



Measuring Health and Medical Outcomes by Crispin Jenkinson
Review by: R. M. Kaplan
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Book Review

Measuring Health and Medical Outcomes

Edited by Crispin Jenkinson

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1994. 224 pages, 13 illustrations.

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Measuring Health and Medical Outcomes is an edited volume that considers several important developments in health status and quality of life measurement. The book begins with an overview by Crispin Jenkinson, who is the editor for the volume. The overview places outcomes assessment in the context of traditional and emerging models of health, illness and disease and sets the stage for the remaining chapters. These chapters include 10 independent contributions. There is a chapter on subjective health assessment by Gary Albrecht, and a discussion of applications of health status measures by Ray Fitzpatrick. Sue Ziebland reviews issues in the assessment of change in health status, while Kathy Rowan considers global questions and scores. A series of chapters review particular outcomes assessment tools. Jenkinson reports of the Nottingham Health Profile while Lucie Wright describes the SF-36 and the SF-20. The FLP and SIP are summarized by Simon Williams. The final three chapters are devoted to theoretical issues. A chapter by Danny Ruta and Andrew Garratt discusses the relationship between health status and quality of life measurement while reviewing criteria for the evaluation of measures. Matthew Clayton and Andrew Williams take on the difficult problem of distributive justice, while the final chapter by Jenkinson, Martin Bardsley and Kate Lawrence summarize the issues facing the field, including the benefits of health outcomes assessment, unresolved methodological problems and future directions.

There are many positive features

to this book. Most importantly, all of the chapters are thoughtful and well written. Each author takes on an important issue and all chapters review the most current literature. The chapter on the Sickness Impact Profile (SIP) and its UK version known as the Functional Limitations Profile (FLP) offers a nice history and overview of the instruments. The chapter (by Simon Williams) offers a balanced review of the strengths and weaknesses of the SIP. Similarly, the chapter by Lucie Wright provides a short, but accurate summary of the development and evaluation of the Medical Outcomes Study Short Form 36 (SF-36) and the Short Form 20 (SF-20). The Appendices to the chapters include copies of the FLP and SF-36 measures.

In contrast to the chapters on the SF-36 and SIP-FLP, some of the chapters attempt to make more specific arguments. Jenkinson's chapter on the Nottingham Health Profile (NHP) is one example. This chapter is entitled 'Weighting for ill health: The Nottingham Health Profile'. The title leads the reader to assume that the chapter will address issues in preference and utility weighting. Instead the focus is on the rationale for providing subjective weights for components of the NHP. The NHP uses attitudinal scale methods originally developed by Thurstone to assign weights to different items. Jenkinson offers data suggesting that the complex weighting system in the NHP does not enhance its validity or reliability. In fact, standardized scores on the NHP may be surprisingly similar whether the subjective weights or a simply yes-no (0 or 1.0) system is used to score each item.

The critique of the NHP is well argued, but the message may be misleading. The chapter suggests that the subjective scoring system for the NHP is similar to those used for other

measures that produce measures of Quality-Adjusted Life Years. However, the rationale for and application of weights in other measures, is very different. The Health Utility Index, Quality of Well-being Scale, and EuroQol methods are based on very different assumptions. For these methods, the subjective weights are validated and central to the calculations. Since the NHP does not score outcomes on a scale anchored by death, it is not generally considered appropriate for QALY calculations.

Across chapters, the book is strongest on sociological, philosophic and psychometric aspects of outcome measurement. It is weakest on medical and economic considerations. For example, there is little discussion of the use of outcome measurement in controlled clinical trials or pharmaceutical studies. The one exception is the chapter by Fitzpatrick that briefly describes each of these areas of application.

A more serious concern is the failure to develop the role of outcomes assessment for public policy. Several chapters hint at the role of outcomes assessment in policy analysis but fail to address the issues characteristic of current methodological and theoretical debates. The Rowan chapter does an excellent job of reviewing global questions, but does not address the need for indexes required to estimate QALYs. Without an overall score on a 0-1.0 continuum, cost/utility analyses are not possible. Methodological critiques of the difficulties in establishing QALYs are legion, but these debates are not reviewed in this chapter. Another chapter by Clayton and Williams is about the role of subjective health status assessments in resource distribution. The chapter is particularly clear in describing distributive justice and linking outcome measurement to welfare economics. However, it focuses on the SF-36, a

measure acknowledged by its developers as inappropriate for resource allocation modelling. Economic theory bases measure specifically designed for resource allocation modelling are not even mentioned in the chapter.

In summary, *Measuring Health and Medical Outcomes* is an important and well-written book. The chapters are

original and thoughtful. In many cases, new insights are offered. The book gains lower marks for comprehensiveness. The back cover of the paperbound edition correctly describes the need to critically evaluate the wide range of measures that are currently available. However, this book falls short of its claim to being the 'only text of its type'. The book will com-

plement but not replace other books on the measurement of health outcomes.

R. M. Kaplan
University of California, San Diego