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## **Decision-making in severe traumatic brain injury: patient outcome, hospital costs, and research practice**

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## **DECISION-MAKING IN SEVERE TRAUMATIC BRAIN INJURY**

### **PATIENT OUTCOME, HOSPITAL COSTS, AND RESEARCH PRACTICE**

door Jeroen Theodorus Josephus Maria van Dijk

1. Patients with severe TBI and very severe TBI, often considered unsalvageable, are able to achieve favourable outcome. (*this thesis*)
2. The in-hospital costs of patients with TBI are relatively high, but seem to be acceptable. (*this thesis*)
3. Patients with severe TBI should not prematurely be considered unsalvageable, and adequate (surgical) treatment should not be withheld in the acute phase. (*this thesis*)
4. The use of informed consent alternatives has the potential to improve efficiency and quality of future emergency interventional studies in patients with TBI with an inability to provide informed consent. (*this thesis*)
5. Science may provide the most useful way to organize empirical, reproducible data, but its power to do so is predicated on its inability to grasp the most central aspects of human life after severe TBI: hope, fear, love, hate, beauty, envy, honor, weakness, striving, suffering, virtue. (*based on Paul Kalanithi. When Breath Becomes Air. 2016*)
6. If we have our own why in life after severe TBI, we shall get along with almost any how. (*based on Friedrich Nietzsche. Die Götzen-Dämmerung – Twilight of the Idols. 1895*)
7. The essence of treating patients with severe TBI is choosing what not to do. (*based on Michael Porter. What is strategy? 1996*)
8. But I have seen a severely wounded brain healed. (*Claudius Galenus. Galen's refutation. AD 129-200*)
9. Er moet door dokters meer gelezen en minder geschreven worden. (*gebaseerd op Andreas Kinneging. De onzichtbare Maat. 2020*).
10. Promoveren is als wielrennen; soms bergaf met wind in de rug, maar meestal klimmen met wind op kop.