

Stellingen behorende bij het proefschrift

END OF LIFE CARE AND DECISION MAKING

Opinions and experiences of the general public, bereaved relatives, and professionals

1. The Dutch Euthanasia Act receives ample societal support in case of suffering due to physical symptoms, both among the general public and professionals. (this thesis)
2. Society interprets the boundaries of euthanasia or physician-assisted suicide in a rather restrictive way and either expanding or limiting the scope of the Act does not seem to be indicated based on the public opinions. (this thesis)
3. People tend to think about end-of-life care and decision-making, but do not actively discuss it with healthcare professionals. (this thesis)
4. End-of-life care needs more evidence-based guidance on effects and communication strategies to improve end-of-life decision making. (this thesis)
5. Nutrition and hydration at the end of life is of significant importance to relatives and deserves to be discussed more extensively. (this thesis)
6. The single biggest problem in communication is the illusion that it has taken place. (George Bernard Shaw)
7. Decisions have to be made and if they are not made actively, they will be made by default. (Milton Weinstein)
8. International collaborations improve end-of-life research.
9. De dood is, van alle bezoekers, de meest aangekondigde en de minst verwachte. (Paul Bourget)
10. De omgeving van de mens is de medemens. (Jules Deelder)
11. Ik sta even stil en dat is al een hele vooruitgang. (Berrolt Brecht)

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