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## Private Expenditure on Health and Voluntary Private Health Insurance

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## Stellingen

1. OECD Health Statistics on private expenditure on health are not reliable (this thesis).
2. The current supplementary fee systems in Belgium and France are not sustainable (this thesis).
3. Voluntary private health insurance can play a complementary role in providing access to new health technologies (this thesis).
4. If all essential health care is covered by a mandatory basic health insurance scheme, there is no need for government to develop restrictive regulation for the voluntary private health insurance market (this thesis).
5. Optimal insurance design for voluntary private health insurance products requires selective underwriting and risk rating (to counteract adverse selection), which is inconsistent with equal access (this thesis).
6. Dental care and physiotherapy can be excluded from mandatory basic health insurance - except for certain target groups- and covered by voluntary private health insurance.
7. Compared to cigarettes, the effects of alcohol are worse because it destroys self-esteem and dignity before killing.
8. Emotions depend on ratifying -subconsciously or consciously- certain propositions about ourselves and how we think of our surroundings.
9. The secession of Belgium in 1830 -the end of the 'Verenigd Koninkrijk der Nederlanden'- has been detrimental to cultural, spiritual en economic life in Belgium and the Netherlands.
10. To live is to suffer, to survive is to find some meaning in the suffering (Friedrich Nietzsche).
11. Een ijzeren stelling is steviger dan een houten stelling. Of omgekeerd.