1. Although out-of-pocket patient payments are a higher burden for the poor, their catastrophic effects are experienced by all socio-demographic groups (this dissertation, Chapter 2).

2. Payments for “bought & brought goods” are perceived as positive by health care users, but their catastrophic effects are greater than those provoked by informal patient payments (this dissertation, Chapter 3).

3. The large number of population groups that are exempted from official co-payments in Serbia is seen as an indicator of a strong social policy, but they are also a tool to buy social peace (this dissertation, Chapter 4).

4. While poverty can be a trigger for a chronic disease, chronic diseases can also provoke poverty (this dissertation, Chapter 5).

5. The main problem in maternity care in Serbia is not the low level of obstetricians’ and midwives’ skills, but the absence of compassion on the side of medical staff (this dissertation, Chapter 6).

6. Social protection should be more than preventing financial poverty, it should also refer to social inclusion (this dissertation, Chapter 7).

7. It is sometimes difficult to draw the line between “connections” and networking.

8. Smoking and alcohol consumption are usually seen as unhealthy behaviour. In Serbia, they are perceived as “life-saving” coping mechanisms.

9. Our virtues and our failings are inseparable (Nikola Tesla).

10. In order to go on living one must try to escape the death involved in perfectionism (Hannah Arendt).

11. The best compensation for the delayed gratification of a PhD is the immediate satisfaction obtained from buying shoes.