



Quality of life in medical sciences

Pooneh Yousefi¹, Sepehr Rasekhi² and Hossein Heshmati^{2*}

¹*Social Determinants in Health Promotion Research Center, Hormozgan University of Medical Sciences, Bandar Abbas, Iran*

²*Student Research Committee, Hormozgan University of Medical Sciences, Bandar Abbas, Iran*

ABSTRACT

Quality of life is a concept that reflects a measurement of various issues of health status. Several definitions were considered to include individual's different dimensions, in past century. As a result, this term is a collection of beliefs, culture, economy and moral aspects, which also plays a key role in examining the health status of individuals. This is a way of capturing the general context of patients similar to common laboratory or clinical tests. This was considerable in chronic diseases and gradually turned into an index for evaluating the effect of diseases, therapies and healthcare. In fact, the importance of assessing quality of life in medical sciences has been observed in the choice of the most accurate therapeutic strategy in the process of differential diagnosis and subsequently in the clinical outcome of patients. Despite there has been increased investigations in relation to the effects of quality of life in medicine, there is a lack of comparison surrounding the characteristics of this term. Thus, present paper reviews multi-dimensional considerations of quality of life in medical sciences.

Key words: Health, Quality of life, Medical science

INTRODUCTION

Quality of life is a multi-dimensional construct which implies an individual's perception of the state of one's life. Today, there is an increasing emphasis on the significance of investigating life quality in determining the effects of diseases and therapies as well as other relevant issues on one's health-state [1].

Up until the 19th century, many disease and healthcare patterns were recognized due to infectious diseases, environmental effects and nutrition state correlated with social class and poverty. During the 19th century and the early 20s, advances in general healthcare helped to improve social health. Therefore, quality of life as a healthcare index attracted the attention of a great many people [2].

The advent of a new attention to the quality of life was concomitant with the definition of health offered by WHO in 1948. This definition includes one's total physical, mental, emotional and social health and not the mere absence of disease. A special heed to the quality of life in the U.S. research institutes began in 1971 and was followed by a new hierarchy of development goals which had, at its top, social welfare, desirable life or in other words the quality of life [3]. Quality of life which came to its existence in the U.S. 40 years earlier and had social sciences as its pioneer in design and assessment, entered the realm of medical sciences gradually [4]. Within 1986 to 1994, the term 'quality of life' recurrently appeared more than 10,000 times in well-known medical journals. This term was especially significant in chronic diseases and gradually turned into an index for examining the effect of diseases, therapies and healthcare [5].

Practical Benefits

Today, planning for healthcare provision has changed and is driven by two main factors: 1. Consequences of diseases in society, 2. Recognition of the goals of medical interventions to increase lifetime, quality of life and life in general. Therefore, the quality and effect of healthcare on the quality of life has been investigated among patients [6].

In order to conduct proper investigations of the target issue, there is a need for a proper definition of the quality of life. Unfortunately, this term is carelessly used by many healthcare providers without a proper definition. Despite controversies in definition, there is an agreement among authorities on some aspects of the quality of life [7]. Many researchers agree that the term includes positive and negative aspects of one's life and is, therefore, multidimensional. Many perceive the quality of life as a dynamic mental concept. Dynamicity reveals this fact that the quality of life changes continuously [8]. Processes affecting the quality of life also change in response to a great many factors [6].

Shaluk (1994) maintains: "Quality of life is an individual's perception of one's familial, social, occupational and healthy life". He also views the quality of life as a mental perception of one's life state [9]. In 1994, Vivier put forth another definition which is similar to that of Shaluk. He views the quality of life as a personal perception of one's health state and satisfaction with this state [4]. Shumeiker (1998) views the quality of life as a multidimensional concept including one's overall health: emotional, mental, social and physical [10].

Quality of life is introduced by WHO as: "one's perception of life with regard to the culture and value system in which one lives, and how this perception is related to goals, expectations, criteria, priorities and social attachments [5]. This definition emphasizes on: 1. the fact that the quality of life has a mental nature (a mental experience born out of mental, personality-based and expected state of life) and is affected by one's mentalities as well, 2. the necessity of examining all aspects of life since they significantly affect the quality of life. Moreover, this definition directly takes into account the role of culture and how it strongly affects, as an external factor, the quality of life. Therefore, one's quality of life is a function of beliefs, culture, economy and moral issues. It is defined as happiness, satisfaction, success, welfare, awareness and an inner evaluation of multiple aspects of life [11].

In medical sciences, the quality of life is defined in two ways. One is the general quality of life which examines general factors. Two is the health-related quality of life which investigates the effect of different diseases on mental, physical and social aspects of life [5]. In their book, King and Hinds (2003) write about the health-related quality of life: "Broadly speaking, the quality of life is a term used in political, social, economic and religious contexts. However, it is the most prevalent in medical sciences. Therefore, the quality of life addressed in medical sciences is of the second type already discussed and is concerned with one's evaluation of the current state of life, healthcare provision and health promotion activities which induce a certain level of general activity and allows one to follow valuable goals. With this concern, health-related quality of life is defined by Wenger and Furberg as those characteristics valuable to the patient and which are the result of a desirable and comfortable feeling associated with an improved physical, emotional and logical performance. It should enable one to maintain one's capabilities in lifelong valuable activities [8]. Bennet (2002) views the health-related quality of life as possessing multiple aspects: psychological, biological, functional status and health perception. On the other hand, Westlake (2002) referred to physical function, role limitation, mental health, social functioning and general health perception as the main aspects of health-related quality of life [9]. Generally speaking, people evaluate health-related quality of life based on their expected gains. Their judgment is based on their healthy and unhealthy experiences and is defined as their quality of life [6].

In a body of research, the multidimensional nature of the quality of life has been approved. Many scholars have referred to 5 dimensions of the quality of life: 1. Physical 2. Mental 3. Social 4. Somatic, and 5. Spiritual. Concerning the first dimension, power, ability and capability of doing routine activities and self-care is taken into account and an overall estimation of patient's well-being and functioning is also considered. An investigation of the mental state is usually difficult for healthcare providers and is often underestimated. Therefore, nurses, physicians, social workers and psychologists work best to examine one's mental state. The social aspect pertains to how one relates to family, friends and colleagues at work or in society. The somatic aspect is concerned with disease symptoms and side effects of therapies (pain, nausea, vomiting). Finally, the spiritual aspect emphasizes the meaningful and goal-oriented nature of life [8].

In an evaluation of patients' quality of life, patient is the center of attention. Full attention is paid to his/her beliefs. In evaluating one's quality of life, patient is not considered only as a case but as a human being living a life of multiple aspects [11]. Since the quality of life is strongly personal and mental, every single individual is the best determinant of the quality of his/her life [2].

Investigating quality of life plays a key role in evaluating the effectiveness of medical interventions. Many researchers have used objective and functional evaluations of life quality including: evaluation of patient's age, capability of living an independent life, capability of useful cooperation and social efficiency. Investigating the quality of life also plays a significant role in making medical decisions [4].

According to King and Hinds (2003), there are three potential functions of investigating the quality of life: discrimination, prediction and evaluation. In the first category, quality of life is used for discriminating between and among people and groups based on a certain aspect when there is no standard available. In the second category, quality of life is used as a predictor when there is no standardized criteria. In the third case, evaluation is done through examining the quality of life to spot ind changes happening to people or groups throughout time [8].

According to Higginson and Carr (2001), the role of investigating life quality in supporting clinical healthcare includes: problem prioritization, communication facilitation, screening for potential problems, source identification, monitoring the resultant changes and patients' response to therapy. Among the functions just mentioned, the first five directly and immediately influence clinical healthcare and the other three affect instructions and evaluation involved in clinical healthcare as well as prospective improvements [14]. Once clinical healthcare providers are incapable of making decisions on how to take care of patients, they recurrently evaluate the quality of their life. Therefore, their perception can help to determine the effect of therapy in a clinical condition and decide whether to cease or continue a certain therapy [15]. If the healthcare program does not correspond with the quality of life, a valuable and accessible source is lost. Research findings of the quality of life are used to predict disease effects, patients' needs and help to provide better services more suited to those needs, and consequently help to improve the whole healthcare system [16]. Therefore, investigating the quality of life is increasingly used today as a complement for objective and clinical examinations. The aim is to evaluate the quality of services, health-related needs, effect of medical interventions and medical costs [17].

CONCLUSION

Quality of life is the most significant consequences open to investigation in healthcare systems. An awareness of patients' quality of life helps medical team members to diagnose needs and problems and provide more principled care.

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