

PROPOSITIONS PERTAINING TO THE PHD-THESIS

MODELING OUTCOME OF PATIENTS ON RENAL REPLACEMENT THERAPY

Y.S. Liem, June 18th 2008

- 1 Initiation of renal replacement therapy with peritoneal dialysis is associated with a lower mortality compared with hemodialysis (*this thesis*).
- 2 The lower quality of life associated with renal dialysis compared with renal transplantation can be partly explained by a difference in patient characteristics (*this thesis*).
- 3 An increase in the number of pre-emptive renal transplantations would result in a large increase in the average life-expectancy of patients on renal replacement therapy (*this thesis*).
- 4 For the imaging of the renal anatomy of a potential living renal donor, a strategy consisting of both magnetic resonance imaging and computed tomography angiography constitutes the most cost-effective approach (*this thesis*).
- 5 The use of propensity scores for adjustment for confounding is not useful when effect modification is present (*this thesis*).
- 6 Medical decision making is not the toss of a coin but the intelligent sifting for good information to make informed decisions (*N Engl J Med 1997;337(11):787-789*).
- 7 The remarkable rise in organ transplantations in the past year justifies drastic measures such as 'The Big Donor Show' to increase public awareness of organ donation.
- 8 To choose doubt as a philosophy of life is akin to choosing immobility as a means of transportation (*Yann Martel, Life of Pi, 2001*).
- 9and, believe me, if I were again beginning my studies I would follow the advice of Plato and start with mathematics (*Galileo*).
- 10 Completing a PhD project requires balancing interpersonal communication and voluntary seclusion.
- 11 Whoever said "nothing is impossible" obviously never tried to nail jelly to a tree (*Anonymous*).

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