About the Author

Antonie Steven (Stef) Groenewoud was born in Amersfoort, the Netherlands, on 24 May 1977. In 1995 he completed his pre-university secondary education (Atheneum) at Ichthus College in Veenendaal.

From 1995 to 2000 he studied at the Institute of Health Policy and Management (iHPM) at Erasmus University Rotterdam (EUR), where he graduated with a Master’s dissertation on integrated care pathways. From 1997 to 2004 he studied Law at EUR and Utrecht University.

Between 1999 and 2000 Stef worked as a business analyst for the Deloitte & Touche health care advisory group. From 2000 to 2007 he was employed as a research fellow at the iHPM/EUR, where he developed a special interest in the field of health care quality, performance measurement and performance indicators. After having carried out several research projects in this field, he initiated the project “Search and Selection Processes of Patients (…)”, funded by the Netherlands Organization for Health Research and Development (ZonMw), which led to this PhD thesis. In addition to the research for his thesis, he was also involved in teaching and supervising both Bachelor and Master’s students.

Since 2005, the author has been working as a senior consultant at Plexus Medical Group, a leading consultancy serving clients across the broad spectrum of the health care sector. Topics covered in his recent work at Plexus include the development and evaluation of national sets of performance indicators for geriatric care, care for the disabled and forensic care, a benchmark instrument for FRAI and Elderly care in hospitals, business process redesign projects in hospital ambulatory care settings and in primary health care centres.

“I went to the UMC university library and I got an accessible medical book. I began to immerse myself in it more and more. I didn’t want rough treatment anymore and not yet again. I was perfectly well aware that every operation, even if you only open up the knee, affects the quality of your knee”.

“I think trust is the most important thing. You just have to have faith in the specialist and trust him to give you proper information”.

“I wasn’t so assertive in the past, you know. But since everything went wrong with that first knee operation, with the anaesthetic… It went completely wrong with my epidural, so I won’t ever have another one of those. But then I was more of, well it can sometimes go wrong, but now I’m so assertive”.

“It’s like this. In a crisis something has to be done immediately. You don’t have time to think. It’s only once you’ve been admitted that you want to know precisely what is going to happen. And then you sometimes go looking to see if there is another option. Then you really need the help of the professionals, because you’ll never get through it on your own”.

“My mother wants to find something good for my father; she doesn’t want to put him just anywhere. I think it’s very important that we are able to choose now he still knows what’s going on. Not later. But I can’t put my father on a waiting list until he really knows nothing any more. You have to have an indication that he has lost his way completely. Once you get to that point, you can start looking. I think that’s terrible”.

“I made a decision based on other people’s good experiences; they had had good results. I mean; successful operation, mobile again, knee back to normal. These people could move again properly”.

“We can get information everywhere, from the Internet. I don’t have a computer, and I don’t want one; we’re a bit old school. We can go to the library, we can look at Teletext. It’s as if people are becoming more and more stupid, I think, but also more and more anxious. The more information people have to store away, the more anxious they become”.