Quality of life is a multidimensional concept which is used to describe the individual’s perceptions, satisfaction, and evaluation of different areas of their own lives, such as physical health and functioning, psychological and emotional well-being, social roles, and relationships. Perceived quality of life is highly subjective and depends on people’s values, priorities, experiences, and aspirations. Different people attach different weights to particular life domains, and a person may have different understandings of what is quality of life at different times in their lives. The complex, subjective, and dynamic nature of the concept presents methodological challenges to its measurement and interpretation.

In *Quality of Life*, edited by Alison Carr, Rachel Higginson, and Peti Robinson, the contributing authors examine the current state-of-the-art in quality of life measurement as applied in the health care. Quality of life measures are increasingly used in health care evaluation and assessment of medical technologies. The goals of quality of life research are to elicit patients’ perspectives on the impact of illness and health care interventions and to take into account these perspectives in delivering patient-centred care that is responsive to the real needs of the patients, their families, and caregivers.

The authors argue that a true assessment of health-related quality of life can only be achieved using patient-centred measures. The book offers a critical introduction into the current debates on the development and application of individualised measurement scales versus the widely used standardised scales for health-related quality of life. Many of the existing standardised scales fail to capture the uniqueness of the quality of life to the individual. They use pre-selected domains and systems of weighting which may not be the most pertinent to the individual patient. Individualised scales are gaining increasing interest, although they might be more difficult to use in practice and more complex to analyse. The researchers propose a useful model where quality of life is a function of the discrepancy between people’s expectations and their experiences of health.

Special attention is given to measuring quality of life in particular groups of respondents: informal caregivers who provide support to people with chronic disease or disability, children, and users of assistive technologies. The authors stress the need to develop specific instruments relevant to caregivers and emphasize the growing importance of these measures in the context of ageing population and increasing prevalence of chronic disease. Research on quality of life of children poses challenges in developing age-appropriate scales which include relevant aspects of children’s quality of life (play, educational achievements, and relationships with siblings and parents). The existing evidence is assessed in relation to the use of proxies (parents, healthcare professionals, and lay caregivers) for measuring quality of life in children or in patients with cognitive or other disorders which prevent them from completing the questionnaires themselves. The authors discuss the determinants of agreement between patients’ and proxys’ accounts and conclude that proxies can provide useful information, especially on concrete, observable aspects of quality of life.

The authors discuss in depth the potential uses of quality of life measures to aid routine clinical practice, both in the clinical encounter and for quality improvement. The text focuses on a set of central properties of the measurement scales which determine their applicability in clinical practice: validity, reliability, appropriateness and acceptability to the patients, responsiveness to clinically significant changes over time, and interpretability. The researchers also provide a practical guide on how to choose appropriate quality of life measure, depending on the purpose of the research, the type of respondents, and the specific research questions asked. In addition, the book provides an introduction to analytical approaches in longitudinal research.

The text is illustrated with many examples of commonly used quality of life instruments, such as generic health measures and disease-specific measures, standardised and individualised measures, age-appropriate measures for children, and instruments specific to other groups. Drawing upon a large body of literature, the book provides a systematic introduction to quality of life in relation to health care, and is a valuable source of reference for researchers and clinicians providing care for people with chronic disease. It identifies important areas for future methodological research for the development of more valid, reliable, and specific measures of quality of life.

**Boika Dimitrova, London School of Hygiene and Tropical Medicine, London, UK**

e-mail: Boika.Dimitrova@lshtm.ac.uk

doi:10.1093/eurpub/cki178

Advance Access published on October 17, 2005

---


From where I work at WHO in Geneva, the subtitle of this book is, at first reading, breathtaking—even outrageous. From my global perspective the practice of public health in all countries, including the USA, is weak, the infrastructure poorly resourced, and the workforce fragmented. Of course there are many exciting public health initiatives but all with a long way to go before we could consider the global public health capacity sufficient enough to respond to the global HIV/AIDS epidemics. WHO has formally declared the HIV treatment gap a global emergency and is providing—at last long—the leadership to reach the agreed international target of 3 million people on antiretroviral treatment by 2005 (’3 by 3’). The fact that it has taken so long to respond to this global emergency testifies to the weakness of public health practice.

However putting aside the global perspective, the book does make a reasonable case from a purely US perspective. Undoubtedly, aspects of public health practice have been strengthened by HIV/AIDS in the USA and in turn public health has contributed to the control of the epidemic in the USA and other wealthy countries. For example, public health law has been rejuvenated by the epidemic as described by Burris and Gostin, and the interactions of public health practitioners with bioethicists have been considerably sharpened as described by Bayer. Furthermore, bioethicists have been drawn into debates over the applicability of agreed standards of research in different settings in poor countries.

The final chapter, The evolving impact of HIV/AIDS on global health, is a useful survey of the global epidemic. However, it struggles to make the case that public health practice has been strengthened by the epidemic; indeed, there is little more than wishful thinking in the suggestion that ‘HIV prevention and care have
served an important capacity-building function in resource poor settings. To be blunt, there has been little effective prevention and even less effective treatment in most of the poor countries. This is in the process of changing as new resources are being mobilised under reinvigorated global and national leadership. As progress is made to the 3 by 5 target, prevention programmes will be strengthened in tandem. Sustained progress will require great attention to the strengthening of the health system infrastructure. In turn, this will require a revitalisation of the public health workforce since this is the only component of the health workforce which has a true population-wide perspective.

It remains to be seen if the potential of the HIV/AIDS epidemic to strengthen public health will be realised globally. This is the major immediate challenge faced by all public health practitioners—both young and old. If we fail to meet this challenge, the future of public health will be bleak, but not as bleak as the future of societies whose very foundations are now threatened by the epidemics.

Robert Beaglehole, WHO, Geneva, Switzerland
e-mail: beagleholer@who.int

doi:10.1093/eurpub/cki179
Advance Access published on October 17, 2005