BOOK REVIEWS

Quality of Life and Health: Concepts, Methods and Applications

Sometimes one could be forgiven for thinking that the present interest in the measurement of "subjective health status", "patient perceived health outcomes", "health related quality of life", or whatever pithy yet unhelpful term selected, is an activity engaged in by people with a passing knowledge of psychometrics and a powerful computer. The number of scales available is enormous, purporting to measure anything from pain to the purpose of life, and sexual function to spirituality. The heterogeneous collection of instruments and methodologies that have been developed remind one of the early attempts of the human race to get airborne. A vast array of peculiar and quite different craft were invented, the people ranging enormously in both their competence and their sanity. A few flew, but most didn't, and their appeal to us now is the fact that anybody would ever have thought that these creations would really get off the ground. Nowadays, as they heard transatlantic flights, most travellers think, for the most part, that there is a pretty good chance of getting to their destination (and back), and that this faith is not based on some idle hope generated by a powerful but enthusiastic, but on the laws of physics and the good (and valuable) reputation of multimillion dollar companies. Compared with the international airline industry health status research might be seen to be lagging behind by 60 or so years. The purpose of any text in the area should, therefore, be to place some form of order on the field, and, ideally, give some insight into the positive products of this area of research. It is probably fair to say that although a comprehensive science of health status measurement has yet to be achieved the past 20 years have seen growing interest and progress. Much of this progress has been in psychometric techniques, perhaps at the expense of the development of well considered definitions or models of quality of life. The text edited by Guggenmoos-Holzmann and colleagues attempts both to summarise and to show applications of research into theoretical issues of quality of life related to health. The editors' introduction touches on a theme that recurs throughout the book -- notably, that there is no generally agreed definition of quality of life. It has been observed many times before and this text does not give the impression that there is either any real agreement or that the text has improved our understanding. The editors' introduction, Sol Levine's chapter on the measurement of health status, and quality of life, and Sonja Hunt's rather pessimistic chapter on the theoretical as well as practical limitations of research on cross cultural quality of life reahse the problems yet go no further. Far more optimistic in tone is Monika Bullinger's chapter, which sits uneasily after Hunt's paper and deals with the day to day activity of translating measures for use across countries. She offers guidelines for translation and this is perhaps the most pragmatically helpful chapter in the text. Much of the rest of the book is concerned with the application of measures of health status in various medical conditions such as oncology, rheumatology, chronic pain, and mental illness. The choice of the particular set of illnesses is not clear. It is not evident that they highlight particular problems in the field, or were chosen to indicate areas in which research on quality of life has shown most promise. The last section concerns policy issues, and it is in this section that the most, interesting, and often unconvincing, is noted in the final chapter by Donald Patrick. His discussion of the practical application of measuring years of healthy life is compelling in part because he makes the reader aware of the limitations of utility measures, yet is also able to show how successful they can be when used to monitor the health of populations and indicate those at risk of the lowest number of healthy years. He steers clear of the thorny issue of using health utility measures at the end of the text to draw together the various themes (or even provide an index), and the collection seems more than a little random. Each chapter may well stand as a journal article, but as a whole they are an unconvincing set. Certainly, it seems that the field is not characterised by agreement in theoretical definitions nor, for that matter, in methods. This gives the impression that, if the field is as big as a whole as it appears, it is an unconvincing set. Certainly, it seems that the field is not characterised by agreement in theoretical definitions nor, for that matter, in methods. This gives the impression that, if the field is as big as a whole as it appears, it is

The United Kingdom experiment of a market in health care has had the paradoxical effect of raising the debate about the need for rationing the resources available for health services. In a true market we wouldn't need to consider rationing. Allocation of resources would be by price and the interaction of supply and demand. The NHS reforms have, however, placed great value on information with the effect of casting Pandora's light on to a hitherto implicit decision making processes. The use of contracting has raised questions about what we see as scarce resources and the way that we prioritise. The use of quality of life measures has, however, received little attention in the NHS reforms. The use of quality of life measures is that the end in itself is not achievable."

SANDY OLIVER
Honorary visiting fellow,
UK Cochrane Centre

Priority Setting: The Health Care Debate

The types of questions that accreditation systems consider are how we know that hospitals do not use unqualified personnel, whether they use the right equipment, or produce the wrong medical record when we are on the operating table. The book considers how and why accreditation systems have developed, what form do they take, what issues they raise, and how they can achieve the goals of health services to provide better care. Part I relates the international history of accreditation systems and the role of the staff who have experienced accreditation inspections and shows several interesting tensions. It discusses how accreditation, originally used to help doctors to determine whether their hospital was a fit place to practice their craft, is now used to judge and motivate their performance and motivate their staff. Accreditation has been effectively a voluntary submission of professionals to peer review, which may or may not satisfy the public accountability of health services. It has also assessed the relative merits of activity and structural and health outcome measures. Part II discusses issues in the design and implementation of accreditation systems - including recent efforts to consider patient-centred measures - to frame all standards and the criteria for judging them in terms which would allow lay implementation, and to report the findings for lay readers. However, these initiatives have not been made largely for consumers rather than with them. To conclude, the author presents some policy implications of accreditation and suggests that "the success or failure of a scheme may be measured by how consumers' willingness to use the information provided... in making choices". As yet there are no reports of this happening, nor is there confirmation that the priorities within the patient centred outcomes are advocated by consumers. With few consumers involved in the process of setting and judging standards, and no evidence of any impact of their involvement, the choice of subtitle for this book might seem overambitious as it is not possible to conclude whether, on balance, accreditation systems are protecting the professional or the consumer.

CRISPIN JENKINSON
Deputy Director,
Health Services Research Unit,
Radcliffe Infirmary,
Oxford