BEYOND MEDICAL STATISTICS: QUALITY OF LIFE AS CENTRAL PILLAR IN THE MODERN HEALTH POLITICS

Mirela BĂCANU VASILE
National University of Political Studies and Public Administration
Bucharest/Romania

Abstract
In a continuously changing world, quality of life has become a basic global concern. This article focuses on the importance of quality of life in general and, in particular, on the quality of life of medical personnel. There are underlined the challenges that medical professionals face and the way they have an impact on their physical and emotional well-being.

Keywords
Challenges; health; medical personnel; quality of life; wellbeing.

1.CONTEXTUALIZING THE IMPORTANCE OF QUALITY OF LIFE IN THE HEALTH FIELD

1.1.The definition of the quality of life

Quality of life in the health context is a broad concept that refers to a person's overall perception of their health, both physical and mental, and the way it affects their ability to live a fulfilling and satisfying life. The key elements of this definition include:

- Physical health status: Includes the absence of disease, the optimal body functioning, and the ability to perform daily activities without restriction or pain;
- Mental and emotional health: Refers to emotional and psychological well-being, the ability to face stress, work productively and contribute to the community;
- Autonomy and independence: A person's ability to make decisions and be in control over their own life, including treatment and health care;
- Social relationships: The quality and depth of personal relationships, the social support received and the ability to maintain strong social connections;
- Cognitive functioning: The ability to think in a clear way, make decisions and remember, which are essential for managing health and participating actively in society;
- The quality of the living environment: Living conditions, the access to health services, community safety and the quality of the environment.

The quality of life in health is subjective and multidimensional, being influenced by a variety of personal and external factors. As an example, two persons having the same medical condition may perceive their quality of life in very different ways, depending on the above-mentioned factors and other individual factors such as personality, values and previous experiences.

In medical practice, understanding a patient's quality of life might help adapting treatments and make informed health care decisions. This often involves assessing not only the patient's physical condition, but also their psychological status, independence level, and how the disease or treatment affects daily life.

Quality of life in healthcare is important for many reasons, and this importance is emphasized by a series of studies and academic publications.

It plays an essential role in the management of chronic diseases and in the recovery process. According to Bowling (2001), quality of life assessment might help understanding how a specific disease affects different aspects of patients' lives, facilitating this way a more personalized approach to treatment.

In modern medical practice, quality of life is an important indicator of treatment effectiveness. Fayers and Machin (2013) underline the fact that the results of

treatments should not only be measured in terms of survival or symptom amelioration, but also in terms of the impact on the patient's quality of life.
Quality of life is closely connected to mental health and emotional well-being. Seligman and Csikszentmihalyi (2000) prove that a good quality of life contributes to a sense of happiness and satisfaction, which is crucial for general mental health.
It is a key factor in the formulation of public health policies. World Health Organization (WHO from now on) documents (1997) underline the importance of quality of life as a major objective of health policies and programmes, emphasizing the need to go beyond strictly medical treatments and focus on the overall life improvement.
These sources make out the fundamental role of quality of life in healthcare, emphasizing its importance to patients as well as to healthcare providers and policies formulation. Therefore, it is essential that health professionals pay close attention to this aspect in patient care and in the design of health systems.

1.2.The context of quality of life in health

The concept of quality of life began gaining recognition in the field of health after the Second World War (1940s-1960s), in a context where attention was increasingly facing human rights and individual well-being. During this period, the emphasis on quality of life began to be seen as an essential component of health and well-being (WHO 1948).
In the 1970s and 1980s, there was a significant expansion of research on quality of life in health. Researchers have begun developing specific measurement tools such as quality of life rating scales for patients having cancer or other chronic illnesses (Aaronson 1988).
In the 1990s, quality of life became a theme of global concern. The World Health Organization developed the WHOQOL, an instrument for measuring quality of life that has been translated and validated in many countries (WHO 1995). This marked an important step in the recognition and standardization of quality-of-life measurement globally.

In the 21st century, quality of life has become a central element in personalized patient care. This concept has been integrated into holistic care strategies, taking into consideration not only the physical aspects of an illness, but also the psychological, social, and emotional impact on patients (Fayers and Machin 2013).
This history emphasizes the evolution of the concept of quality of life in health over time and how it has become an essential component of medical care and research.
In recent years, the definition of health has expanded beyond the absence of disease in order to include general physical, mental and social well-being. According to WHO (1948), health is defined not only by the absence of disease, but also by a state of complete physical, mental and social well-being. This holistic perspective led to an ample recognition of the importance of quality of life in health assessment.
However, there is an increasing trend to consider patient-reported outcomes (PROs) in the evaluation of treatments and health care. These results include aspects of quality of life such as emotional well-being, physical and social functioning. Fayers and Machin (2013) emphasize the importance of PROs as a crucial tool in understanding the impact of a disease or treatment on patients' lives.
Digital technologies, including mobile applications and wearable devices become important tools in monitoring and improving quality of life. These technologies enable continuous monitoring and a more accurate and personalized data collection (Topol 2015).
The personalized approach in medicine and health care emphasis on adapting treatments to the individual needs of each patient, including quality of life. This is reflected in the growth of research oriented towards the personalization of care (Hood and Friend 2011).
Public health policies now recognize quality of life as an important objective of health programs, not just disease management. This aspect is underlined in various global health strategies and initiatives (WHO 2016).

1.3.Factors influencing quality of life in health

1.3.1.Physical factors

The state of physical health has a significant impact on the quality of life, influencing it through various mechanisms:

a. The ability to carry out daily activities

A good physical health allows daily activities to be realized out without restriction or pain, thus contributing to a sense of autonomy and satisfaction. The degradation of the physical condition, such as in the case of chronic illness or immobilization, can reduce a person's ability to involve in personal or professional activities, negatively affecting quality of life (Katz 1983).

b. Pain and discomfort

Physical pain and discomfort can have a deep impact on quality of life. Studies show that effective pain management is crucial in maintaining a good quality of life, especially concerning patients with chronic affections (Cleeland 1991).

c. Mobility and independence

The mobility and ability to function independently are essential aspects of physical health that influence quality of life. Mobility limitations might lead to dependency and negatively affect self-esteem and psychological well-being (Rantanen et al. 1999).

d. Impact on mental status

The physical and mental health are interconnected. Chronic physical conditions can increase the risk of mental health problems such as depression or anxiety, which in turn might lead to a diminished quality of life (Moussavi et al. 2007).

e. Influence on social interactions

Physical health can influence a person's capacity to interact and engage in social activities. Physical limitations can reduce participation in social activities or lead to isolation, negatively affecting quality of life (Berkman 2000).

1.3.2.*Psychological factors*

a. Emotional and psychological well-being

A good mental health contributes to a general well-being, happiness and satisfaction. People having a good mental health tend to have a positive vision of life and manage stress and challenges better. Diener et al. (1999) emphasize the importance of emotional well-being in quality of life.

b. The capacity to face stress and challenges

Resilience and the ability to face the adversity are essential to maintaining a good quality of life. Good mental health provides persons with the tools to navigate between adversity and maintain a balanced perspective (Luthar et al. 2000).

c. Social relations and community support

Mental health influences a person's capacity to establish and maintain healthy relationships. Psychological well-being can improve social interactions and help build robust community support (Berkman 2000).

d. Cognitive functioning

The mental health affects cognitive function, including memory, attention and decision-making process. Mental disorders can affect these cognitive processes, influencing quality of life (Sapolsky 2004).

e. Influence on physical health

There is a bidirectional connection between mental and physical health. Mental health problems can lead to or worsen physical conditions and reverse (Prince et al. 2007).

1.3.3.Social factors

The impact of social relationships and community aid on quality of life is significant and well documented. These aspects contribute to the quality of life in several ways:

a. The emotional support:

The social relations provide important emotional support which is essential for mental health and overall well-being. The emotional support can attenuate the effects of stress and can contribute to better adaptation facing adversities. Uchino (2006) emphasizes the importance of social support for psychological and physical health.

b. Social networks and health

There is a powerful connection between rich and various social networks and good health. Social networks can provide useful information, material support and can also contribute to a sense of appurtenance and identity. Berkman and Syme (1979) have demonstrated that people with strong social connections have lower mortality rates.

c. The influence on health behaviors

Social relationships can influence health-related behaviors like diet, physical training and adherence to treatment. Friends and family can motivate and support healthy behaviors (Christakis and Fowler 2008).

d. Reducing the risk of mental disorders

A strong social support can reduce the risk of mental health conditions such as depression and anxiety. Cacioppo and Patrick (2008) demonstrate that social isolation and loneliness are risk factors that are significant for mental health.

e. Impact on old persons

For older people, social networks and community support are very important. These can contribute at maintaining independence, preventing isolation and improving quality of life (Seeman 2000).

1.4.Measuring the quality of life in health

1.4.1.Instruments and methods

Measuring quality of life in health is a complex area involving the use of multiple instruments and methods. These methods are designed to evaluate various aspects of quality of life, including physical health, mental health, the level of independence, social relationships, and general perception of well-

being. As follows there are some of the most used tools and methods, along with relevant bibliographic references:

a. Self-reported questionnaires

The self-report questionnaires are among the most common tools for measuring quality of life. These include detailed questions on various aspects of a person's life and health. A well-known example is the WHOQOL Quality of Life Index, developed by the World Health Organization (The WHOQOL Group 1998).

b. General health scores:

The generalized health scores, such as the SF-36 (Short Form Health Survey), measure multiple dimensions of health, including physical functioning, pain, general health, mental health, and impact on daily activities (Ware and Sherbourne 1992).

c. Quality of life rating scale for specific diseases

There are instruments developed to measure quality of life in the context of specific diseases. For example, the EORTC QLQ-C30 is a scale used to assess quality of life in patients with cancer (Aaronson et al. 1993).

d. The utility analysis:

The methods based on utility, such as QALYs (Quality-Adjusted Life Years), are used to evaluate the efficiency of medical interventions in terms of quality and length of life. These methods are often used in health economic evaluations (Gold et al. 1996).

e. Journals and daily records:

Daily records and journals can be used to collect information on patients' everyday experiences and the impact of the health condition on daily life (Stone and Shiffman 1994).

1.4.2.Challenges in assessment

Measuring quality of life in healthcare field faces various challenges and limitations, some of which are fundamental to the subjective and multidimensional nature of the concept. As follows are some of those difficulties:

a. Subjectivity of individual experience:

The quality of life is deeply subjective and varies from one person to another. What represents a good quality of life for one individual may be different for another. This subjectivity makes it difficult to develop standardized measures that are relevant to all individuals (Cummins 1997).

b. Complexity and multidimensionality:

The quality of life includes multiple dimensions - physical, mental, emotional, social – each of these with its specific factors. The efficient measuring of all these dimensions and integrating them into a global score or comprehensive assessment can be difficult (Fayers and Machin 2007).

c. The influence of cultural and contextual factors

The perceptions of quality of life are influenced by cultural and social context. What is considered a good quality of life in one culture may not be the same in another, making the adaptation of measurement instruments for different cultural groups a challenge (Hagerty et al. 2001).

d. Variations in time:

The quality of life of a person can change in time due to a variety of factors, including changes in health, life circumstances and development stages. This temporal dynamic adds another layer of complexity to accurate and consistent measurement (Guyatt et al. 1993).

e. Challenges in measuring the quality of life for certain populations:

There are specific difficulties in measuring quality of life in certain groups, such as children, the elderly or individuals with serious mental conditions. These groups may need measurement instruments adapted to adequately reflect their experiences and perceptions (Eiser and Morse 2001).

1.5.The importance of improving the quality-of-life

Improving the quality of life can have numerous personal benefits, influencing in a positive manner various aspects of an individual's life:

a. The improvement of the physical health:

The improvement of the quality of life is often associated with improved physical health. Activities such as regular exercise, a healthy diet, and a proper sleep can lead to better physical health (Blair and Brodney 1999).

b. Psychological and emotional benefits:

The improved quality of life is closely related to better mental health, including a reduction of depression and anxiety symptoms. This can lead to general well-being and a more positive outlook on life (Diener and Chan 2011).

c. Increasing productivity and satisfaction at the place of work:

A good quality of life can contribute to increased productivity and job satisfaction. People having a good physical and mental health are often more capable to concentrate and be more productive at work (Harter et al. 2002).

d. Improvement of social relations:

The improvement of the quality of life can lead to stronger and more satisfying social relationships. A good mental health and a balanced lifestyle can facilitate positive social interactions (Berkman and Syme 1979).

e. Increasing longevity:

There is evidence that a good quality of life, including psychological well-being, can contribute to a longer life. Studies have shown that optimizing quality of life can have a positive impact on longevity (Steptoe et al. 2015).

1.5.1. The impact on the health system

The impact of improving quality of life on health systems and society is profound and multidimensional. Advantages are manifested both at the individual and collective level, having long-term implications for the health of the population and the efficiency of the health system. Here are some of those benefits:

a. Reducing health care costs

Improved quality of life can lead to a diminution in the incidence of chronic diseases and associated complications, thus reducing health care costs. A healthy lifestyle and disease prevention can reduce the need for expensive medical treatments and hospitalizations (Ortega et al. 2013).

b. Increasing efficiency in the health system:

Patients having a better quality of life tend to have better treatment adherence and are more proactive in managing their health. This can increase the efficiency of the health system by reducing waste of resources and improving treatment outcomes (DiMatteo 2004).

c. Public health promotion and prevention

A quality-of-life approach can stimulate prevention-focused public health initiatives. Promoting a healthy lifestyle, including adequate nutrition, exercise, and mental health, can reduce the incidence of chronic disease at the societal level (Chu and Kim 2008).

d. The impact on productivity and economy:

Improving the health status of the population can have a positive impact on economic productivity. Healthy persons are more capable to contribute actively to economy, reducing absenteeism and improving workplace performance (Hemp 2004).

e. Positive social effects:

A population having a good quality of life and optimal health can have positive social effects, including increased social cohesion and a decrease in social problems such as criminality and social exclusion (Wilkinson and Marmot 2003).

2.THE PRESENTATION OF THE PURPOSE AND RELEVANCE OF THE ARTICLE

The article has as objective exploring and emphasizing the importance of quality of life as an essential element in modern health policy, going beyond the traditional approach centered exclusively on medical statistics and treatments. The aim is to highlight how quality of life influences not only individual health, but also the effectiveness of health systems, public policies and ultimately society as a whole.

It emphasizes the need for a holistic view of health, where physical, mental and social well-being are considered equally important. It encourages a change from

a strictly medical focus to a more integrative one that recognizes the complexity of the individual's health needs.

In a climate where health systems are under pressure to be more efficient and responsive to population needs, the article states that improving quality of life can lead to better health outcomes and lower long-term costs.

By disclosing the link between quality of life and socio-economic outcomes, the article highlights how better health can positively influence productivity, social cohesion and even economic stability. The article identifies actual challenges in measuring and improving quality of life, while providing insights into how these challenges can be addressed within health systems.

By disseminating these ideas, the article has as purpose raising the awareness among the general public, health professionals and policy makers about the importance of quality of life in health, encouraging informed decision-making and patient-centered health policies.

As a result, the article not only provides an in-depth insight into the role of quality of life in health, but also stands for a reconsideration of how health is understood and managed in contemporary society.

3. QUALITY OF LIFE: DEFINITION AND IMPORTANCE

3.1. The definition of the concept of quality of life

The quality of life is a widely used concept, a complex one that refers to an individual's general perception of his own life. It includes subjective and objective assessments of well-being, approaching aspects such as health, well-being, personal accomplishments, social relationships, and general life satisfaction. The importance of quality of life in modern society is increasingly recognized, not only in the individual context, but also in public health policies and in the assessment of social and economic impact (Cummins 1997)

The quality of life is often defined as the degree to which a person enjoys the important aspects of his life. This includes physical and mental health, level of independence, social relationships, personal beliefs and relationship to important aspects of his environment. According to the WHOQOL Group

(1998), quality of life is "an individual's perception concerning his position in life, in the context of the culture and value systems in which he lives and in relation to his goals, expectations, standards and concerns". This concept emphasizes that quality of life is a subjective experience, deeply influenced by personal and cultural context.

3.2. The importance of quality of life in the context of health.

The importance of quality of life in the context of health is a vast and significant topic gaining increasing attention in recent decades.

In the context of health policies, a focus on quality of life might lead to improved prevention strategies, more effective treatments, and a more holistic approach to health care that takes into account the complex needs of patients (Hood and Friend 2011).

The quality of life in healthcare is a main concept that directly influences the way the individuals live, work and interact with others. Recognizing and improving this quality not only enhances individual well-being, but also contributes to the efficiency of health systems and the good of society as a whole. Therefore, it is essential that both health professionals and politicians pay close attention to this aspect in the planning and implementation of health services.

This includes not only a person's physical health, but also his mental, emotional and social state. This means that the evaluation of the quality of life provides a more complete picture of health than purely medical measurements such as disease incidence rates or survival rates would.

Understanding the quality of life of a patient can influence how treatments are administered. For example, in the case of chronic diseases, effective management of symptoms to improve quality of life can be as important as treating the disease itself.

Mental and emotional health are critical components of quality of life. Problems such as anxiety, depression or stress might have a significant impact on general well-being, affecting a person's ability to enjoy life and function, efficiently.

Social relationships and community support are also essential for the quality of life. A strong social network can provide emotional support, increase resilience and contribute to faster recovery from health problems.
Improving the quality of life at the level of population can have long-term beneficial effects on public health. A focus on prevention, well-being and a holistic approach to health can lead to lower incidences of chronic disease and lower costs for health systems.
The quality of life can be an important indicator of the effectiveness of a healthcare system. A system that manages to improve the quality of life of its patients is often considered more efficient and more patient-oriented.
As a conclusion, quality of life is an essential element in the assessment and management of health, having deep implications not only on individual well-being, but also on the effectiveness of health systems and public health in general.

4.THE EVOLUTION OF THE HEALTH POLICY: FROM STATISTICS TO THE QUALITY OF LIFE

4.1.The approaches history in the Health Policy

The evolution of health policy from a focus on medical statistics to a focus on quality of life represents a significant change in how health systems approach patient care and public health planning.
In the early periods of health policy development, the accent was predominantly on statistical data such as mortality rates, disease incidence and other quantitative indicators. This approach was more oriented towards the treatment of diseases and the control of epidemics than towards improving the general well-being of the population (Rosen 1993).
In the second half of the 20th century, a recognition of the importance of quality of life as an essential part of health began to develop. The World Health Organization (WHO) defined health not merely as the absence of disease, but as a state of complete physical, mental and social well-being (WHO 1948).

In the past decades, have been developed instruments and scales to measure quality of life, such as the SF-36 and the WHOQOL. These instruments allowed a more nuanced assessment of the impact of illnesses and treatments on patients' daily lives (Ware and Sherbourne 1992; The WHOQOL Group 1998).

The modern health policies increasingly emphasize on patient-centered approaches, recognizing that improving quality of life is as important as treating the physical symptoms of a disease. This involves an increased attention to patients' mental health, emotional well-being, and social integration (Hood and Friend 2011).

4.2.The transition from strictly medical measurements to the inclusion of quality of life

The transition from strictly medical measurements to the inclusion of quality of life in health sector represents a significant change in the way health is assessed and understood. This transition reflects a growing recognition that health is not limited just to the physical aspects of well-being, but also includes the mental, emotional and social state of the individual.

Initially, health assessments have been focused on biomedical indicators such as survival rates, disease prevalence, and other physical measurements. However, this approach does not take into account how the disease or treatment affects the individual's quality of life. It has been recognized that optimal health is not only the absence of disease but also a state of general well-being (WHO 1948).

The forthcoming of quality-of-life scales such as the SF-36 and WHOQOL was an important step in the transition to holistic health assessment. These instruments assess various aspects of life, including mental health, social functioning, and general health perception (Ware and Sherbourne 1992; The WHOQOL Group 1998).

The inclusion of quality of life in health assessments has changed the way health treatments and policies are approached. Treatments that improve patients' quality of life, even in the absence of a complete improvement of their physical condition, are now considered as being vital (Hood and Friend 2011).

Research in the field of health begun to pay more attention to the quality of life as an important outcome of clinical trials. Also, the health practitioners are encouraged to consider quality of life in their clinical decisions (Guyatt et al. 1993).

5.THE STUDY LIFE QUALITY IN MEDICAL AREA

I will refer to the study that I have realized in hospitals in four counties in Romania: Olt, Dolj, Vâlcea and Argeș, involving hospitals of different degrees, including emergency county hospitals, city hospitals and a single specialty hospital.

The study used the evaluation questionnaire as the main research instrument. The instrument used was the WHO-QoL BREF (World Health Organization Quality of Life Assessment-BREF), an abbreviated version of the WHOQOL-100 questionnaire. It was applied between August 2021 and March 2022 to a number of 1300 people, doctors and care staff. The study focused on the medical staff, including doctors and nursing staff in the mentioned hospitals.

In this study I have focused on identifying the level of awareness and satisfaction concerning quality of life among medical staff in Romanian hospitals. The objective of doing this was to better assess and understand healthcare staff's perceptions of their own quality of life, given the pressures and challenges specific to their profession. This includes issues related to work, increased responsibilities, managing stress and maintaining a work-life balance.

I have realized the statistical analysis and calculated the values for the four investigated domains using the WHO-QoL Brief test, obtaining weighted scores and significant statistical indicators for numerical data.

The analyzes included assessment of internal consistency and separation on half regarding four different domains. The domain of relationship with the environment was observed to have the best internal consistency.

The comparative analysis of the perception of the quality of life according to demographic characteristics and health status showed that the current state of

health and age have a major impact on the perception of the quality of life, offering the following information:

a. Sex: There are significant differences in the perception of quality of life depending on gender for certain questions, indicating possible variations in life and health experiences between men and women especially in the areas of physical and environmental health.
b. Age (>45 years): Age also has an influence on the perception of quality of life, with worthy of note differences for several questions. This suggests that age can have an impact on various aspects of life, including health and general well-being.
c. Level of studies: The educational level seams to affect the perception of quality of life, indicating possible connections between education and aspects such as access to resources and the ability to face life's challenges.
d. Marital status: The marital status also plays a role in the perception of quality of life, with marked differences for certain questions.
e. The actual health status: The actual health status significantly influences the perception of quality of life, reflecting the direct impact of health status on daily well-being.
f. The type of hospital: The type of hospital where respondents work has an influence on the perception of quality of life, with worthy of note differences between different types of hospitals.

These findings emphasize the importance of considering factors such as gender, age, education, marital status, and health status in assessing and improving quality of life for healthcare workers.

Most of the respondents reported a high degree of satisfaction in various aspects of life, including work performance, personal satisfaction, personal relationships and sex life. For example, about 80% of respondents said they were satisfied or very satisfied with themselves and their personal relationships.

On the other hand, the approachability to health services is perceived as being low by the respondents. A significant variation in the perception of quality of life and health is observed according to different demographic and occupational variables. For example, we found that gender, age, level of education and marital status have a significant impact on the perception of quality of life. In

addition, the type of hospital where respondents work also influences their perception of quality of life and health.
The conclusions of the study can help guide health policies and improve human resource strategies in the healthcare system. These differences should be taken into account in the development of health strategies and policies to improve quality of life and health in this participant group.

6.THE IMPACT OF QUALITY OF LIFE ON HEALTH POLICIES

The quality of life is a broad concept that, as mentioned before, reflects the general well-being of the person and the community, including physical health, mental status, level of educational, economic stability and the environment.
The formation of health policies is deeply influenced by this concept, as the main purpose of these policies is to improve the health and, by extension, the quality of citizens life.

6.1.The role of quality of life in the formation of health policies.

The quality of life is assessed according to several indicators, including access to health care, quality of the environment, level of education and social security.
Public health focuses on preventing disease, promoting health, and prolonging life through organized societal efforts.
As we can see, there is an interdependence between quality of life and health, because a good quality of life contributes to optimal health by reducing stress, improving living conditions and providing access to education and proper medical care. Individual health also directly influences the quality of life, having an impact on work capacity, social interaction and psychological well-being
Modern health policies are centered on quality of life and include disease prevention programs, the promotion of a healthy lifestyle, and access to quality medical services. An example is the implementation of public health policies

that promote physical activity and healthy eating to fight against obesity and chronic disease.

One of the major challenges is balancing costs with benefits ensuring at the same time equal access to health care for all citizens. Solutions include cross-sector collaboration, involvement of the communities in making decisions and using technology to improve the efficiency of health systems.

Therefore, we can conclude that it plays a crucial role in the formation and implementation of health policies. By improving the living conditions and promoting a healthy lifestyle, health policies can have a significant positive impact on population health. To ensure the success of these policies, a holistic approach that considers all aspects of individual and community life is essential.

6.2.Studies and research supporting this approach

The quality-of-life studies and researches and their influence on health policy formation provide valuable perspective of how the general well-being of the population can guide and improve health area decisions.

An ample study analyzed the association between quality of life (QoL) and mortality in the general population. This included 47 studies with about 1,200,000 participants, most of them elderly. The results indicated that a better quality of life is associated with a lower risk of mortality, suggesting the importance of QoL measures as potential screening tools in general clinical practice.[1]

The quality-of-life measurements can influence the development of health policies through the implementation of legislative programs, new policies for the health system, and even changing attitudes in legal courts. The study emphasizes the importance of diverse measures that can be used in clinical decisions, public health assessments, and advice to legislatures and courts

The information from quality-of-life research has significant implications for social and public policy in the US. This information can be used to assess the cost-effectiveness of different treatment approaches, as well as the "human effectiveness" of restructuring the health care system. The study emphasizes the

need to use epidemiological and quality of life data in national health care planning to develop improved approaches to managing health service delivery.[2] The importance of using health research in policy making is increasingly recognized. The use of health research should contribute at forming policies that lead to desired outcomes, including health gains. Analysis of different types of health research and the levels at which they can be applied to policy making can provide a comprehensive understanding of the impact of research on health policy making.[3]

These studies highlight how quality-of-life data can guide health policymaking, focusing on prevention, promoting healthy lifestyles, and ensuring equal access to quality health care for all citizens.

7.THE CHALLENGES AND OPPORTUNITIES OF UNDERSTANDING THE QUALITY OF LIFE IN HEALTH

7.1.The difficulties faced in quantifying and improving the quality-of-life

The quantifying and improving quality of life faces various difficulties, the most significant of which are:

a. Subjectivity of the perception of Quality-of-Life perception:

The quality of life is a subjective and variable concept dependent on individual perception, which makes it difficult to measure objectively.

b. Indicators' diversity:

There is a wide range of indicators that must be considered to assess the quality of life (health, education, income, environment, life satisfaction), and integrating these indicators into a unified framework is complex.

c. The cultural and contextual variability:

The cultural and contextual differences significantly influence how quality of life is perceived and assessed, making it difficult to apply universal standards.

d. The impact of external factors:

The economic, political, social and environmental changes can affect the quality of life, and these aspects are often difficult to predict or control.

e. Challenges in implementing politics:

Transforming the quality-of-life data into effective policies requires resources, coordination and political commitment, which is not always easy to achieve.

f. Evaluation of intervention’s impact:

Measuring the impact of interventions on quality-of-life can be complicated because effects can be long-term and interact with a variety of other factors.

These difficulties underline the complexity of addressing quality of life, both in terms of research and policy implementation.

7.2. Opportunities for innovation and progress

There are many opportunities for innovation and progress in improving the quality-of-life, which include the development of emerging technologies, new approaches in the medical field and the improvement of urban infrastructure:

a. Advanced technologies for people-centered cities

In the context of the changed values and lifestyles brought about by the COVID-19 pandemic, there is a focus on maintaining and improving the persons’ quality-of-life. Initiatives like the development of people-centered cities, which emphasize the health, safety and comfort of inhabitants, represent a promising direction for improving the quality of life.[4]

b. Innovations in medical treatments:

Expectations are high for minimally invasive treatments and regenerative medicine that can provide definitive therapies for incurable diseases. Research and development partnerships for particle therapy systems, advanced diagnostic systems and regenerative medicine research have the potential to preserve patients' quality of life and provide innovative treatment solutions.[5]

c. Global health innovations identified by McKinsey Global Institute:

There have been identified ten promising innovations that could have a significant impact on health by the year 2040. These include:

- Omics and molecular technologies: Therapies or diagnostics using different types of molecules in cells, such as DNA, RNA and proteins.

- Next-generation pharmaceuticals: New iterations of traditional chemical compounds and classes of molecules used as drugs.
- Cellular therapy and regenerative medicine: Biological products derived from living cells, used to replace or repair damaged cells or tissues.
- Innovative vaccines: Vaccines that can target incurable diseases such as cancer.
- Advanced surgical procedures: Treatments for injuries or disorders of the body using minimally invasive incisions or small instruments.
- Connected and cognitive Devices: Wearable, ingestible or implantable devices that are able to monitor health and fitness information.
- Electroceuticals: Small therapeutic agents that target the neural circuits of organs.
- Robotics and Prosthetics: A variety of programmable and self-adjusting devices, including surrogates or substitutes for body parts.
- Digital Therapeutics: Evidence-based preventive and therapeutic interventions for a wide range of physical, mental and behavioral conditions, controlled through software.
- Technology-Enhanced Care Delivery: Methods of care delivery that incorporate larger and new data sets, using new analytical capabilities to generate insights and help providers apply them to patients.

These innovations show a powerful commitment for the improvement of the quality of life through technology and medicine.

8.THE FUTURE OF HEALTH POLICY: INTEGRATING QUALITY OF LIFE

8.1.Future directions and development potential.

In the context of demographic changes and global health challenges, the future of health policy is moving towards a deeper integration of quality-of-life (QoL) into policy formulation and implementation. This essay explores future directions and potential for development in this area.

Future health policies will highlight the patient experience, not just the treatment of diseases. This includes assessing patients' emotional, social and environmental needs in addition to their physical and medical needs.
Digitizing and emerging technologies will play a crucial role in improving access to health care and in the continuously monitoring the patients' well-being, contributing this way to improving the quality-of-life.
The use of data and researches to inform health policy will be essential. This will include assessing the impact of interventions on QoL and adapting policies to better meet the needs of communities.
Future policies will emphasize the importance of prevention and health promotion, including healthy lifestyles and risk factor management, to improve population-wide QoL.
Ensuring equal access to high-quality health services for all segments of the population will be a central pillar of future policies, recognizing that health equity is essential for improving QoL.
As a conclusion, the future of health policy will be marked by a deeper integration of the concept of quality-of-life. This will require a holistic approach that considers not only the medical but also the social, emotional and environmental aspects of health. Through innovation, technology and evidence-based policies, the potential for improving the quality of life globally is significant.

8.2. Suggesting innovative models and strategies

In healthcare area, innovative models and strategies focus on improving efficiency, patient outcomes and reducing costs. The following are some significant examples:

a. Innovative primary care models:

New primary care models from non-traditional players such as advanced primary care providers (APCs), retailers and payers have as purpose delivering a more efficient care, improve patient outcomes and reduce costs. By 2030, these

innovative models of reimbursement, care and ownership could capture up to a third of the USA primary care market.

b. Value-based reimbursement models:

The transition from service-based to value-based reimbursement models is a significant source of innovation in primary care. Independent and payer-owned APCs will continue to have a major role here, shiwung better clinical outcomes, lower total costs of care, and greater growth potential.

c. Care models specific to population:

Care models specific to population in Medicare Advantage (MA) and Medicaid have multiple benefits, including a restricted payer environment and higher risk-adjusted rates per member per month. This allows providers to invest in resources and capabilities tailored to the patient population for more coordinated and comprehensive delivery of care.

d. Multidisciplinary care teams:

It is expected that the main primary care providers be able to function in multidisciplinary care teams (MDCTs) with an integrated approach to medical, behavioral health and social determinants of health. These teams can help optimize care delivery to advance patient outcomes and promote health equity

e. Alternative Care Channels and Sites

Care sites are moving from clinics to homes, retailers and digital platforms. Major retailers like CVS, Walgreens, and Walmart have recently entered comprehensive primary care with high ambitions for future expansion. During the pandemic, 18% of primary care visits were virtual, up from just 1% in 2018..

f. Ownership patterns in 2030:

As reimbursement and care models change, owners and investors will need to change their approach. More than half of primary care physicians are in this moment affiliated to a health system, compared to 38% in 2016. In 2030, we expect to see two main strategies for health systems and primary care.

9.CONCLUSIONS

The quality-of-life (QoL) has emerged as an essential concept in modern health policy, reflecting a passage from a strictly medical approach to a holistic one that integrates physical, mental health, social relationships and environmental quality. This multidimensional view recognizes that health is not just the absence of disease, but involves a general state of well-being and satisfaction in all aspects of life.

In health policy, the importance of QoL is highlighted through initiatives aimed not only at the effective treatment of diseases, but also at their prevention, the promotion of a healthy lifestyle and the provision of a safe and supportive living environment. This is reflected in public health programs that pay more attention to mental health, social support and access to quality health care.

The measurements and improving QoL in the population require strategies that consider the variety of individual and community needs. Effective policies in this area must be flexible and adaptable, reflecting the diversity of life experiences and needs of different demographic groups.

As a conclusion, the quality-of-life is a keystone in the construction of a modern and effective health policy. Its holistic and integrated approach not only improves healthcare outcomes, but also has a contribution to the general well-being of society.

REFERENCES

- Aaronson, Neil K., Ahmedzai, Sam., Bergman, Bengt., and Bullinger, Monika. 1993. "The European Organization for Research and Treatment of Cancer QLQ-C30: A Quality-of-Life Instrument for Use in International Clinical Trials in Oncology." *Journal of the National Cancer Institute* 85, no. 5: 365-376.
- Aaronson, Neil K. 1988. "Quality of Life: What Is It? How Should It Be Measured?" *Oncology* 2, no. 5: 69-74.

- Berkman, Lisa F. 2000. "Social Support, Social Networks, Social Cohesion and Health" *Social Work in Health Care* 31, no. 2: 3-14.
- Berkman, Lisa F., and Leonard L. Syme. 1979. "Social Networks, Host Resistance, and Mortality: A Nine-Year Follow-up Study of Alameda County Residents." *American Journal of Epidemiology* 109, no. 2 (1979): 186-204.Blair, Steven N., and Susan Brodney. 1999. "Effects of Physical Inactivity and Obesity on Morbidity and Mortality: Current Evidence and Research Issues". *Medicine & Science in Sports & Exercise* 31, no. 11 Suppl: S646-S662.
- Bowling, Ann. 2001.*Measuring Disease: A Review of Disease-Specific Quality of Life Measurement Scales.* Buckingham [England]: Open University Press.
- Cacioppo, John T., and William Patrick. 2008. *Loneliness: Human Nature and the Need for Social Connection.* New York: W. W. Norton & Company.
- Christakis, Nicholas A., andJames H. Fowler. 2008. "The Collective Dynamics of Smoking in a Large Social Network". *New England Journal of Medicine* 358, no. 21: 2249-2258.
- Chu, Shu-Chuan, and Yoojung Kim. 2008. "Determinants of Consumer Engagement in Electronic Word-of-Mouth (eWOM) in Social Networking Sites". *International Journal of Advertising* 30, no. 1: 47-75.
- Cleeland, Charles S. 1991. "Pain and its Treatment in Outpatients with Metastatic Cancer". *New England Journal of Medicine* 324, no. 9: 592-596.
- Cummins, Robert A. 1997. "Assessing Quality of Life." In *Quality of Life for People with Disabilities*, edited by R. I. Brown, 1-15. Cheltenham: Stanley Thornes.
- Diener, Ed, Eunkook M. Suh, Richard E. Lucas, and Heidi L. Smith. 1999. "Subjective Well-Being: Three Decades of Progress". *Psychological Bulletin* 125, no. 2: 276-302.
- Diener, Edward, Micaela Y. Chan. 2011. "Happy People Live Longer: Subjective Well-Being Contributes to Health and Longevity". *Applied Psychology: Health and Well-Being* 3, no. 1: 1-43.
- DiMatteo, M. Robin. 2004. "Variations in Patients' Adherence to Medical Recommendations: A Quantitative Review of 50 Years of Research". *Medical Care* 42, no. 3: 200-209.
- Eiser, Christine, and Robyn Morse. 2001. "Quality-of-Life Measures in Chronic Diseases of Childhood". *Health Technology Assessment* 5, no. 4: 1-157.

- Fayers, Peter M., and David Machin. 2013. *Quality of Life: The Assessment, Analysis and Reporting of Patient-Reported Outcomes*. Chichester, West Sussex: Wiley.
- Fayers, Peter, and David Machin. 2007. *Quality of Life: The Assessment, Analysis and Interpretation of Patient-Reported Outcomes.* Chichester: John Wiley & Sons.
- Gellert, George A. 1993. "The Importance of Quality of Life Research for Health Care Reform in the USA and the Future of Public Health". *Quality of Life Research* 2, no. 5: 357-361.
- Gold, Marthe R., Joanna E. Siegel, Louise B. Russell, and Milton C. Weinstein, eds. 1996. *Cost-Effectiveness in Health and Medicine.* New York: Oxford University Press.
- Guyatt, Gordon H., David H. Feeny, and Donald L. Patrick,. 1993. "Measuring Health-Related Quality of Life". *Annals of Internal Medicine* 118, no. 8: 622-629.
- Hagerty, Michael R., Robert A. Cummins, Andrew L. Ferriss, Kenneth Land, Alex C. Michalos, Mark Peterson, Andrew Sharpe, Joseph Sirgy, and Joachim Vogel. 2001. "Quality of Life Indexes for National Policy: Review and Agenda for Research". *Social Indicators Research* 55, no. 1: 1-96.
- Hanney, Stephen R., Miguel A. Gonzalez-Block, Martin J. Buxton, and Maurice Kogan. 2003. "The Utilisation of Health Research in Policy-Making: Concepts, Examples and Methods of Assessment". *Health Research Policy and Systems* 1, no. 2.
- Harter, James K., Frank L. Schmidt, and Theodore L. Hayes. 2002. "Business-Unit-Level Relationship Between Employee Satisfaction, Employee Engagement, and Business Outcomes: A Meta-Analysis". *Journal of Applied Psychology* 87, no. 2: 268-279.
- Hemp, Paul. 2004. "Presenteeism: At Work—But Out of It." *Harvard Business Review* 82, no. 10: 49-58.
- Hood, Leroy, and Stephen H. Friend. 2011. "Predictive, Personalized, Preventive, Participatory (P4) Cancer Medicine". *Nature Reviews Clinical Oncology* 8, no. 3: 184-187.
- Katz, Sidney. 1983. "Assessing Self-maintenance: Activities of Daily Living, Mobility, and Instrumental Activities of Daily Living". *Journal of the American Geriatrics Society* 31, no. 12: 721-727.

- Luthar, Suniya S., Dante Cicchetti, and Bronwyn Becker. 2000. "The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work". *Child Development* 71, no. 3: 543-562.
- Moussavi, Saba, Somnath Chatterji, Emese Verdes, Ajay Tandon, Vikram Patel, and Bedirhan Ustun.2007. "Depression, Chronic Diseases, and Decrements in Health: Results from the World Health Surveys". *The Lancet* 370, no. 9590: 851-858.
- Ortega, Francisco B., Jonatan R. Ruiz, Manuel J. Castillo, and Michael Sjöström. 2013. "Physical Fitness in Childhood and Adolescence: A Powerful Marker of Health". *International Journal of Obesity* 32, no. 1: 1-11.
- Phyo, Aung Zaw Zaw, Rosalind Freak-Poli, Hannah Craig, Joanne Ryan, David A. Gonzalez-Chica, Thach Tran, Danijela Gasevic, and Nigel P Stocks. 2020. "Quality of Life and Mortality in the General Population: A Systematic Review and Meta-Analysis". *BMC Public Health* 20, 1596.
- Prince, Martin., Vikram Patel, Shekhar Saxena, Mario Maj, Joanna Maselko, Michael Robert Phillips, and Atif Rahman. 2007. "No Health Without Mental Health". *The Lancet* 370, no. 9590: 859-877.
- Rantanen, Tania, Jack M. Guralnik, Ritva Sakari-Rantala, Suzanne Leveille, Eleanor M. Simonsick, Shari Ling, and Linda P. Fried. 1999. "Disability, Physical Activity, and Muscle Strength in Older Women: The Women's Health and Aging Study". *Archives of Physical Medicine and Rehabilitation* 80, no. 2: 130-135.
- Rosen, George. 1993. *A History of Public Health*. Baltimore: Johns Hopkins University Press.
- Sapolsky, Robert M. 2004. *Why Zebras Don't Get Ulcers*. New York: Henry Holt and Co.
- Seeman, Teresa E. 2000. "Health Promoting Effects of Friends and Family on Health Outcomes in Older Adults". *American Journal of Health Promotion* 14, no. 6: 362-370.
- Seligman, Martin E.P., and Mihaly Csikszentmihalyi. 2000. "Positive Psychology: An Introduction". *American Psychologist* 55, no. 1: 5-14.
- Steptoe, Andrew, Angus Deaton, and Arthur A. Stone. 2015. "Subjective Wellbeing, Health, and Ageing". *The Lancet* 385, no. 9968: 640-648.
- Stone, Arthur A., and Saul Shiffman. 1994. "Ecological Momentary Assessment (EMA) in Behavioral Medicine". *Annals of Behavioral Medicine* 16, no. 3: 199-202.

- The WHOQOL Group. 1998. "Development of the World Health Organization WHOQOL-BREF Quality of Life Assessment". *Psychological Medicine* 28, no. 3: 551-558.
- The WHOQOL Group. 1998. "The World Health Organization Quality of Life Assessment (WHOQOL): Development and General Psychometric Properties". *Social Science & Medicine* 46, no. 12: 1569-1585.
- Topol, Eric. 2015. *The Patient Will See You Now: The Future of Medicine is in Your Hands*. New York: Basic Books.
- Uchino, Bert N. 2006. "Social Support and Health: A Review of Physiological Processes Potentially Underlying Links to Disease Outcomes". *Journal of Behavioral Medicine* 29, no. 4: 377-387.
- Ware, John E., & Sherbourne, Donald C. 1992. "The MOS 36-item Short-Form Health Survey (SF-36): I. Conceptual Framework and Item Selection", *Medical Care* 30, no. 6: 473-483.
- Wilkinson, Richard, and Michael Marmot, eds. 2003. *Social Determinants of Health: The Solid Facts. 2nd ed*. Copenhagen: World Health Organization Regional Office for Europe.
- World Health Organization. 1948. *Constitution of the World Health Organization*. Geneva: World Health Organization.
- World Health Organization. 1995. "The World Health Organization Quality of Life Assessment (WHOQOL): Position Paper from the World Health Organization". *Social Science & Medicine* 41, no. 10: 1403-1409.
- World Health Organization. 1997. *WHOQOL: Measuring Quality of Life*. Geneva: World Health Organization.
- World Health Organization. 2016. "*Framework on Integrated, People-Centred Health Services.*" Report by the Secretariat.