THE QUALITY OF LIFE

The missing measurement in health care

Leslie Fallowfield Souvenir Press, London (1990) 234 pages. Price £12.95 (h/b), £7.95 (p/b)

Consider the example of a man who is housebound with angina and who gets chest pain when he does anything. Using a questionnaire he would be termed to have a 'well state' of 0.5549. His primary symptom, chest pain, would require an adjustment of -0.0382, but the restricted diet and effective drugs he was taking would mean another adjustment of +0.1124. Hence this man's quality of well being would be 0.6291. Health economists would deem him as functioning at a level of 60% between death and total wellness. If, however, he stayed in this state of health for a year he would be deemed to have lost 0.3709 of a well year or 37% a year. If he survived for the next two or three years health economists would judge him to be in a state worse than death.

Despite this bizarre conclusion the author of this book feels that we need sensible quality of life assessments to help us identify those in need of extra support and to evaluate the efficacy of new treatments. She says some clinicians only pay lip service to the concept ofquality of life and need to be more honest with themselves and their patients about the true benefits of certain treatments.

There is a permanent tension between awful diseases and awful treatments. Many of our patients and their families are willing to take great chances in attempts at palliation or cure. The most popular clinicians are often personable, positive and strong believers in their craft. When disease is the winner, there is an anger that is directed at medicine but absolves the physician. Books like *The quality of life* are part of this anger at medicine which sends confusing messages to clinicians. Should we go for the magician approach or calmly and unemotionally weigh up the pros and cons when faced with patients who expect relief of pain or promise of a cure and hand the final decision over to the patient? Those who expect perfection, solutions, dignity and absence of pain, will always be disappointed.

This book does have good accounts of existing measurements of quality of life but for general practitioners such measurements never ring true. They are at worst destructive or at best offer uncritical exortation to do better without in any way helping us to make the system in which we work less brutal for ourselves or our patients.

T O'Dowd

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CLASSIFIED ADVERTISEMENTS

Classified Advertisements are welcomed and should be sent to: Debby Tardif, Iain McGhie and Associates, 7a Portland Road, Hythe, Kent CT21 6EG. Telephone: 0303-264803-262272, Fax: 0303-262269. Copy must be received three weeks before the 1st of the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue. The charge for space in this section is £10.00 per single column centimetre, plus £10.00 if a box number is required, plus VAT at 15%. Fellows, Members and Associates of the Royal College of General Practitioners may claim a 10% reduction. Replies to box numbers should be sent to the above address, with the box number on the envelope. The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both men and women.

SITUATIONS VACANT

NOTTINGHAMSHIRE FAMILY PRACTITIONER COMMITTEE

INDEPENDENT MEDICAL ADVISORS

Post 1: **MEDICAL DIRECTOR** (part-time) (£38,280 p.a. pro rata)

Post 2: ASSISTANT MEDICAL ADVISOR (part-time) (£33,280 p.a. pro rata)

The Committee is seeking to appoint a part-time **Medical Director** and a part-time **Assistant Medical Advisor** who would be jointly responsible for implementing and managing the Indicative Prescribing Scheme and responsible for providing advice to the FPC on a range of activities by GPs as envisaged in "Promoting Better Health", "Working for Patients" and "Caring for People".

The **Medical Director** will have primary responsibility for part of the county but will also be responsible for leading and co-ordinating the above-mentioned activities through a small team of independent advisors.

The Assistant Medical Advisor will support and deputise for the Medical Director and take primary responsibility for the implementation of the Indicative Prescribing Scheme and other activities in the remaining portion of the county.

For an information pack please contact Ms. Cheryl Warwick, Training and Personnel Manager on 0602 472084 Ext. 407.

Applications, by CV, should arrive no later than 16th July 1990.

CHIEF — DEPARTMENT OF FAMILY MEDICINE

The Sir Mortimer B. Davis — Jewish General Hospital, a 628 bed McGill University teaching hospital is currently seeking a Chief of the Department of Family Medicine.

The Department is comprised of twenty geographic full-time and part-time physicians, eighty family physicians in community offices and a teaching unit with seventy support staff and forty residents.

The Herzl Family Practice Centre of the Department has an outpatient volume of 20,000 patient visits annually, as well as 10,000 visits at its two satellite centres. Departmental emphasis is directed towards academic and research activities with a strong obstetrical orientation.

The candidate we are seeking is an experienced clinician with proven academic and research accomplishments. He/she will be expected to continue the tradition of excellence demonstrated by the Department.

Along with a University appointment, this position provides many challenges and rewards for the right candidate.

Please forward your curriculum vitae to:

Dr. P.L. Heilpern
Associate Executive DirectorProfessional Services
Sir Mortimer B. Davis-Jewish General Hospital
3755 Cote St. Catherine Road
Montreal, Quebec H3T 1E2