

# Patient cost-sharing for health care in Europe

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# STELLINGEN

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## **Patient cost-sharing for health care in Europe**

door

Marzena Tambor

1. Cost-sharing arrangements in European countries have only limited potential to improve efficiency and resources generation. [Chapter 2 of this dissertation]
2. Cost-sharing policies in European countries have not been effective in eliminating informal patient payments as the causes of informal patient payments are rarely taken away by the formal charges. [Chapter 3 and 4 of this dissertation]
3. A consensus-based policy supported by evidence might contribute to more sustainable patient payment systems in European countries. [Chapter 3 of this dissertation]
4. Patients and health care providers in Central and Eastern European countries generally expect cost-sharing policies to improve quality of health care services and working conditions. [Chapter 4 of this dissertation]
5. High out-of-pocket expenditures and consumers' inability to pay significantly limit the potential for cost-sharing in many Central and Eastern European countries. [Chapter 5 and 6 of this dissertation]
6. Elections sometimes open a window of opportunity for changes in patient cost-sharing.
7. Public policy, even if it is informed by evidence, consists of normative choices which are neither true nor false, and this makes policy the subject of continuous debate.
8. The distinction between reality and illusion is sometimes determined by country borders. What in one country is a fact, elsewhere is just phantasy.
9. Whatever inspiration is, it's born from a continuous "I don't know." (...) Any knowledge that doesn't lead to new questions quickly dies out: it fails to maintain the temperature required for sustaining life. [Wisława Szymborska, Nobel Lecture]
10. "Man," I cried, "how ignorant art thou in thy pride of wisdom!" [Mary Shelley, Frankenstein]