

Quality of Life Versus Quality of Care

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LIVE WELL. DIE WELL. GRIEVE WELL.

*Quality is the
new currency*

What does quality of care mean to you? Every physician aspires to practice at the highest quality of care. They have a sacred responsibility to both define it by building evidence-based standards of care, and to protect patients by assuring that care received adheres to those standards. As the industry moves from rewarding quantity of procedures to rewarding value, defining and measuring quality is becoming paramount. Quality measurements will impact the size of paychecks as the healthcare industry evolves.

Standards of care convey a tone of impartiality, of self-evident truth, and inarguable authority. They appeal to the scientist in us all and offer a sense of security for patients seeking the confidence that the care they receive reflects best practices. Who would want anything less?

*Confusion
about quality*

But there's something missing in discussions about quality of care, and it becomes most evident when we look at end-of-life care. In all the attention given to quality of care, who cares about the quality of life, especially as we near its mortal end?

*Coming to
grips with
frailty*

My father-in-law died after a slow ten-year decline into dementia. He died well in the end, but his story illustrates the confusion about quality of care versus the quality of life. He had a pacemaker installed prior to the onset of dementia. When the pacemaker was ten years old, the decision was made to update the battery, largely under pressure from the cardiologist who upheld the standard of care. By then he was five years into the dementia journey, and the result was that he spent the last two years of his life in misery, locked – both literally and figuratively – in dementia, but with a strongly beating heart. Upholding the standard for quality of care came at the high cost of the quality of his life, which also profoundly impacted his family.

Stories like this illustrate the need for a new social contract. Our society needs to come to grips with frailty. If we don't we are likely to experience unnecessary suffering, and the costs – both human and financial – that accrue as a result of making the quality of life secondary to the quality of care. We need to search diligently for a balance between the quantity and quality of life, stretching for new methods to measure successful living than merely the number of our birthdays. Researchers are making it clear that as our birthdays advance, so does our probability of frailty. We're all on a collision course with our personal mortality, but our path is likely to be marked with years of contending with frailty in various forms. Some forms of frailty may have a medical diagnosis attached to them. Others may not, but they will all become increasingly impactful on our quality of life.

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