



# Stellingen

behorende bij het proefschrift

## Medication Safety in Critically Ill Patients

Medicatieveiligheid op de Intensive Care

1. Dutch ICUs need well trained dedicated ICU pharmacists to improve medication safety and reduce costs (*This thesis*).
2. The relevance of pharmacist interventions during patient rounds is higher in ICUs compared to the internal medicine ward (*This thesis*).
3. The inevitably high number of medication changes around ICU transfers, due to the clinical deterioration or stabilization of patients, makes ICU admission and ICU discharge prone to medication transfer errors (*This thesis*).
4. Medication reconciliation at ICU admission and discharge reduces the number of medication transfer errors and potential patient harm in ICU patients (*This thesis*).
5. The development of a prediction model for identifying patients at risk of harmful medication transfer errors after ICU discharge will allow patient-specific allocation of clinical pharmacy services (*This thesis*).
6. Despite the variety of definitions for the practice of patient care by a pharmacist, they all involve optimizing medication regimens, ensuring medication safety, monitoring for adverse events and educating patients and clinicians about medication therapies. (*Thomas J. Johnson, Critical care pharmacotherapeutics 2013*).
7. All models are wrong; the practical question is how wrong they have to be not to be useful. (*George Box, Empirical Model-Building and Response Surfaces, 1987*).
8. De betekenis die wordt toegekend aan de biologische verschillen tussen mannen en vrouwen is sterk context afhankelijk (*Margot Poels/ <https://dekanttekening.nl/samenleving>, 2017*).
9. Tolerantie is een oud volksgeneesmiddel dat alleen maar korte-termijn effecten heeft. (*Theodore Zeldin, Een intieme geschiedenis van de mensheid, 2000*).
10. Het probleem van de toekomst is overconsumptie (*Ton van Rietbergen, nrc.nl, 2013*).
11. Als muziek de dokter is dan is dansen het medicijn.

