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Optimizing medication adherence in chronic lung disease patients through meaningful partnership: towards a fruitful collaboration

door
Maria Achterbosch

1. Medication adherence is far from optimal and continuous efforts should be made to optimize adherence for the patient, health care and society. (this thesis)
2. Instead of working with one-size-fits-all medication adherence thresholds, more research should focus on identifying optimal medication adherence rates per population, condition and medicine, taking human nature and failure into account. (this thesis)
3. From the perspective of patient centred care, medication (non)adherence should be defined and measured in relation to patient's health and treatment goals to be meaningful. (this thesis)
4. Shared decision making should not be promoted as intervention to enhance medication adherence in patients with chronic lung diseases. (this thesis)
5. Potayto, potahto. We should move beyond discussing the definition and models of shared decision making and focus on SDM's meaning and use for further research and daily clinical practice. (this thesis)
6. The double responsibility health care professionals have— i.e. improving the health of individual patients and society as a whole – deserves more attention when it comes to patient-centred care and shared decision making. (this thesis)
7. Although the TAI Toolkit is perceived as usable and feasible, additional training in communication skills are necessary for its optimal use as well as the development of a digital and freely accessible version. (this thesis)
8. Digital spacers can provide useful insights and guidance for patients, health care professionals and researchers, to consider, manage and improve medication adherence. (this thesis)
9. "Not all that glitters is gold." - William Shakespeare, Merchant of Venice, Act II Scene 7
10. Stable is for horses.
11. I am a free woman. I don't need a bra at a conference.
12. Be a unicorn. But not a lonely unicorn.