

Propositions belonging to the thesis:

Deviating Trends in Dutch Life Expectancy:

Explanation and Projection

1. Changes in smoking do not explain the stagnation and resumption of improvements in Dutch life expectancy. (this thesis)
2. Above-average investments in Dutch healthcare have led to above-average improvements in Dutch life expectancy compared to other Western countries. (this thesis)
3. Proposed solutions for the problem of projecting irregular mortality trends into the future do not work for the case of the Netherlands. (this thesis)
4. Changes in the pace of the decline of mortality since 1950 are a common phenomenon in Western countries and are only partially linked to smoking. (this thesis).
5. For projecting short time series on mortality by level of education, the projection should be informed by longer time series on mortality by gender and overall mortality. (this thesis)
6. Interventions or natural experiments in social science rarely meet the requirements of a true experimental setup, and those that do are too rare for the strategy to be a common route to causal information. (Ni Bhrolchain & Dyson 2007)
7. Slowing down the rate of ageing will drastically increase the inequality of lifespans.
8. We cannot expect science to devise a few highly effective treatments to cure most non-infectious mismatch diseases, defined as diseases that result from our Paleolithic bodies being poorly or inadequately adapted to certain modern behaviors and conditions. There will be no Pasteur for such diseases. (Lieberman 2013)
9. You can't talk meaningfully about nature or nurture, only about their interaction. (Sapolsky 1997)
10. The most interesting facts are those relating to the future. (Keyfitz 1971)
11. Somehow, after all, as the universe ebbs towards its final equilibrium in the featureless heat bath of maximum entropy, it manages to create interesting structures. (Gleick 1987)