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Using quality of life outcome information as a clinical tool in the acute hospital setting for oncology patients. A randomised control clinical trial

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Typically, Quality of life (QoL) assessment tools measures four dimensions in quality of life: functional, psychological, physical and social status. QoL is a dynamic construct. There appears to a process of psychological adaptation that enables patients to cope and maintain good QoL, even in the face of adversity.^{1,2,3} We had a sense that QoL research needed to 'come alive', become more relevant in a day-to-day clinical setting in the 'Acute Hospital'. An RCT was set up to use the 'outcome' information using the Schedule for Evaluation of Individual QoL (SEIQoL) as a Clinical Tool. The Acute Hospital setting tends to focus on objective outcomes, ie, bloods, scans, ect, the many objective outcomes that subsume all a professional's time. The results were self explanatory. Increased awareness by the clinician of patient's perception of symptom

bother and symptom interference (48% difference, active versus control group) with SEIQoL could significantly decrease symptom burden over time. Incorporation of patient's views could be graphically incorporated into patient charts akin to a Temperature/Pulse/Respiratory Rate (TPR) chart to aid an improved outcome of symptoms and their bother as well as interference on patient's QoL. The engagement of staff was excellent, each patient's QoL came alive, created forum for debate and a new way to empower us all to focus on the patient's view of their symptoms, the bother of their symptoms, how those symptoms interfered with their QoL. In a way, it 'gave permission' to focus on what really mattered to our patient group.

Biography

Dympna Waldron has 20 years of experience in the area of Subjective Quality of Life measurement using (SEIQoL) and Symptom Burden measurement, with the first SEIQoL measurement in a Palliative Care patient population, published in the Journal of Clinical Oncology, and 8 further research studies towards Higher Degrees. Our Department has empowered a Special Study Module for our First Medical Students for a decade now, entitled 'Introducing the Medical Student to the person not the patient'. We were the first to measure 'Response Shift' in SEIQoL, the groups being Patients with Prostate and Lung Cancer.

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