

Quality of life as an important determinant in the choice of treatment

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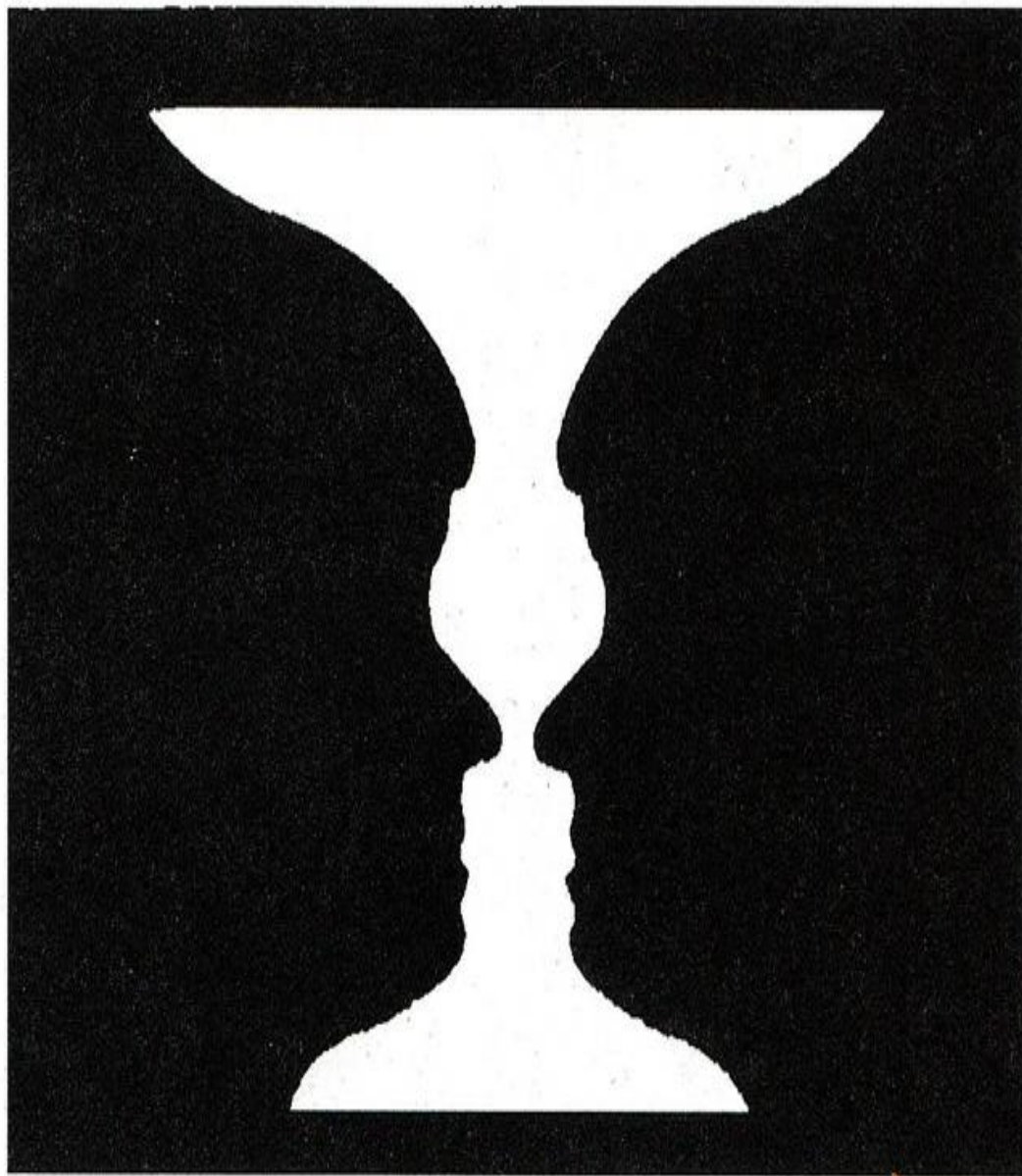
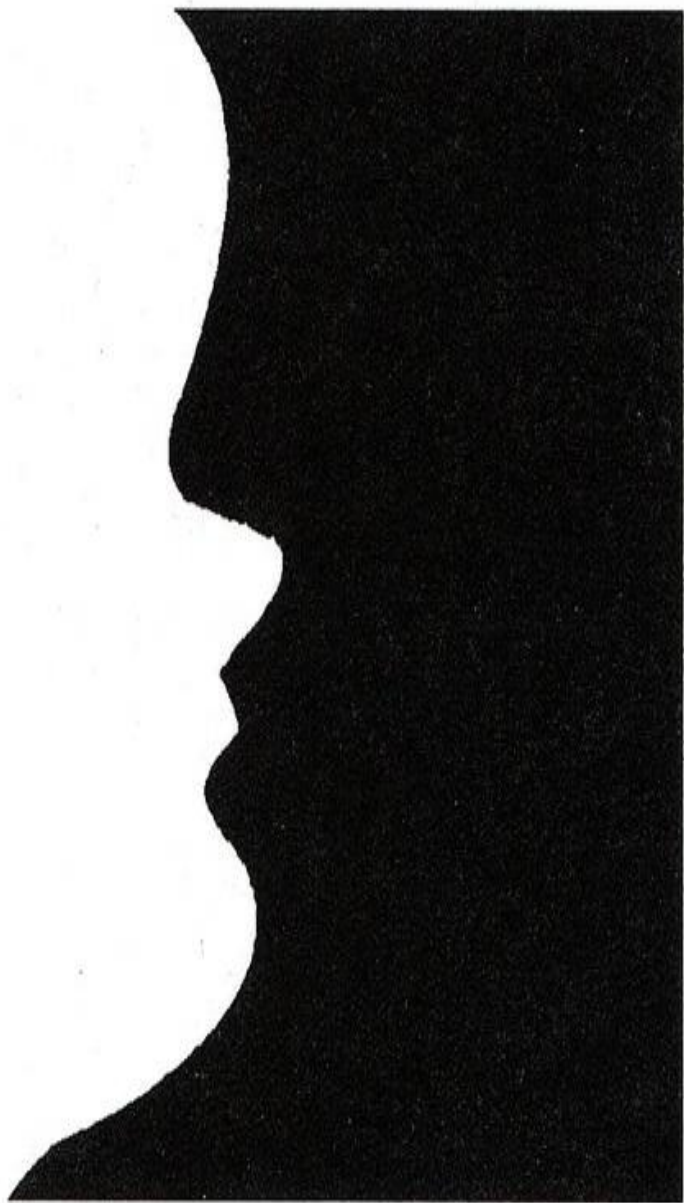
Quality of life

Quality of life measurement is important

- patient has to be respected
- recognized as an individual
- treated holistically

Quality of life

- Cancer survival studies should treat questions about **how well** people are surviving with the same importance as **how long**: putting quality of life on an equal footing with survival years



Quality of life

- Quality of life is a multidimensional construct embracing clinical, financial, functional, and psychosocial domains affected by treatment and its interactions with baseline comorbidity and circumstances

Cancer

- Cultural and psychological overtones associated with cancer
- Quality of life it is a useful model to use in the study of this topic

Cancer

- toxicity and tolerability of the treatment
- body image changes
- sexual /psychosexual functioning
- concerns about their ability to carry out everyday tasks
- the psychosocial impact of the treatment
- cognitive problems
- impact on social and role function

Quality of life

- 1974, when the first study on quality of life in breast cancer patients was published

Prognostic value

- Can predict the overall likelihood of tumour responses
- Predicts survival
 - In advanced breast cancer
 - Lung cancer patients better quality of life - surviving nearly six years, versus less than two years

Quality of Life Instruments

- European Organization for Research and Treatment of Cancer
- (EORTC) (EORTC QLQ-C30 and QLQ-BR23)
- Functional Assessment of Chronic Illness Therapy
- (FACIT-G and FACIT-B)

FACIT

- physical well-being
 - social/family well-being
 - emotional wellbeing
 - functional well-being
-
- specific symptoms

Quality of life

- Not easy to pin down, because quality means different things to different people, and they have different values and preferences

Quality of life

- can only be defined by the individual



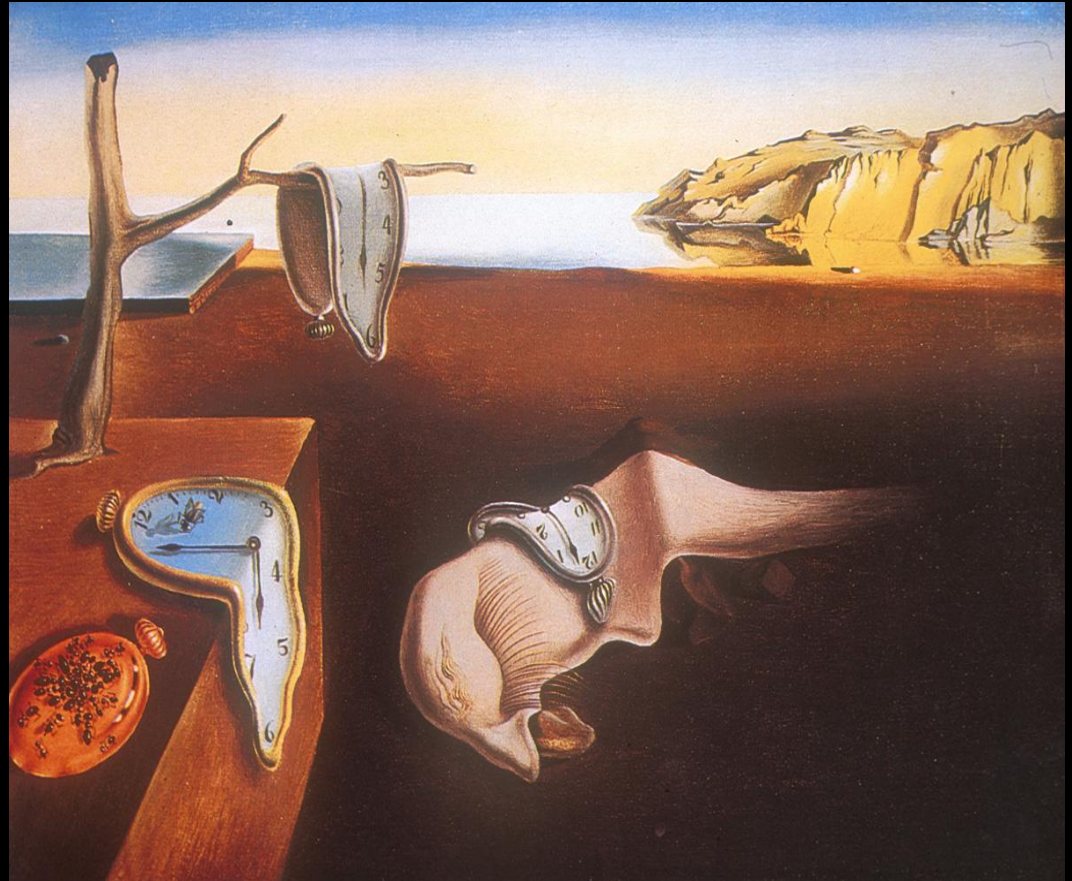
Quality of life

Quality of life is thus based on personal perception

- measures the difference, or the gap, at a particular period of time between the hopes and expectations of the individual and that individual's present experiences
- Difference between ideal and reality

Phenomenology

- Lived world
 - Lived time
 - Lived space
 - Lived body
 - Lived other



NAKED WOMEN IN FINE ART





Esquire

Autonomy

- Liberty (independence from controlling influences)
- Agency (capacity for intentional action)

Human rights

Locke, Hume and Rousseau

- "the rights of man" or human rights
- It is a conviction that by virtue of our humanity we all possess an equal and undisputed claim to certain basic rights like life, liberty (which embraces the freedom to make our own choices) and the free expression of ideas.

Ubuntu

- “I am what I am because of who we all are.”
- 'To be human is to affirm one's humanity by recognizing the humanity of others and, on that basis, establish respectful human relations with them.' Samkange
- Actions of one individual on another extends far beyond the two individuals and has far-reaching implications to the people

Ubuntu

Your pain is My pain,
My wealth is Your wealth,
Your salvation is My salvation.

- Batho pele - People first

- Zimbabwe *unhu*.
- a person is a person through (other) persons
- Botswana *botho*
- *a process for earning respect by first giving it, and to gain empowerment by empowering others.*
- Tanzania *obuntu*
- generosity, consideration and humane-ness towards others in the community.
- Uganda *obuntu*
- being humane
- Rwanda *ubuntu*
- human generosity as well as humanity
- Burundi *ubuntu*
- Humanity, human generosity

Golden Rule

- ISLAMIC: No one of you is a believer until he desires for his brother that which he desires for himself.
- SIKH: As thou deemest thyself, so deem others.
- HINDU: This is the sum of duty; do naught unto others which if done to thee would cause thee pain.
- TAOIST: Regard your neighbour's gain as your own gain, and your neighbour's loss as your own loss.
- BUDDHIST: Hurt not others in ways that you would find hurtful.
- CONFUCIAN: Do not unto others what you would not have them do unto you.
- JEWISH: Whatever thou hatest thyself, that do not to another.
- CHRISTIAN: All things whatsoever ye would that men should do to you, do ye even so to them.



- Aristotle defined Justice as:

“equals should be treated equally
and unequals unequally”.

FACTORS INFLUENCING QUALITY OF LIFE

Psychological factors

- Coping Style
- Locus of control
- Personality types
 - Hardiness
 - Anxiety
- Social Support
 - Family behaviours

Psychological factors

- Predict quality of life and overall survival
- Patients with lower coping capacity –
- decreased their quality of life
 - higher prevalence of symptoms, higher levels of distress, worse perceived health
 - Impaired body image, decreased sexual functioning and sexual enjoyment lead to lower Quality of Life

Psychological factors

- Ability to cope with the disease, treatment and effects of treatment could improve quality of life and outcome.
 - Positive thinking
 - Adjustment of goals



Information

- A more informed decision-making process enhance the quality of life
 - Fear of unknown

Treatment

- Where the aim of treatment is not curative but rather supportive and palliative
 - quality of life may be the identifying factor in determining the most "effective" treatment

Surgery

- **Breast**- conserving surgery vs. mastectomy
- **Colorectal** – stoma vs nonstoma
- **Hepatic** – better QoL improved survival
- **Prostate** – lower QoL
 - Anxiety, depression, sexual dissatisfaction
- **Lung** – short term negative – after 6 months back to original
- **Oesophageal resection** –reduced QoL
 - anastomotic leakage but better after 5 years
- **Head and neck** –post operative selfcare, anxiety
- **Gastric curative resection** – subtotal vs total

Chemotherapy

- Side-effects and symptoms - negatively affect quality of life
 - Fatigue in association with pain or other like Hot flashes, disturbed sleep symptoms increase anxiety and depression and as a result lower the quality of life

Hormonal therapies

- Negative impact on quality of life
 - Poor sexual functioning

Radiotherapy

Negative impact on quality of life
Fatigue and depression

Satisfaction with treatment

Satisfaction with cancer treatment

- function of the **process of care** and not just the actual treatment received

Post-treatment period

- Physical functioning improved over time
 - But deterioration in most of the other symptoms including fatigue, pain and dyspnea were
 - Axillary surgery vs. women without axillary surgery arm problems two years post-treatment three times higher
 - Sentinel node biopsy vs. axillary dissection

Post-treatment period

- Leaving routine connection with medical treatment team
- Loss of support from family and friends who may not realize patients' cancer-related physical and psychological issues
- Patients continued to need information and support not addressed

Gene patterns

- Several specific gene patterns that were related to quality of life

IMPROVING QUALITY OF LIFE

Improving Quality of Life

- Recognition and management of
 - Pain
 - Emesis
 - Fatigue
 - Arm morbidity
 - Postmenopausal symptoms

Improving Quality of Life

Interventions

- Counselling
- Providing social support

Improving Quality of Life

- Cognitive behaviour therapy
 - effective in improving sleep, cognition, and quality of life
- Improving cognition -long-term effects on survival
 - since impaired cognitive status has been associated with poorer survival

Improving Quality of Life

- Exercise
 - Overall quality of life increases significantly
 - Reductions in fatigue and improvements in mood

Improving Quality of Life

- Sexual functioning - especially for younger breast cancer survivors.
 - menopausal symptoms and problems with relationships, sexual functioning and body image



Improving Quality of Life

- A sense of purpose in life has been found to have a greater impact on quality of life than cancer itself

Improving Quality of Life

- Information
- Higher levels of communication
 - both physician and patient-initiated, affect women's perceptions of having a choice of treatment
- Discussion about the overall impact of treatment on their lives

Improving Quality of Life

- Processes of care
 - associated with better quality of life and satisfaction
 - choosing therapy, good patient-physician communication, receiving treatment concordant with preferences about body image, low perceptions of bias

Improving Quality of Life

- The health care services has the potential to improve the quality of life of patients



Improving Quality of Life

- Caring for the patients well-being
- Respecting them as autonomous beings by providing information and assisting them with realistic expectations regarding the outcome of treatments
- Helping them to assume more responsibility for their own existence





Quality of Life Checklist

- ☒ Spacious skies
- ☒ Waves of grain
- ☒ Purple mountains
- ☒ Fruited plains





