1. The effectiveness of routine premedication with lorazepam on somatic and psychological outcome data does not need further exploration in day-case surgery as it showed a clear lack of effectiveness. (this thesis)

2. The evaluation of patient variability in lorazepam response should always take into account pharmacogenetic determinants including the \textit{UGT2B15} genotype. (this thesis)

3. It is of utmost clinical importance to include, next to levels of significance and confidence intervals, explained variances ($R^2$) of the predicted outcome parameters in a manuscript. (this thesis)

4. The definition of a vulnerable patient should be based on data obtained from the normal population. (this thesis)

5. Unravelling the pathways among multiple patient related outcomes should ideally be performed prior to the design and conduction of a randomized controlled clinical trial evaluating the effectiveness of these outcomes. (this thesis)

6. The ideal benzodiazepine premedication does, currently, not exist in day-case surgery. (this thesis)

7. A replication study is the ugly duckling of science that looks rather grey and remains so compared to studies that promise innovative insights. (Fabry G and Fisher MR, GMS Zeitschrift für Medizinische Ausbildung, 2015)

8. The empiricist thinks he believes only what he sees, but he is much better at believing than at seeing. (George Santayana, 1863-1952)

9. Test all things; hold fast that which is good. (Paul, 1 Thess. 5:21)

10. Too often we suffer most sorely, and thereby feel most poorly, from dreaded aches and pains. (Thomas Chatterton, 1752-1770)

11. Isn’t it funny how day by day nothing changes, but when you look back, everything is different. (C.S. Lewis, 1898-1963)