The authors of the 1989 white paper defined medical audit as “the systematic critical analysis of the quality of medical care, including the procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of life for the patient.” Many audit groups have been enthusiastically tackling issues of the structure and process implied in the first part of this definition, but how on earth do you measure quality of life outcomes? This book is for all those who have become unstuck at this point. Designed as a practical guide for those who do not have the time to wade through the jungle of psychometric literature, it describes forty questionnaires whose aim is to measure different aspects of quality of life.

The literature on quality of life measurement is now extensive, much of it emanating from the United States, where pressure to evaluate the effectiveness of health care interventions has been fuelled by concern about spiralling health care costs. Sadly, articles on different methodological approaches far outweigh those describing actual applications of the methods. For a while it seemed that almost everyone who wanted to measure quality of life felt compelled to design their own instrument instead of using one that had already been developed and validated elsewhere. This should no longer be necessary, at least for generic measures of health status, as there are several which should meet most needs, including the sickness impact profile, the Nottingham health profile, the co-op function charts, and the medical outcomes study SF-20 questionnaire, all of which are reviewed in this book.

Examples of the questions, the scoring systems, and a critical review of the evidence on reliability and validity are included for each measure. The book also includes selected disease specific instruments such as the arthritis impact measurement scale, measures of functioning including the Barthel index and Katz’s activities of daily living scale, and measures of mental illness such as the Beck depression inventory and the general health questionnaire. Many of these instruments have long and respectable pedigrees. The same cannot be said of some of the measures of social support and patient satisfaction included in the book.

Inevitably a book such as this becomes out of date almost as soon as it is published, and a measure currently exciting much interest in Britain – the SF-36 questionnaire, an improvement on the medical outcomes study 20 item questionnaire – receives only a brief mention. The attraction of this instrument is its relative brevity and ease of administration, but reports of its validity and reliability are still awaited and for this reason it has been omitted from the book.

Enthusiastic reports from the United States suggest that the SF-36 may prove to be appropriate for use in primary care and in hospital settings, but as Wilkin and colleagues point out in their useful introductory chapters, measures have to be selected with extreme care to ensure that they will serve the purpose for which they are required.

Despite the burgeoning interest in quality of life measurement published reports of primary care based studies which include patient assessed outcome measures are extremely hard to find. This book should stimulate those involved in monitoring and evaluating primary care to fill this gap.

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Who would give part of an excessive pre-election pay rise to a scheme to fund new patient services and research? Mr Duncan Nichol? The Department of Health? The doctors who did just that in 1983 have now produced a book looking back over the past decade and examining the policy options for the future. Several themes run through the book: choice versus rationing, consumerism in health care, individual versus utilitarian ethics of health policy, the management of change and the expectations of health care. Robert Maxwell’s chapter on international comparisons of health expenditure is full of clarity and is a delight: “What people generally want is not health care, but health. They cannot always have it. This is an excellent starting point for discussing consumerism in health services.

A lesson usually taught early to medical students is that reductions in the major burdens of disease were achieved in the past (and probably will be in the future) by social and economic changes, not by health services. The lesson is obviously forgotten quickly as the assumption in health needs assessment is that the link between health services and health is direct rather than a product of socioeconomic development. Mark McCarthy brings the lesson up to date and provides a well crafted chapter on the government’s attempts to shift the balance from curative to preventive services, highlighting the doubts about which strategies will pay off.

The impact of NHS reforms on medical education has been largely ignored in the hope that it would sort itself out. Chris McManus and Diana Lockwood describe the appalling trends of the past decade. One in five students do an uncalculated BSc, starting them on an academic training. In 1984, 75% of students were supported by MRC studentships but the Treasury decided that the MRC’s business was research and not education; thus in 1988 just over 25% were MRC funded, and this will fall to zero. This