

Propositions belonging to the thesis

Burden of disease studies in Europe: methodological advances and applications

1. Variations in methods lead to incomparable burden of disease estimates across studies. (*This thesis*)
2. Assumptions to measure mortality and morbidity (e.g. disease duration) frequently lack a strong rationale and scientific evidence in their application. (*This thesis*)
3. Disability weights should be derived from population samples that are representative for the country of interest with regards to socio-demographic characteristics. (*This thesis*)
4. The validity of disability weights relies heavily on the performance of valuation techniques in the target population. (*This thesis*)
5. The morbidity impact of health conditions on population health deserves more attention. (*This thesis*)
6. Health is not simply the absence of disease: it is something positive, a joyful attitude towards life, and a cheerful acceptance of the responsibilities that life puts upon the individual. (*Sigerist HE. Medicine and Human Welfare. Yale University Press; 1941*)
7. Burden of disease researchers should not ignore differences in access to healthcare and treatments in diverse populations.
8. Reporting research is as important a part of a study as its design or analysis. (*Jordan & Lewis, 2009*)
9. It is the responsibility of everyone involved to ensure that the published record is an unbiased, accurate representation of research. (*The PLoS Medicine Editors, 2009*)
10. Burden of disease due to natural disasters (e.g. heatwaves, wildfires, floods) needs urgent attention.
11. I should definitely stop writing, I decided. How could I possess this deep *calm* day by day if I went on writing, hoping, fighting? (*Parks T. Calm. Vintage Minis; 2017*)

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