

OUTCOME MEASURES AND QUALITY OF LIFE ASSESSMENT.

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The area of palliative care was developed to divert the emphasis from cure, when this is not attainable, to focus on issues of relevance to individual patients and their families. The ultimate aim of palliative care being to improve quality of life.

This talk is planned to explore QoL assessment in palliative care with reference to specific issues of relevance to; quality of life measurement; quality of life definition; differing schools of thought on this subject; the present published research explored; the area of proxy assessment of quality of life discussed; ethical issues surrounding quality of life measurement summarised; the importance of the dynamism of the quality of life construct explored (Response Shift); and due consideration will be given to the way ahead in measurement of quality of life in palliative care.

The focus of palliative care is to allow the patient to address their present reality, and to build with the patient towards the maximum life satisfaction possible. The model of care represented by the World Health Organisation who suggested an interplay between treatments which may have a curative or life prolonging effect and those aimed at controlling physical and psychosocial symptoms. There is a need to study the quality of life of palliative care patients applying sound scientific methods. The phenomenological perspective acknowledges the dynamic nature of quality of life and separates it from any external definition of health. As death approaches symptoms and physical factors may become relatively less important and intrapsychic factors relatively more important. This whole area needs to be explored.