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Disability adjusted life years and acute onset disorders

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Stellingen behorende bij het proefschrift:
Propositions of the thesis

Disability Adjusted Life Years and acute onset disorders: improving estimates of the non-fatal burden of injuries and infectious intestinal disease

1. The standard QALY/DALY approach is inappropriate for disorders with complex time/severity patterns such as acute onset disorders, particularly for those of low severity. (this thesis)
2. Disability weights should be derived from health state descriptions that include both disease-specific and generic information. The first excites, and the second controls imagination. (this thesis)
3. Neglect is not the solution to deal with co-morbidity when performing a burden of disease study. (this thesis)
4. The uptake of sequelae of acute onset disorders in burden of disease studies, so far seems the subject of randomly chosen in- and exclusion criteria. (this thesis)
5. The use of burden of disease estimates in priority setting will gain rationality if a threshold to distinguish relevant disease from trivial disturbance is included. (this thesis)
6. Response rates of questionnaires are directly proportional to the attractiveness of the incentive (if any), irrespective of the complexity of the task.
7. An extensive hunt for epidemiological data for burden of disease studies is pointless if the data cannot be linked to appropriate disability weights.
8. Consistent application of disability weights requires the separation of the health effect of age from that of disability. (Sudhir Anand & Karen Hanson)
9. Beyond its pragmatic utility in priority setting and targeting health interventions, the burden of disease concept provides food for thought on health inequalities, for experts and lay people alike.
10. A burden of burns study should not be superficial.
11. The outcome of any serious research can only be to make two questions grow where only one grew before. (Thorstein Veblen)