

DRUG DOSING AT THE END OF LIFE: *a Pharmacometric Approach*

1. Clinical pharmacology in the dying patient is complex and is therefore best assessed by a multi-disciplinary team with specialist doctors and pharmacists. – this thesis
2. Population approaches are ideal to perform studies in a vulnerable population like palliative care patients. – this thesis
3. As the variability in clearance is high in terminally ill patients, drugs without active metabolites are preferred. – this thesis
4. Low albumin levels can be a marker for decreased clearance via the CYP3A metabolic route. – this thesis
5. Patients who receive haloperidol require a higher midazolam dose in order to achieve adequate sedation. – this thesis
6. Implementing PK/PD guided dosing regimens in clinical practice, although sometimes more challenging than the modeling itself, is essential in improving clinical care.
7. Clinical pharmacology is too important to be left exclusively to physician-clinical pharmacologists - *Schellens JH. Br J Clin Pharmacol. 2008.*
8. Success in controlling a symptom not only depends on the severity of the symptom but also on the quality of the assessment and management the patient receives. – *Bruera E, J Clin Oncology 2012*
9. The challenge is to find a model simple enough to be useful, but not so simple that you lose the useful detail.
10. How we seek to spend our time may depend on how much time we perceive ourselves to have. - *Atul Gawande, Being Mortal*
11. Het includeren van studiepatiënten is net als pannenkoeken bakken; bij de eerste gaat bijna altijd wat mis – *Birgit Koch*