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Editorial

Quality of life

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Quality of life is frequently measured these days and even more frequently debated. How to measure quality of life, when and how often should this be repeated, should 'instruments' be developed (such as standard questionnaires) or would in-depth interviews be preferable? And why, for what purpose, should we measure quality of life?

It is obvious that quality measurement attracts increasing attention both in clinical studies and in assessments of technological developments. Endpoints in clinical studies begin to include data on pain, anxiety, well-being and general happiness. Comparisons of medical technologies hardly suffice any longer without correcting survival for quality. The quality-adjusted life year (QALY) invades the literature on technology assessment and health policy. The QALY opens the door to equate cost-effectiveness of seemingly uncomparable technologies. In a decade where medical technology expands so much faster than health budgets, value for money must be made explicit, and development of instruments becomes more important.

In this issue of *Health Policy*, some approaches to measurement of quality of life are presented. Aaronson reviews the many quantitative instruments and discusses some of the technical pitfalls one has to deal with. Koivukangas and Koivukangas demonstrate the advantages and restrictions of quality assessment in one particular clinical study. Tijmstra and coworkers show the shadow side of high technology by interviewing those who did not benefit from it. Harris disputes the very concept of the QALY, stating it is a fancy and unjust idea. The undersigned, finally, present an overview of quality measurements and its backgrounds.

It is clear that many aspects of a man's life can be measured and expressed in numbers, and this is not only restricted to survival or hospital episodes. It is possible to rate pain, mood, relations and happiness. But, can we sum this up to

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'quality of life' and, if so, how should one weigh and integrate? How are temporal changes implicated, do different individuals react comparably to questionnaires and interviews, is it ethically acceptable to correct life years with some quality factors? These factors remain far from settled. This issue of *Health Policy* addresses some of them. Conclusions from quite differing points of view are presented.