

Stellingen

behorend bij het proefschrift

Decisions About Medical Treatment in the Last Phase of Life

Withholding and withdrawing medication and other interventions

1. Almost half of individual do-not-resuscitate decisions are made without involvement of the patient (this thesis)
2. A quarter of patients who die an expected death use one or more preventive medications on the last day of life (this thesis)
3. Limited awareness among physicians is an important reason for continuing potentially inappropriate medications until the very end of life (this thesis)
4. Deprescribing studies require research methods in which participants in the control group are not aware of the trial intervention (this thesis)
5. Physicians should move away from 'we did everything we could to prevent dying' towards 'we avoided doing too much to fight an inevitable death' (this thesis)
6. Evidence-based and individualized medicine seem contradictory, but are in fact two essential components of end-of-life care
7. You can't connect the dots (i.e. life events) looking forward, you can only connect them looking backwards. So you have to trust that the dots will somehow connect in your future (Steve Jobs, 2005)
8. Whereas smoking is the most important preventable cause of cancer, it should be forbidden on hospital grounds
9. An expert is a person who has made all the mistakes than can be made in a very narrow field (Niels Bohr)
10. To make football more attractive and fair, introducing effective time, i.e. when the ball is in play, is necessary
11. Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning (Winston Churchill, 1942)

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