

Stellingen behorende bij het proefschrift:

“Live Kidney Donation: Informed Consent Related Aspects”

1. De informed consent procedure voor de levende donor nefrectomie verschilt per land, per centrum, en per individuele medische professional (dit proefschrift)
2. De perioperatieve uitkomsten van de gebruikte minimaal invasieve technieken voor de levende donor nefrectomie zijn vergelijkbaar, en hebben alle een laag complicatie percentage (dit proefschrift)
3. Ondanks dat sommige complicaties grote gevolgen kunnen hebben, worden deze niet altijd vermeld tijdens het preoperatieve informed consent proces voor de levende donor nefrectomie (dit proefschrift)
4. Levende nierdonoren onthouden slechts een klein deel van de informatie die hen gedurende het informed consent traject verteld wordt (dit proefschrift)
5. Een gestandaardiseerd format informed consent procedure voor de levende donor nefrectomie is nodig, om in ieder centrum een donor optimaal te informeren (dit proefschrift)
6. Laws prescribing exactly what physicians must say, regardless of patients' needs or preferences, make a mockery of informed consent and patient autonomy (Wendy K. Mariner *et al.*, *N Engl J Med* 2015; 372:1285-1287)
7. It would be interesting to look retrospectively at the citations to accepted versus rejected papers, and to see whether editors vary in their ability to pick the winners (Charles G. Jennings, *Nature*, January 2006)
8. Orthopaedic surgeons have greater intelligence and grip strength than their anaesthetic colleagues, who should find new ways to make fun of their orthopaedic friends (Padmanabhan Subramanian *et al.*, *BMJ* 2011;343:d7506)
9. If life were predictable it would cease to be life, and be without flavor (Eleanor Roosevelt)
10. What counts is not necessarily the size of the dog in the fight – it’s the size of the fight in the dog (Dwight D. Eisenhower)
11. It always seems impossible – until it’s done (Nelson Mandela)

Kirsten Kortram, 7 december 2016

Propositions accompanying the dissertation:

“Live Kidney Donation: Informed Consent Related Aspects”

1. The informed consent procedure for the live donor nephrectomy varies per country, per center, and per individual medical professional (this thesis)
2. The perioperative outcomes of the employed minimally invasive techniques for the live donor nephrectomy are comparable, and all have a low complication rate (this thesis)
3. Despite the severe consequences of some complications, these are not always disclosed during the preoperative informed consent process for the live donor nephrectomy (this thesis)
4. Living kidney donors only remember a small part of the information provided to them during the informed consent process (this thesis)
5. A standardized format informed consent procedure for the live donor nephrectomy is necessary, to optimally inform donors in every center (this thesis)
6. Laws prescribing exactly what physicians must say, regardless of patients' needs or preferences, make a mockery of informed consent and patient autonomy (Wendy K. Mariner *et al.*, *N Engl J Med* 2015; 372:1285-1287)
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Kirsten Kortram, December 7th 2016