Stellingen
behorende bij het proefschrift:

Understanding Socioeconomic Disparities in Stroke: An international perspective

Sociaal-economische verschillen in het cerebrovasculaire accident:
Een internationale studie

8 december 2006
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1. Lower socioeconomic status is associated with higher stroke mortality in many Western populations *(this thesis)*.

2. Stroke mortality has declined in all socioeconomic groups, but socioeconomic disparities in stroke mortality have persisted during the last decades in Western Europe *(this thesis)*.

3. Socioeconomic disparities in stroke mortality are similar across Western Europe, whereas there is a north-south gradient in socioeconomic disparities in ischaemic heart disease mortality *(this thesis)*.

4. Socioeconomic status influences stroke risk through both conventional and psychosocial risk factors *(this thesis)*.

5. General practitioners provide stroke preventive care of a similar quality to patients from different socioeconomic groups in the Netherlands *(this thesis)*.

6. Consumption of material goods has little effect on well-being above a certain level of consumption (Kahneman et al., *Science.* 2006;312(5782):1908-10).

7. The free flow of financial capital without free flow of human capital across nations is an unfair feature of modern globalised societies.

8. Madness is rare in individuals –but in groups, parties, nations and ages (madness) is the rule (Friedrich Nietzsche, *Beyond Good and Evil*, 1886).

9. The richest five percent owns more than half of all wealth in the world's richest nation. This illustrates that the wealth of a nation does not reflect the wealth of its individuals.

10. Impact factors are to science what TV ratings are to entertainment: They tell us what is most popular but not necessarily what is most interesting.

11. The rational thinking of a scientist is secretly guided by his or her own irrational instincts.