

Out-of-pocket patient payments for health care services in Hungary: Past experience and future perspectives

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STELLINGEN

Behorende bij het proefschrift

Out-of-pocket patient payments for health care services in Hungary:

Past experience and future perspectives

door

Petra Baji

1. The introduction of user fees in Hungary has been associated with a reduction of informal payments among low-income households. However, the equity effects of these changes are unclear. (*This dissertation*)
2. Formal and informal payments are complements rather than substitutes. (*This dissertation*)
3. Hungarian health care consumers are not against official payments for health care services, however they expect value for their money. (*This dissertation*)
4. Those, who are willing, are already paying for health care services through informal payment channels. In this way, informal payments indicate a willingness to pay formal fees as well. (*This dissertation*)
5. For Hungarian health care consumers the perceived “poor service quality and low salary of physicians” legitimate the existence of informal payments. (*This dissertation*)
6. Hungarian health care consumers are willing to travel and wait longer for health care in order to be treated by skilled and polite medical staff. (*This dissertation*)
7. It must be considered that there is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things. (*The Prince and the Discourses, N. Machiavelli*)
8. The only freedom which deserves the name, is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it. (*On Liberty, J.S. Mill*)
9. Competition improves the welfare of a society but not necessarily your own.
10. In a Pareto-efficient world there would be no need for health economists.
11. Writing a paper resembles a tennis match, where supervisors are the trainers, editors and reviewers are the opponents and the draft is the ball.