1. In ventilated intensive care patients, the BPS should be used only in conjunction with the NRS rated by the nurse to assess pain at rest. (*this thesis*)

2. The use of the BPS in conscious sedated patients may be regarded as a bridge between the BPS scored by the nurse in deeply sedated patients and the VRS-4 used by the patient who are able to self-report pain. (*this thesis*)

3. Protocolized pain assessment by nurses successfully reduces the overall occurrence of unacceptable pain at rest. (*this thesis*)

4. To prevent pain during painful procedures, adequate pain management for pain at rest using a pain titration protocol, is a prerequisite. (*this thesis*)

5. In intensive care patients, glucuronidation of morphine to M3G and elimination of M3G appeared significantly decreased compared to healthy volunteers. (*this thesis*)

6. Pain may be inevitable; inadequate management is not. (*Y Skrobic, Critical Care 2008*)

7. Non-linear mixed effects modeling (NONMEM) is de enige methode die geschikt is voor analyse van zogenaamde sparse data in kwetsbare patiëntgroepen.

8. Poison is in everything, and no thing is without poison. The dosage makes it either a poison or a remedy. (*PA Paracelsus*)

9. Structurele samenwerking tussen arts en ziekenhuisapotheker is onmisbaar bij het uitvoeren van wetenschappelijk onderzoek in de kliniek.

10. Bijna alles wat je doet is onbelangrijk, maar het is erg belangrijk dat je het doet. (*M Gandi*)

11. Promoveren is net als hockey: men wil bij beide het doel bereiken.

*Sabine Ahlers*

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