Propositions belonging to the thesis

Exploring educational inequalities in mortality in Europe

1. Relatively smaller educational inequalities in mortality in Spain are a historical coincidence rather than an outcome of deliberate policies. (this thesis)

2. Educational inequalities in lung cancer mortality are substantially larger in the Netherlands than in other western European countries. (this thesis)

3. Relative inequalities in premature mortality increased between the 1990s and the 2000s in most populations in the North, West and East of Europe, but not in the South. (this thesis)

4. Investments in education have long-term beneficial effects on population health. (this thesis)

5. Policy makers should learn from countries that managed to combine low risk factor exposure and small socioeconomic inequalities in these risk factors in order to tackle socioeconomic inequalities in ischaemic heart disease mortality. (this thesis)

6. Confidence intervals should become the standard method for presenting the statistical results. (Gardner, Altman, BMJ. 1986;292:746-750)

7. Drug abuse and addiction are as much health problems as they are social problems. (Leshner, Science. 1997;278:45-47)

8. Promoting physical activity may serve as a valuable mental health promotion strategy by reducing the risk of depression. (Mammen, Faulkner, American Journal of Preventive Medicine. 2013;45:649-657)

9. There’s a lot of money to be made from telling healthy people they’re sick. (Moynihan, Heath, Henry, BMJ. 2002;324:886-891)

10. The pharmaceutical industry invests almost exclusively in developing drugs that are likely to be marketable and profitable. (Yamey, BMJ. 2002;325:176-177)

11. I did a PhD and did NOT go mad. (Richard Butterworth)

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