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## **Patient-relevant outcomes after kidney transplantation**

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### **Citation**

Wang, Y. (2022, September 6). *Patient-relevant outcomes after kidney transplantation*. Retrieved from <https://hdl.handle.net/1887/3455046>

Version: Publisher's Version

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Stellingen behorend bij het proefschrift

**Patient-relevant Outcomes after Kidney Transplantation**

1. Although donor type itself is not an easily modifiable risk factor, clinical management plans can be modified to reduce the risk of hospital readmission in patients after kidney transplantation with a certain donor type. (This thesis)
2. Illness perceptions play an important role in medication non-adherence to immunosuppressive treatment in patients after kidney transplantation, and some illness perceptions seem to have a larger impact than others. (This thesis)
3. Health-related quality of life after kidney transplantation could be restored to but not always maintained at the levels reported by the general population or healthy controls. (This thesis)
4. Worse symptom experience exerts a negative influence on health-related quality of life by triggering more unhelpful illness perceptions. (This thesis)
5. Inviting patients to fill out patient-reported outcome measures is only a very small step in incorporating patients' perspectives into their healthcare. (This thesis)
6. A cut-off value of patient-reported outcomes is not always necessary or suitable for clinical decision-making.
7. Regular participation of a sufficient and representative patient population is pivotal in mapping patient-reported outcomes after kidney transplantation.
8. Non-responders to patient-reported outcome measures may include those in greater need of healthcare support.
9. "Nothing about me without me."( V. Billingham, 1998) Achieving patient-centeredness in healthcare needs to put sufficient responsibility on healthcare professionals as well as patients.
10. One should not assume that patients just do what is good and necessary for their health.