Propositions accompanying the PhD thesis

A STANDARD STORY

On the use and consequences of standards in healthcare regulation

1. Inviting input from patients or their families in adverse event investigations is not the same as learning from them.
2. Patient complaints about distasteful food and dirty toilets can be valuable signals for inspectors in their process of weighing patient safety risks at a healthcare facility.
3. Healthcare organizations and regulators should invite journalists 'in' to educate them – and through them the public – about the complexities of healthcare and its regulation.
4. In terms of methodological practice, the work of an inspector looks like that of an anthropologist, but the latter has the luxury of not having to cast a formal judgement.
5. Every standard carries a unique story.
6. In their daily work, inspectors should be encouraged to use their personal judgements *and* be supported to collectively reflect on and make sense of these judgements.
7. Standards play an important role in accounting for regulatory policy decisions. At the same time, they feed the unrealistic ideal that regulatory work is an entirely objective, standardized machinery.
8. In the Netherlands, the Covid-19 pandemic has demonstrated that our diminished acceptance of risks (to public safety), causes spreadsheets to dominate political decision making and minimizes the room for multi-voiced public debate.
9. If policy makers had the time and freedom to 'dig to the heart of the matter' – like PhD students are generally encouraged and facilitated to do – there would be less policy and practice decoupling at the sharp end of healthcare.
10. Although it is sometimes necessary to draw conclusions based on the information that we have, let's acknowledge that these conclusions do not represent a universal truth.
11. Laboring five years to write a book that most readers will pick up to flip straight to the 'Acknowledgments', is an excellent exercise in modesty.

- JOSJE KOK