Perspectives on QOL in India

Dear Sir,
This is a letter in response to an article in your latest issue.[1]

This is a nice article on QOL that deserves credit. I would like to congratulate the Editorial team of IJC for taking the initiative in publishing such articles on QOL.

The impact of HNC and its treatment can have a profound effect on the patients' physical function and psychological wellbeing and it is essential that their perspective is taken into account. Questionnaires give a structured snapshot or insight into the patients' point of view. They facilitate multidisciplinary team working with the recognition of poor outcome groups, better in formation for the patients and their careers, and the opportunity to identify problem areas and target intervention/support. QOL is a neglected domain in our country. But if we want to compete with the West, we must try and focus on this area where we are at least 10 to 15 years behind.

The authors have taken great pain to bring out this article. I was especially happy and impressed with the honest efforts at the translation process. However we must keep in mind certain important points that are necessary for a balanced perspective.

The UW-QOL scale is brief and simple scale that arms the clinicians with useful information and can contribute to decision-making based on patient feedback. Moreover, it concerns issues that have been important in the last seven days which are easy to recollect. In addition, it can help in audit, research and assist in the making of patient information leaflets/videos. The availability of open-ended text in the scale, albeit as a single item, provides yet another avenue of information regarding individual patients. However issues such as speech, saliva, smell, cough and mucous production were not addressed adequately in the questionnaire. This raises an important issue that existing QOL instruments may not be sensitive or specific enough for the especially...
laryngectomy population. A possible explanation for this situation could be that this is a unique group of patients with distinct problems, concerns and issues. The authors, therefore, advise the use of specific questionnaires in addition to general QOL instruments for a complete assessment. Also, the UW-QOL scale is totally subjective with no room for clinician input, has a closed format with a single open-ended question and consequently for reasons mention earlier does have limitations especially in its use in the laryngectomee population. Finally, the UW-QOL scale is primarily for surgeons and EORTC scale is more suited for radiotherapists.

I hope this article will encourage institutions to implement prospective longitudinal studies that adequately identify changes in QOL over a period of time especially in the Municipal/Government and Semi-Govt. hospitals where waiting periods / delays / attitudinal problems are in plenty.

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