “without any problems” in the hope of avoiding the procedure (IT1)

“The cardiologist had suggested beta blockers as an alternative to the procedure, but that way I wouldn't have been able to compete. So I didn't want to take any medication and waited for the procedure.” **Woman, Italy, athlete (translated from Italian)**

“The beta blocker was not fully effective, since I regularly had atrial fibrillation episodes. I raised with my cardiologist my wish, and the possibility, to have ablation […]. I somewhat steered the doctors treating me towards this type of procedure.” **Woman, France (translated from French)**

WHAT IT CHANGES For several patients, medication is not enough to regain the quality of life they want. This fuels strong expectations of ablation, without ruling out its usefulness or its continuation after the procedure.

The day of the procedure leaves a very positive memory: professionalism, humane teams and a loved one nearby

Before and during the procedure

Before: a mix of impatience and apprehension

- The wish to “be done with it” and get back to sport coexists with the fear that “something might go wrong” (IT2)
- Key reassurances: no chest incision, access through the groin, the centre's mastery of the technique
- Most say they were sufficiently informed, mainly by the doctor performing the procedure

On the day: what makes patients feel safe

- The professionalism and humanity of the teams, doctors and nurses alike
- A loved one present (spouse) and a familiar setting (IT1, IT2)
- For a patient in a clinical trial, the visible technological environment (“lots of engineers, screens”) is perceived positively
- A concern mentioned but short-lived: not waking up (FR1)

“The facility, which I had known for years, the professionalism of the various staff, the attention and humanity of everyone […], and my wife being close by all helped me feel "protected".” **Man, Italy, pacemaker (translated from Italian)**

“What I remember most is the professionalism of all the doctors, the anaesthetist and the nurses present during the operation.” **Man, France, engineer (translated from French)**

“Trust in the surgical and nursing team was decisive for me.” **Woman, France (translated from French)**

“In the weeks before the procedure I was quite nervous. On the one hand I couldn't wait […], on the other I was afraid something might go wrong.” **Woman, Italy (translated from Italian)**

WHAT IT CHANGES The procedure is generally well experienced, despite some reported pain or discomfort. The sense of safety rests heavily on the teams' professionalism, the quality of the welcome and having a loved one nearby.

Recovery is experienced in two stages: physical relief is immediate, peace of mind waits for the check-up to confirm it

After ablation: lingering vigilance

STAGE 1

Relief

No more palpitations or breathlessness, activities resumed

STAGE 2

Confirmation

"Has it worked?": the 2-3 month check-ups (ECG, Holter) provide reference points on the outcome of the procedure and help reassure

In between, active vigilance

- Self-monitoring of pulse, attention to extra beats (IT1, IT3, FR4), caution on anticoagulants (IT2)
- Sometimes non-linear journeys: several ablations for IT1 and IT3, recurrence after 7 to 8 symptom-free years for UK1. These experiences can sustain long-term vigilance.
- The need to "close the loop" extends to the outcome of a clinical trial (FR2)

"Yes, I still think about it (day 10) and I nevertheless remain very vigilant about the symptoms associated with atrial fibrillation." **Woman, France (translated from French)**

"I have reasonably come off all meds but I think/worry about it every day, constantly checking my heart rhythm and expecting its return." **Man, United Kingdom**

"For the first 2 months, while I was taking anticoagulants, I was quite careful and cautious because I didn't want anything to happen." **Woman, Italy (translated from Italian)**

"Knowing whether the clinical trial worked would be a plus." **Man, France, scientific background (translated from French)**

WHAT IT CHANGES Support does not end at discharge: announcing follow-up milestones and what is "normal" after the procedure from the outset reduces the uncertainty of this in-between period.

Country trends, to be read as insights rather than established differences

Country insights

ITALY 3 participants · activities 1 to 3	FRANCE 4 participants · uneven coverage	UNITED KINGDOM 1 participant · activity 1 partial
• Longer, more complex journeys: multiple ablations (up to 6 or 7 in 20 years), pacemaker or defibrillator • A long-standing relationship with a referring cardiologist, the foundation of trust • The main pain point: a year of waiting without news and a first announcement seen as abrupt (one case) • A stronger demand for human support and coordination of the journey	• 3 out of 4 patients treated with electroporation in expert / university centres • Very well-informed profiles (engineer, scientist, pharmacist spouse), needing little information • Innovation seen as progress, pride in an “internationally renowned” centre • The sharpest criticism of GPs, seen as poorly trained in new techniques	• A recurrence after 7 to 8 symptom-free years, then treatment of AF and a flutter requiring, according to the patient, two ablations under sedation • About 6 months from the GP (with a cardiology background) to diagnosis • A strong impact on mental health and daily fear of recurrence • Insufficient material for any country-specific conclusion

KEY TAKEAWAY The underlying mechanisms (trust in the cardiologist, need for simple information, speed of recovery) are shared across the three countries. However, differences between countries cannot be established on the basis of this sample.

Insight #1 — AF can take away freedom well beyond the symptoms

For active patients, AF is experienced as a loss of freedom and sometimes of identity. Ablation is valued as much for reducing symptoms as for the activities it allows them to regain.

What demonstrates it

"Certainly the biggest change was no longer being able to go to the athletics track to train with my team." **Woman, Italy (transl.)**

"I would like to get back to physical activity as before and live with a heart that beats to the rhythm of my wishes and desires." **Woman, France (translated from French)**

"I have resumed my life 100 per cent, including sport." **Man, Italy, 67 (transl.)**

THE UNDERLYING MECHANISM

Physical activity is both a marker of identity and an emotional outlet. Fear of an episode leads to self-restriction that spills over into mood and self-confidence.

WHO IT CONCERNS

Sporty or active patients, the majority of the sample. Much less true of those whom AF limited little (FR1, FR2).

WHY IT MATTERS

The benefit that counts for patients (getting their life back) is not the one highlighted in medical discourse (rhythm, risk).

WHAT IT CHANGES

Talk about AF and its management in terms of life regained, without promising any individual outcome.

Insight #2 — We are afraid of what we don't know

Fear is not about the technique but about the unknown: what you have, what will happen, what you will feel. A simple, personal explanation reassures more than exhaustive information.

What demonstrates it

"The one thing I would like healthcare professionals to understand better […] is that we are afraid of what we don't know." **Woman, Italy (transl.)**

"Atrial fibrillation was also explained to me with a simplified drawing to help me understand better." **Woman, Italy (transl.)**

"This exchange was the most useful to me in terms of explanations, while also generating worry." **Woman, France (translated from French)**

THE UNDERLYING MECHANISM

The procedure is routine for the clinician, new for the patient. Without reference points, anxiety fills the gap; a diagram makes the condition and the procedure "picturable", and therefore manageable. Figures on risks reassure and worry at the same time.

WHO IT CONCERNS

Especially patients who discover AF suddenly or have little medical knowledge (IT2). Less so scientific profiles, who already have the codes.

WHY IT MATTERS

A poorly handled announcement can trigger refusal and delay treatment (IT2).

WHAT IT CHANGES

How things are explained is as decisive as what is explained.

Insight #3 — Trust in experts gives innovation its credibility

Innovation reassures when a trusted doctor and centre stand behind it. Some patients do, however, take an interest in the technique beforehand, and even ask for it themselves.

What demonstrates it

"[The expert centre] has fully mastered this technique, so I trusted medicine." **Man, France, engineer (translated from French)**

"What helped me most [...] was knowing I was in good hands: trust in the cardiologist and, as a result, in the facility." **Woman, Italy (transl.)**

"Only one opinion counted: that of my cardiologist." **Man, France, former rugby player (translated from French)**

THE UNDERLYING MECHANISM

Faced with a complex procedure, patients assess the person operating rather than the tool (delegated trust). Novelty is read as a sign of the centre's excellence: "pioneer", "international", "clinical trial".

WHO IT CONCERNS

All patients. Even the best informed, who know the technique, place their trust in the centre.

WHY IT MATTERS

The credible voice is that of experts and centres, not that of a brand. Innovation is not perceived as a risk: it is an asset to protect.

WHAT IT CHANGES

Tell the innovation story through those who practise it and through the patient journey, not through the product.

Insight #5 — Waiting without news can feel like abandonment

Difficult moments are not limited to medical procedures: some patients mention waiting with no visibility, others doubts about the outcome of the procedure or fear of recurrence.

What demonstrates it

"Whenever I phoned to ask for information, they couldn't tell me, even roughly, the timing […]: you feel a bit abandoned." **Woman, Italy (transl.)**

"I associate the stress exclusively with waiting to be called by the hospital for the procedure." **Man, Italy (transl.)**

"The appointment with my cardiologist within 2 months of the atrial fibrillation ablation procedure is important to me." **Woman, France (translated from French)**

THE UNDERLYING MECHANISM

Uncertainty with no time frame feeds anxiety and a sense of losing control. When the system stops giving news, trust erodes; a scheduled appointment, on the other hand, closes the loop.

WHO IT CONCERNS

Long journeys (Italy), patients who have had a recurrence (UK1), recently treated patients awaiting their check-up.

WHY IT MATTERS

It is the clearest friction point of the journey, and the most actionable: it is about organisation and information, not medicine.

WHAT IT CHANGES

Make the journey clear: milestones, announced timings, a point of contact.

Insight #4 — Former patients are lived proof, left to chance

Alongside the cardiologist, the other source of trust is the former patient, because they prove that "after" exists. But access to these voices currently depends on the chance of a club or acquaintances.

What demonstrates it

"The information that reassured me most was the testimony of my friend who had had the same procedure a couple of years before me." **Woman, Italy (transl.)**

"The information that reassured me most was the visit to [the centre], but also the testimonies of former patients." **Man, France, engineer (translated from French)**

"Create a group of reference people (who have already had the procedure) […] available to provide support, even just by phone." **Woman, Italy (transl.)**

THE UNDERLYING MECHANISM

Social proof and identification: a peer "like me" makes recovery tangible, which the doctor cannot embody. They answer the practical and sensory questions left aside.

WHO IT CONCERNS

Especially those who are unsure or discovering AF, and active patients embedded in sports communities.

WHY IT MATTERS

A powerful but unorganised lever: no patient mentions an association, group or structured channel.

WHAT IT CHANGES

Make peer voices accessible to patients who want them, within an ethical, independent framework.

Ownership and conditions for publishing results

Appendix

The results of this study are the sole property of the client, who may publish them in full or in part as they wish, subject to validation by OpinionWay.

In addition, any publication of these results must include a technical note stating that the study was carried out by OpinionWay, and giving information on the methodology used, namely:

- data collection method,
- sample size and representativeness method,
- data collection dates.

Qualitative study: the results of a qualitative study cannot be projected onto the population as a whole because of the sample selection, the methods used and the sample size (extract from ISO 20252).

Quotes: French and Italian quotes have been translated into English by OpinionWay; English quotes are reproduced as written. Names of institutions have been replaced by [expert centre] to preserve anonymity.

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Founded in 2000 on what was then a radically innovative idea, OpinionWay was a pioneer in transforming the practices of the marketing and opinion research profession.

Building on continuous growth since its inception, the company has consistently expanded its horizons to better address all marketing and societal challenges. It has incorporated into its methodologies Social Media Intelligence, the use of smart data, creative co-creation dynamics, community-driven approaches, and storytelling. Today, OpinionWay continues its growth momentum by geographically expanding into high-potential regions such as Eastern Europe and Africa.

This mission drives the employees of OpinionWay and underpins the relationships they build with their clients.

The pleasure they take in providing answers to the questions their clients ask, reducing uncertainty in decision-making, tracking relevant insights, and co-creating future solutions fuels every project they undertake. This enthusiasm, combined with a genuine passion for innovation and knowledge-sharing, explains why clients report high levels of satisfaction after each collaboration – 8.9/10 – and a strong recommendation rate – 3.88/4.Enjoyment, commitment, and intellectual stimulation are the three guiding principles of our work.

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