

Quality of life and health as existential values

Quality of life is an eminently human, subjective and polysemic notion relating to the well-being that individuals and the community find in their family, love, social and environmental lives. From a sociological point of view, **quality of life** can be defined as the standard that a society establishes and strives to achieve through public and social policies that induce and guide human development, individual and collective liberties and the positive changes in the manner and style of life and in social conditions.

Despite its polysemy, the notion of **quality of life** is neither ethereal nor static. Over the past 40 years indicators and parameters have been developed to render it operational. The most universal of these instruments is the so-called HDI (Human Development Index) developed by Amartya Sen. He criticizes measuring development purely by GDP and measures qualitative values †such as income bracket, health, education and longevity, seeking comparability between societies in which the index is adopted.

Since the late 1980s, instruments have been developed in Brazil that measure quality of life based on an understanding of the inequalities, heterogeneities and social stratifications of the country and comparing city and state micro-realities. This is the case of the ICV (Living Conditions Index) developed in 1988 by the João Pinheiro Foundation (FJP) in conjunction with the Institute of Applied Economic Research (IPEA), the Brazilian Institute of Geography and Statistics (IBGE) and the United Nations Population Fund (UNFPA). This index works with 20 indicators.

Nowadays the expression **quality of life** is also being widely used by journalists, politicians, professionals in various areas and managers dealing with public policies. It is also commonly used in different fields of knowledge: in economics, in sociology, in the area of education, of medicine, of nursing, of psychology and of health. The topic has also become part of the market for goods and services, since the founding of the Brazilian Association of Quality of Life (ABQV) (<http://www.abqv.com.br>) in 1995, and the creation of the Brazilian Quality of Life Institute (IBQV) (<http://www.ibqv.com.br>). These are nonprofit institutions which, according to their statutes, strive for the defense, the preservation and the conservation of the environment, of ethics, of peace, of citizenship, of human rights and of universal values.

One of the fields in which the notion of quality of life has developed most is that of medicine. In 1993, the WHO published the protocol of “The world health organization quality of life assessment” (WHO-QOL) that evaluates six domains of well-being: the physical, the psychological, that of level of independence, of social relationships, of the environment and of religious aspects, by means of indicators. Since then, researchers in the area began to conduct studies with various types of patients, based on the WHOQOL. However, there are many criticisms about the use of this concept in the medical field as seen in a review conducted by Thomas M. Gill and Alvan R. Feinstein and published in The Journal of the American Medical Association (JAMA). According to them the use of the term “quality of life” to analyze values †and perceptions of patients creates doubt, confusion and misunderstanding among practitioners, researchers, managers and among patients themselves. This is due, according to the experts, to the lack of clarity about the conceptual bases to deploy the metrics of this concept.

This special issue is an in-depth look at the theme from the standpoint of health in its broadest sense and also from the biomedical viewpoint. As a final note, it can be said that “quality of life,” either as a sociological concept or in its instrumental use in medical protocols, still lacks sufficient theoretical backing to be confirmed as a strong epistemological concept.

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