

STELLINGEN

1. Children with Down syndrome will remain dependent of pain and distress assessment by proxy throughout their lives (this thesis)
2. Although caregivers have the perception that children with Down syndrome are less sensitive to pain and more difficult to sedate, observational studies found the opposite (this thesis)
3. The COMFORT-Behavior scale is a useful and valid tool to assess pain and distress in 0- to 3-year-old children with Down syndrome (this thesis)
4. The presence of Down syndrome has no influence on postoperative analgesia and sedation requirements or morphine pharmacokinetics (this thesis)
5. Neonatal continuous morphine infusion (10 mcg/kg/hr) has no adverse effects on thermal detection and pain thresholds or overall neurological functioning eight to nine years later (this thesis)
6. Paediatric anaesthesia requires the services of persons with unlimited optimism and energy (Davenport, 1967)
7. Pediatric anesthesiologists have a more dynamic relationship with their drugs than most pediatricians, and the determinants of dose are somewhat more complex than simply knowing clearance. The Holy Grail of clinical pharmacology is prediction of drug PK and PD in the individual patient (Anderson 2011)
8. Het empathisch moment van luisteren betekent meer horen dan er gezegd wordt (Dorothea Timmers-Huigens 2001)
9. De interne dynamiek van het onderzoek is gebaat met het delen van ideeën, resultaten en data. Transparantie is essentieel voor de kwaliteitscontrole. Niets is zo stimulerend als het kritisch oog van een collega (Robert Dijkgraaf 2012)
10. The ability to accurately measure pain represents the foundation for successful clinical management of this vexing symptom (Loggia 2012)
11. Patience is the panacea; but where does it grow, or who can swallow it? (William Shenstone, 1714 - 1763)