

**Stellingen behorend bij het proefschrift:**

**Critically ill children and the microcirculation  
Go with the flow?**

1. Optimization of macrocirculatory parameters such as systemic blood pressure and heart frequency in critically ill children does not imply that the microcirculation is adequate. (this thesis)
2. In post-cardiac arrest children and in newborns with congenital diaphragmatic hernia, microcirculatory impairment is associated with poor outcome. (this thesis)
3. Non-invasive microcirculatory imaging should be considered as a clinical endpoint in the neonatal and pediatric intensive care once point-of-care-assessment is available. (this thesis)
4. Dynamic lactate indices predict outcome more accurately than the cross-sectional measurement of lactate in children with congenital diaphragmatic hernia. (this thesis)
5. The distribution and functional role of catecholaminergic receptors in the vasculature of children should be characterized in greater detail to obtain new and better therapeutic approaches. (this thesis)
6. It is too much to ask for a single measurement to predict the course of a complex critically ill patient. (M. Allen, PCCM, 2011)
7. The continuing use of pulmonary artery catheter monitoring demonstrates that, apparently, personal experience or personal belief can match an overwhelmingly negative tenor of the literature. (M.R. Shah et al., JAMA, 2005)
8. Deferred parental consent in neonatal emergency critical care is preferable over traditional informed consent because parental informed decision-making is often temporarily impaired and because it will help resolve the paucity of research data in this field. (J. Brierly and V. Larcher, J Med Ethics, 2011)
9. Journalists can teach researchers many valuable lessons: images or videos that have an intrinsic affinity with the written or spoken message enhance the effectiveness of communication. (J. Luyendijk, Het zijn net mensen; beelden uit het Midden Oosten, 2006)
10. The model for managing the incomes of self-employed medical specialists (in Dutch: "beheersmodel voor vrijgevestigde specialisten") contributes substantially to reducing the total costs in Dutch health care. (F. de Grave, J. de Jonge, R. de Boer, E. Schippers, Convenant bekostiging vrijgevestigd medisch specialisten transitie 2012-2014, 2010)
11. Dat je teweegbrengt is van meer belang dan wat je teweegbrengt. (J.A. Deelder, 1994)

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