Assessing Quality of Life

Edited by Stefan Björk and Johannes Vang, 104 pages, Linköping, Sweden, $25, Linköping Collaborating Centre, 1989

This volume is the first in a planned series of Health Service Studies from a WHO collaborating centre at Linköping University. In eight chapters it presents the proceedings of a conference on quality of life (QOL) hosted by the Centre for Medical Technology Assessment at Linköping University. The first three chapters are conceptual and philosophical, attempting some semantic 'ground clearing' on the origins of, and relationships between, concepts of QOL, happiness and social welfare. The remaining chapters focus on the practical issues of how and why QOL should be measured in health care evaluation studies, particularly in clinical trials, and the way in which a composite indicator of health outcome—the ubiquitous Quality-adjusted Life Years (QALYs) — could be used to prioritise the allocation of scarce health care resources.

Given the focus on health care, the book might benefit from an early distinction between QOL as a general concept and so-called health-related QOL. Initiatives to quantify the latter find origin in measures of functional (physical, emotional, social, etc) status and activities of daily living, whereas more global concepts of QOL would embrace a wide variety of influences on life satisfaction that may have little or no relationship with a person's health status. (The fact that I cannot afford a new BMW may have a modest negative effect on my global QOL but is not having any discernible impact upon my health status.)

Readers not familiar with the QOL literature are spirited rapidly and somewhat uncritically through the various QOL instruments such as the Sickness Impact Profile (SIP) and the Nottingham Health Profile (NHP). There are important differences between these two instruments that potential users should be made aware of—while it is possible to compute an overall SIP score (over all domains), this is not possible with NHP. Thus in a trial of treatment A versus B, each of the six NHP domains (for example pain, physical mobility, etc) would be computed separately for each treatment and any definitive statement of overall health-related QOL superiority would require one treatment to be superior in all six domains.

A major omission from this volume is any discussion of utility measurement techniques such as standard-gamble and time-trade-off which are being used increasingly to construct composite health indices combining survival and QOL according to patient preferences. The uninformed reader might be forgiven for thinking that QALYs can easily be calculated from some combination of SIP or NHP and survival data, but this is not the case. The construction of QALYs requires somebody, somewhere, to make an implicit or explicit trade-off between combinations of quantity and quality of survival.

The use of QALYs by health economists raises a number of philosophical questions which are only briefly addressed in this volume. The ethical foundation of economics is a concept of social welfare based upon utilitarianism—the greatest good of the greatest number. But this efficiency criterion is silent on issues of equity or distributive justice. Prioritising health care interventions in terms of their cost per QALY assumes that society places the same value on one QALY gained irrespective of whom receives this benefit. In some situations society may prefer to forego some efficiency to gain distributive fairness objectives. Such efficiency-equity trade-offs are a challenging area for future research.

Bernie J O’Brien
Assistant Professor,
Department of Clinical Epidemiology and Biostatistics, McMaster University
Hamilton, Ontario, Canada L8N 3Z5

The Social Consequences of Genetic Testing


This useful text is the edited version of the proceedings of a conference held in Leidschendam on 16–17 June 1988. Genetics and genetic testing and the