Stellingen behorende bij het proefschrift:

Hospital Implementation and Acceptance of Minimally Invasive Autopsy

1. Cause of death statistics of non-Western ethnic groups are compromised by low autopsy rates. This hampers reliable allocation of funds for research and health interventions which is dependent on cause of death statistics. (This thesis)
2. For successful implementation of minimally invasive autopsy, designated postmortem CT and MRI scanners need to be integrated in the mortuary. (This thesis)
3. Less invasive autopsy is more acceptable to people of non-Western ethnicity and has the potential to increase postmortem acceptance rates, if awareness of the procedure is raised and turnaround times are reduced. (This thesis)
4. Focusing primarily on the clinically suspected pathology can streamline the minimally invasive autopsy and make it less expensive, but this strategy runs the risk of tunnel visioning and missing unsuspected diagnoses. (This thesis)
5. CT without contrast is insufficient to diagnose acute myocardial infarction. Any minimally invasive autopsy in deceased patients suspected of acute cardiac death should always include dedicated cardiac imaging (either high resolution cardiac MRI or coronary CTA), combined with myocardial biopsies. (This thesis)
6. To accurately determine the performance of any reference ("gold") standard, a better reference standard is necessary.
7. Publication bias is one of the biggest problems for healthcare, therefore both the magnitude and direction of publication bias need to be assessed when making policy. (Murad, BMJ Evid Based Med.2018 Jun;23(3):84-86)
8. Using standardized clinical terminology and structured reporting helps to prevent mistakes in the information transfer from doctor to doctor and from doctor to patient.
9. Innovations in artificial intelligence can benefit both patients and doctors, provided that doctors cooperate in utilizing artificial intelligence in diagnosis and treatment models. (Coiera, Lancet. 2018 Dec 1;392(10162):2331-2332. doi: 10.1016/S0140-6736(18)31925-1)
10. Healthcare utilization is highest in the last year of life, but higher end-of-life expenditure does not necessarily lead to better outcomes. (Fisher, Ann Intern Med. 2003 Feb 18;138(4):288-98)
11. The delivery of good medical care is to do as much nothing as possible. (13th law of the House of God, Samuel Shem).