RELATIONSHIP BETWEEN QUALITY OF LIFE, HEALTHCARE AND SPIRITUALITY

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Abstract: *The article examines some aspects of the relationship between quality of life, healthcare and spirituality. In this context, the attempts to provide a comprehensive and universally accepted definition of quality of life considering its high degree of subjectivity and the fact that the term is extensively used in a wide range of contexts are presented, highlighting the importance of clarity in this regard. Moreover, the concept of health-related quality of life and the instruments used to measure it are presented. Taking into account the principle of sanctity of life, some problems and dilemmas arising from the way medical and technological knowledge should be applied to clinical care are mentioned. In conclusion, it is shown that quality of life has become an almost universal theme lately. However, being highly subjective, it is rather difficult to define and assess. Therefore, a multidisciplinary approach of the topic is necessary.*

INTRODUCTION

Health, disease and cure have been topics of concern for ages. To them, other related topics have been recently added, such as quality of life and, consequently, quality of healthcare. Quality of life may be viewed from different perspectives, being highly subjective and difficult to capture in a simple and clear definition. It may be regarded as a concept or indicator, as an individual or social goal, as well as a possession. It is the reason why it has become a subject for debate, especially in relation to ethics, in the context of advances in medicine and technology, and taking into consideration the principle of sanctity of life. However, the concept of quality of life is indispensable in healthcare. Therefore, concerted efforts should be made and resources of all types should be employed to approach the problem in a comprehensive and multidisciplinary manner for the benefit of the individual and the society. Quality of life, healthcare and spirituality are closely connected and the relationship between them is examined in this paper.

1. Quality of Life

Quality of life is considered to be the general well-being of individuals and societies. This definition seems simple and easy to understand. However, when it comes to defining well-being, things get complicated, and there is a large amount of literature relating to this topic, especially in recent decades, as quality of life and well-being have become a growing area of research. Therefore, there have been many attempts to define well-being, which has become a challenge. In what follows, we will mention only a few of them.

Referring particularly to psychological well-being, Bradburn (1) relates it to the idea of *eudaimonia*, showing that an individual is high in psychological well-being in the degree to which there is an excess of positive over negative affect and is low in well being in the degree to which negative affect predominates over the positive one.

Diener and Suh emphasise the fact that well-being is subjective, consisting of three interrelated components – life satisfaction, pleasant affect, and unpleasant affect, where affects refer to moods and emotions, and life satisfaction refers to a cognitive sense of satisfaction with life.(2)

Shah and Marks consider that well-being is more than just happiness, meaning, besides happiness, to develop as a person, to be fulfilled and to make a contribution to the community.(3) The association between quality of life, well-being and happiness may cause confusion as happiness is often used, in ordinary life, to refer to a short-lived state of a person, frequently a feeling of contentment. Philosophically, its scope is more often wider, encompassing a whole life. In philosophy, it is possible to speak of the happiness of a person's life, or of their happy life, even if that person was in fact usually pretty miserable. The point is that some good things in their life made it a happy one, even though they lacked contentment.(4) That is why Seligman suggests that the concept of well-being is more dynamic than the one based on only happiness, stating that the topic of positive psychology should be well-being and the gold standard for measuring well-being is flourishing. Therefore, the goal should be to increase flourishing.(5)

Mention should be made that, although quality of life, well-being, and standard of living can be considered almost the same, quality of life and standard of living should not be confused. Standard of living is more related to income, wealth, comfort, material goods, being easy to quantify. To rely exclusively on happiness or wealth when assessing quality of life is considered irrelevant and the concept of capability approach has been developed as a flexible framework to assess well-being and social arrangements, and to design policies about social change. Among the scholars who have addressed the subject are the economist and philosopher Amartya Sen and the philosopher Martha Nussbaum. The capability approach is related to being and doing, claiming that freedom to achieve well-being is a matter of what people are able to be and to do, and thus the kind of life they are effectively able to lead (6).

All in all, the concept of quality of life is

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multidimensional, being related to satisfaction or dissatisfaction with different aspects of life, ability, mobility, physical and social environment, personality, autonomy, cultural and educational background, material circumstances, as well as with individual and social expectations, attitudes and values. Being highly subjective, it is difficult to define and assess. However, reliable measuring instruments are necessary, at least in relation to healthcare, as it will be shown below.

2. Healthcare

The term quality of life was used by healthcare professionals before being extensively used in a wide range of contexts, study areas and activities such as politics, economy, sociology, psychology or philosophy.

Quality of life in healthcare is regarded in terms of the way a disability or disease (life-threatening or not) can affect the individual well-being. Mention should be made that the quality of life should not be confused with the quality of care.

The World Health Organisation defines quality of life as individuals' perception on their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. Moreover, the organisation, with the aid of 15 collaborating centres around the world, has developed two instruments for measuring quality of life, namely WHOQOL-100 and WHOQOL-BREF, which can be used in a variety of cultural settings, on the basis of statements made by well people, patients suffering from a wide range of diseases, and healthcare professionals belonging to a variety of cultures. The instruments were rigorously tested to assess their validity and reliability, being used in particular cultural settings and at the same time allowing for comparing results across cultures. What is important and interesting as far as these instruments are concerned is that they place primary importance on the perception of the individual, providing a new perspective on disease.(7)

Moreover, the concept of health-related quality of life (HRQOL) has been developed since the 1980s. It is defined as an individual's or group's perceived physical and mental health over time. On the individual level, it includes physical and mental health perceptions, health risks and conditions, functional status, social support, and socioeconomic status. On the community level, HRQOL includes resources, conditions, policies and practices that influence a population's health perceptions and functional status.(8)

In spite of the progress made in this respect, according to some experts in the field, quality of life remains difficult to define and measure, especially because the high degree of subjectivity it entails, as individuals have different responses to life events. Moreover, there are researchers who do not even try to define the concept, using it only as an indicator related to life satisfaction, physical health, family, education, religious beliefs, quality of services, employment, social relationships, level of acceptance of current condition and many others. Nevertheless, a clear definition and some reliable measuring instruments are necessary, especially considering the advances in medicine and healthcare that have resulted in a shift from quantity to quality of life. In this context, clarity is extremely important, especially for medical practitioners, who often take quality of life into account when deciding whether life-sustaining medical intervention should be continued or not in the case of severely disabled or ill people, which is a matter also pertaining to legislation and ethics.(9) Considering these aspects, it is obvious that the quality of life assessment requires multidisciplinary teams.

In addition, it is obvious that different interpretations of quality of life, different points of view, different definitions, will lead to different decisions on very important topics. In truth, ethical consequences stem from different quality of life definitions. Health professionals often make quality of life judgments when making decisions about the care of patients and their perspective on expected quality of life is the crucial factor in administering a certain treatment or not.(10)

3. Spirituality

It has already been shown that it is difficult to provide a comprehensive and universally accepted definition of quality of life, which has important legal, ethical, and religious implications, considering the principle of sanctity of life, which is the central idea of spirituality in connection with quality of life and healthcare. According to this principle, life is sacred, being a gift from God who created man in his own image (Genesis 1:27). Consequently, life is precious and priceless, and it should be preserved at all costs. Considering these above-mentioned aspects and the advances in medicine and technology, problems and dilemmas arise related to how medical and technological knowledge should be applied to clinical care, especially in the case of sensitive and debatable issues such as abortion, artificial insemination, cloning, transplant, euthanasia or end of life care. In this context, there are procedures and techniques viewed as both incredible scientific achievements and dangerous steps or sacrilege.

From the spiritual perspective, quality of life refers to feeling valued as a human being and contributing to life, finding life meaningful and pleasurable, feeling free from pain and undue stress. In addition, in keeping with the idea expressed in Corinthians 3:16 "Don't you know that you yourselves are God's temple and that God's Spirit dwells in your midst?", everyone has a responsibility to take care of themselves and the others, which entails looking after own health and the health of others. A question arises in this context, namely whether the quality of life or the maintenance of life should be considered first, which is somehow related to medical ethics too.

Descartes separates the mind from the body, showing that the body is by its very nature divisible, while the mind is utterly indivisible (11), the well-known mind-body dualism, which is an argument for considering and investigating the body as machine by medicine. Conversely, Jan Smuts introduces the term holistic medicine in 1926, showing that matter, life and mind intermingle and co-exist in the human. Moreover, they appear to be genetically related and give rise to each other in a definite series in the stages of evolution, so the wholeness should be healed and patients should be assisted to redefine what illness means for their life (12), which is closely connected with causation, an important notion for analysing both disease aetiology and therapeutic efficacy, as shown by Carter (13), with the way doctors think making clinical decisions when often faced with unavoidable uncertainty, as discussed by Montgomery (14) in his attempt to define the nature and importance of clinical judgement, as well as with the assessment of quality of life.

CONCLUSIONS

To sum up, quality of life is used to indicate the general well-being of individuals and societies. Although it is often associated with standard of living, the two concepts should not be confused and used interchangeably as their indicators are different. Among the indicators of quality of life are the right to privacy, dignity, employment, religion and peace of mind, general contentment and well-being. Some of the factors that are related to standard of living are income, good housing, employment opportunities, gross domestic product, inflation, security. In this context, mention should be made that even though the standard of living is pretty low, the quality of life

may be high.

The term quality of life has become a universal theme used in a wide range of contexts, such as healthcare, social and political science or philosophy. However, a clear definition has not been universally accepted so far, although it would be very important especially as far as ethical and legal aspects are concerned. Moreover, although any scientific discipline requires a humanistic base to sustain itself, the spiritual dimension should not be neglected in the context of assessing quality of life, especially considering its high degree of subjectivity, therefore a multidisciplinary approach to quality of life is necessary.

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