
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 built by 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 the humans off the ground. Nowadays, as they hurl 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 fancy nourished by a powered-up enthusiast, 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. 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 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 consider 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 health. 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 meanings of health, illness, 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 research 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 uses across countries. She offers guidelines for translation and this is perhaps the most pragmatically helpful chapter in the text. Much of the rest is concerned with the application of measures of health status in various medical conditions such as oncology, rheumatological, 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 discussions are considered, notably 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 such calculations as quality adjusted life years (QALYs) to prioritise or ration, and instead simply draws our attention to the disparities in number of healthy years attained by different social groups. He makes an attempt 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 there is a long way to go, or is an activity prone to so many difficulties that it is not worth the effort at all. However, some order is beginning to emerge, and other texts, such as Spilker's recent jumbo volume Quality of Life and Pharmacoconomics in Clinical Trials: 2nd edition, suggests that there are advances. The difficulties and limitations dealt with by Guggenmoos-Holzmann are documented and discussed as successful practical applications are dealt with. To end with the airline analogy, one might step on to a flight piloted by Guggenmoos-Holzmann and colleagues with considerable trepidation, yet there is a feeling that authors such as Spilker have a far greater sense of where the field is going, and are perhaps the safer travelling companions.

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


The types of questions that accreditation systems consider are how we know that hospitals do not use unqualified personnel, what work environments are, 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 to some 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, can now be used by managers to judge 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 not by the 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.

SANDY OLIVER
Honorary visiting fellow,
UK Cochrane Centre


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 outcomes we should be achieving from the process of health care, what level of quality is acceptable, and how much the service should cost. The practical application of a purchaser-provider split in health care has been to prioritize the health care services seen to be the best use of scarce resources. It has elucidated the existence of waste within the present system — procedures which seem to offer no benefit save possibly as placebo or because of the use of satisfying patients' expectation — and showed the inconsistent and sometimes contradictory values we seem to place on different choices by considering
the current distribution of resources. Facing choices in health care investment is unavoidable although the practical reality of achieving consensus on a common set of principles to guide decision making and a method for producing a set of priorities has been difficult at every level and wherever it has been tried. *Priority Setting: The Health Care Debate* summarises much of the current debate and practical experience about setting priorities in health care both in the United Kingdom and elsewhere. The technical approach of the Oregon experiment is contrasted with the participative approach used by the New Zealanders when establishing their "core services". The book is useful in documenting in detail recent case histories and models mostly around the notions of equity, efficiency, and lay participation. No new ideas are raised, however, and the conclusion of the book — in a chapter entitled *A way ahead* — is very much a synthesis of what has gone before. For a book which takes much of its methodological and philosophical approach from economics it is rather single minded. The emphasis is on the role of explicit decision making processes for setting priorities in the modern NHS. The authors spend time examining some of the historical perspective which may help to explain why we are where we are in healthcare policy. Yet healthcare priorities cannot be set free of political interference and it could be argued that democracy is the appropriate means of setting priorities, with national political responsibility for the end result the only meaningful way to succeed in achieving lay participation and public accountability. The book also does not examine the efficiency or equity of all 111 health authorities pursuing their own priorities. It is disappointing in vision although it will be helpful to purchasers - embarking on the perilous route of rationing - to learn from others.

ALISON FRATER
Assistant Director of Public Health,
West Hertfordshire Health Authority

**DIARY**

24-26 April 1997
Paris, France: Second European Forum on Quality Improvement in Health Care. The forum will consist of one day teaching courses, invited presentations, posters, and presentations selected from submissions and a scientific session. For more information contact: BMA, Conference Unit, PO Box 295, London, WC1H 9TE. Tel: +44 (0) 171 383 6478 Fax: +44 (0) 171 383 6869

19 February 1997
Peterborough, England: Conference audit of hip fractures. Further information from M J Parker, Department of Orthopaedic Surgery, Peterborough District Hospital, Thorpe Road, Peterborough PE3 6DA, UK (tel 1733 874515; fax 1733 874001).

31 August - 5 September 1997
Maastricht, The Netherlands. International summer school on quality improvement in general practice is organised jointly by the Centre for Quality of Care Research University of Nijmegen and Maastricht University and the Wonca European Working Party on Quality in Family Practice (EQUIP). Further information from: PO Box 616, 6200 MD Maastricht, The Netherlands. Tel 31-43-3882334 / 3882311; Fax 31-43-3619344; Email Karin-vaessen@HAG.unimaas.NL.