

University of Groningen

Multidisciplinary decision-making in older patients with cancer

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DOI:
[10.33612/diss.182829811](https://doi.org/10.33612/diss.182829811)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2021

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Festen, S. (2021). *Multidisciplinary decision-making in older patients with cancer: balancing benefit, harm, and patient priorities*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen. <https://doi.org/10.33612/diss.182829811>

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Stellingen

1. Bij de huidige multidisciplinaire besluitvorming voor ouderen met kanker worden patiënt kenmerken en behandeldoelen onvoldoende meegewogen. (dit proefschrift)
2. Complexe besluitvorming bij ouderen is gebaat bij een stapsgewijze benadering. (dit proefschrift)
3. Het aanpassen van een oncologische behandeling, gebaseerd op stapsgewijze besluitvorming in een onco-geriatrisch MDO, leidt niet tot slechtere uitkomsten. (dit proefschrift)
4. Het is belangrijk voor gezamenlijke besluitvorming om persoonlijke doelen expliciet met patiënten te bespreken. De Outcome Prioritization Tool (OPT) kan dat gesprek ondersteunen. (dit proefschrift).
5. Verpleegkundigen kunnen een belangrijke rol spelen in multidisciplinaire besluitvorming, maar moeten deze rol wel krijgen. (dit proefschrift)
6. Waarom moeilijk doen als het samen kan. (Loesje)
7. Finding the sweet spot for shared decision making will require clinicians to work against their natural impulses to tell the patient what to do when they're certain of what's best and to leave the patient to decide when they're not. (Terri Fried, NEJM-finding the sweet spot.)
8. Our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer. (Atul Gawande, Being Mortal: Medicine and What Matters in the End)
9. The journey of a thousand miles begins with one step. (Lao Tzu)
10. Alles van waarde is weerloos. (Lucebert)