

Quality of life in chemotherapy

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To the Editors,

The Quality of Life (QoL) is a complex concept and it depends on many variables. It can be defined as the judgment of a specific personal situation in reference to a determined period of time, and it depends on the mental or physical state, and by the system of values of the person.

The QoL related to health is defined as “the value assigned to duration of life as modified by the impairments, functional states, perceptions, and social opportunities that are influenced by disease, injury, treatment, or policy” [1].

In the past, many authors have studied QoL of chronic pathologies of the oncologic patients with particular attention to distress. In 1999, distress was defined by the National Comprehensive Cancer Network as “a

multifactorial unpleasant emotional experience of a psychological (cognitive, behavioral, emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms and its treatment” [2].

The fatigue is one of the more complex and commune problems associated with the cancer. Approximately 72–99% of patients suffers fatigue caused by the pathology and its therapy [3]. Then nausea, vomit, diarrhea and loss of appetite by chemotherapy intensify it. As many psychopathological factors recognizable in depression, anxiety and deprivation of sleep.

Thus the chemotherapy is the most important factor which determine the QoL of the oncologic patient influencing the physical and psychosocial wellness of the person.

Despite the interest of literature is moved by the quantity to the QoL, there are many difficulties regarding this diagnostic evaluation.

Under the medico-legal profile two problems can be recognized above all: when and how?

The evaluation of the syndrome associated to chemotherapy usually is in standardized intervals or in occasional medical examinations. It is the case of medico legal visit that the patient executes in order to obtain the benefits guaranteed by the law to the persons with disability. This aspect risks to alter the sensibility or specificity of the medico legal diagnosis.

Also, there is not a unanimous opinion on the timing of the incidence of chemotherapy.

Important symptoms as fatigue, constipation or loss of appetite can appear already at a distance of one week from the day of chemotherapy [4] but someone argues that chemotherapy has only a partial effect on QoL, during and after treatment [5, 6], up to one year [7, 8]. While still alive the debate on the association between QoL and chemotherapy in the fifth year [9, 10]!

Probably, according to the literature that has considered the role of synchronization of QoL valuation [11, 12], it cannot be limited to fixed patterns of time, but based on the course of the specific symptom or functional domain [13].

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This is because there cannot be a valid discourse for all patients as well as there is not only one tumor: Zabora et al. compared fourteen cancers in 4,496 patients drawn up the following classification of decreasing levels of distress: lung, brain, Hodgkin's lymphoma, pancreatic, lymphoma, liver, head and neck, adenocarcinoma, breast, leukemia, melanoma, colon, prostate and gynecological cancer [14].

Regarding the "how", many cancer-specific QoL measures have been developed as Functional Adjustment to Cancer Therapy (FACT), European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-C30 (EORTC QLQ-C33), Functional Living Index-Cancer (FLIC), and Cancer Rehabilitation Evaluation System (CaRES/CaRES-SF). But no-one guarantees results and their use in legal field is conditioned by the interest of the economic benefit.

It is necessary that the specialist understands the needs of legal medicine and in these cases, when the patient is visited for certifications with legal utility, it is useful that he considers the limitations of the tools and applications of clinical medicine.

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Authors declare no conflict of interest.

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