

Patient payments in the Bulgarian public health care sector: are they feasible?

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STELLINGEN

Behorende bij het proefschrift
Patient payments in the Bulgarian public health care sector: Are they feasible?

van

Milena Pavlova

Maastricht, 31 oktober 2002

1. The replacement of the tax-based health care system, established under the communist government, by a social health insurance during the transition was an expensive political exercise with little benefit for the Bulgarian society. [Chapter 2 of this thesis]
2. Despite the reduction in average incomes, the majority of Bulgarians are willing to pay to the health care provider in order to receive a service with good quality and quick access. [Chapters 3 and 6 of this thesis]
3. The quality of care is the primary concern of the Bulgarian health care consumers and there is hardly any evidence that this will change in future. [Chapters 4 and 5 of this thesis].
4. As a method of mobilising revenues for the health care sector, direct charges to patients are not likely to generate substantial amounts without causing adverse consequences in terms of equity. [WHO (1996). European health care reforms: analysis of current strategies. Copenhagen]
5. Patient payments reduce utilization but do not contain costs. [WHO (1996). European health care reforms: analysis of current strategies. Copenhagen]
6. The love for the homeland is roughly proportional to the remoteness from it.
7. What is essential is invisible to the eye. [Antoine de Saint-Exupéry (1943). *Le Petit Prince*. ch.21]
8. Multi-ethnic societies are like flammable emulsions. They never become fully homogeneous and they easily explode if they are heated up.
9. The relation between research output and time input can be seen as a sort of sine function. The investment of more time does not always give positive results, but it assures the progress.
10. For a beginner in a Dutch language course, it often seems easier to solve an integral equation than to construct a Dutch sentence.