Optimization of pediatric haematopoietic stem cell transplant outcomes through the application of pharmacokinetics and supportive care

Dupuis, Lee

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1. Since most pharmaceuticals have not undergone the investigations required for pediatric labeling yet are administered to children, children are vulnerable to inappropriate and unsafe drug use. (this thesis)

2. Fundamental investigation (e.g. pharmaco-kinetics and dose finding) into drugs which are considered the standard of care in pediatrics will improve our ability to use these agents more appropriately in children. (this thesis)

3. Tools must be specifically created to solicit the priorities and preferences of children so that they can be incorporated into each child’s medical care plan. (this thesis)

4. Children with cancer are best cared for by an inter-professional and multi-disciplinary team of health care professionals, including a pharmacist.

5. Pharmacists must purposefully accept and seek responsibility for their patients’ drug-related outcomes in order to be accepted by patients and other health care providers as bedside care-givers.

6. We are drowning in information, while starving for wisdom. The world henceforth will be run by synthesizers, people able to put together the right information at the right time, think critically about it, and make important choices wisely. (E. O. Wilson)

7. Life is choice. All day, every day. Who we talk to, where we sit, what we say, how we say it. And our lives become defined by our choices. It’s as simple and as complex as that. And as powerful. (Louise Penny, Still Life)

8. Anyone who stops learning is old, whether at twenty or eighty. Anyone who keeps learning stays young. (Henry Ford)

9. I urge you to please notice when you are happy, and exclaim or murmur or think at some point, ‘If this isn’t nice, I don’t know what is.’ (Kurt Vonnegut, A Man Without A Country)