

QOL for patients with progressive incurable diseases using SEIQoL-DW

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Problem consciousness and objective

An evaluation form for QOL (Quality of Life) is often used in the field of healthcare in order to understand the effects of care and technology. However, QOL for patients with progressive incurable diseases who are losing physical functions is evaluated low in the QOL evaluation form that reflects functionalism. In this study, (1) QOL for patients with progressive incurable diseases is clarified and (2) talk on QOL was analyzed by using SEIQoL-DW (the Schedule for the Evaluation of Individual Quality of Life Direct Weighting).

Method

Procedure of SEIQoL-DW (Steps 1 to 3 are carried forward through conversation with the interviewee.)

STEP1) A patient names five important areas in his/her life.

STEP 2) The level for each area is determined by using the visual analog scale.

STEP 3) The weight of five areas is rated by using a pie chart.

STEP 4) A global index is calculated in accordance with the data obtained, which can be used as the QOL value.

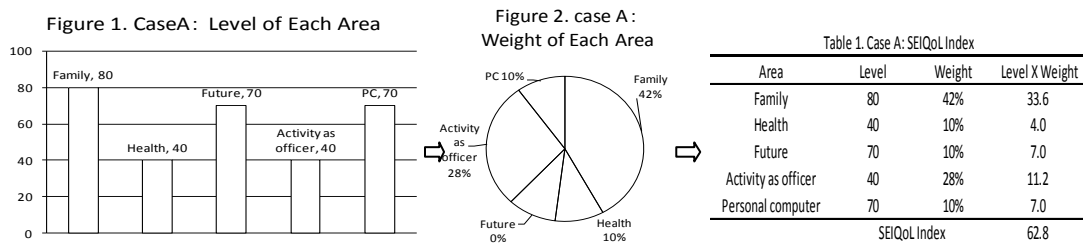
Subjects

Three muscular dystrophy patients in the hospital (males at the average age 63)

Investigation period

September to November 2007

Results



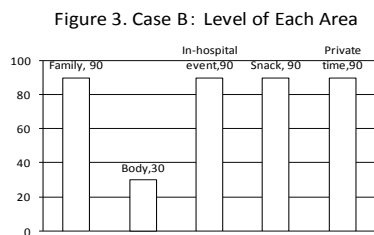


Figure 4. Case B: Weight of Each Area

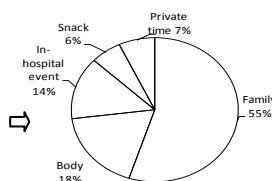


Table 2. Case B: SEIQoL Index

Area	Level	Weight	Level X Weight
Family	90	55%	49.5
Body	30	18%	5.4
In-hospital event	90	14%	12.6
Snack	90	6%	5.4
Private time	90	7%	6.3
SEIQoL Index			79.2

Figure 5. Case C: Level of Each Area

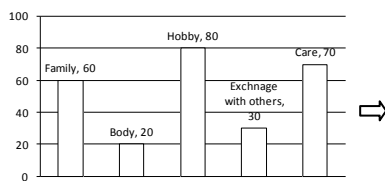


Figure 6. Case C: Weight of Each Area

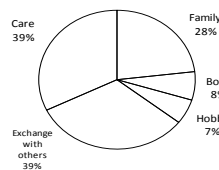


Table 3. Case C: SEIQoL Index

Area	Level	Weight	Level X Weight
Family	60	28%	16.8
Body	20	8%	1.6
Hobby	80	7%	5.6
Exchange with others	30	39%	11.7
Care	70	39%	27.3
SEIQoL Index			63.0

Results (1)

“Family” was weighed high among QOL areas for patients with progressive incurable diseases in all cases. On the other hand, the area relating to “body” was weighed relatively low even if it is pointed out to have high correlation with QOL in other QOL evaluation methods.

Results (2)

The background of areas consisting of QOL included factors such as the history where the patient had lived, relationship with family and caregiver, living environment, medical and welfare systems, and social situations. Patients adjusted their thinking to their life process and focused on the future through the SEIQoL-DW process. They directed their consciousness to what they can do, rather than mourning over lost physical functions. Particularly, discovery of their roles in relationships with others including family and caregivers influenced their QOL.

Review

It was found out based on SEIQoL-DW conducted in Japan that QOL for patients with progressive incurable diseases are influenced by whether or not they can find value in their existence through relationships with their surroundings, rather than by functional aspects. SEIQoL-DW consists of constructionism and gives patients opportunities to adjust their thinking to their lives and to face life with sickness through concerted acts with an interviewer as well as the act of talking on QOL. To restructure QOL to achieve a more

abundant life, it is necessary to provide interpersonal support as well as support to family and regional housing to prepare social connection for patients with progressive incurable diseases.

Conclusion

SEIQoL-DW can clarify lives of patients as well as necessary support as a tool of social connection. It is possible to restructure QOL for patients through care and support and improve QOL even for patients with progressive incurable diseases whose physical functions are deteriorating.