

Abstract

Quality-of-life (QOL) has emerged as an important outcome measure of the quality of cancer care while patient satisfaction with care is used to assess the performance of practitioners and care organisation. The present study was conducted to assess quality-of-life and satisfaction with care in a cohort of patients diagnosed with cancers of lip/oral cavity/pharynx, breast, oesophagus, cervix uteri and bronchus and lung.

The QOL core questionnaire, disease-specific modules on head and neck, breast, oesophagus, cervix uteri and bronchus and lung cancer and the satisfaction with care module of the European Organization for Research and Treatment of Cancer (EORTC) were translated into Sinhala and validated prior to their use in the assessment of QOL and satisfaction with care. QOL was first assessed using the validated questionnaires at diagnosis. The patients were followed up for four months and their QOL was re-assessed along with satisfaction with care.

The overall health status/QOL at diagnosis was low overall (mean score 54 in the 0 to 100 scale). Patients with cancer of bronchus and lung had the worst QOL at diagnosis (mean score 39.6). The deterioration in QOL during the four months after diagnosis was statistically ($p < 0.001$) and clinically (difference > 5 points) significant. The worst deterioration was seen in patients with cancer of cervix uteri (by 16.4 points). Weak physical, role and emotional functioning was a common feature at diagnosis while significant deteriorations were seen in role and social functioning during treatment in almost all cancers. Pain was a main problem at diagnosis and worsened markedly during treatment. Other symptoms including side effects of treatment such as nausea and vomiting were common. Family support and financial difficulties were adversely affected during the period of follow up. Age ($p < 0.05$) and site of disease ($p < 0.001$) were significantly associated with the overall health status/QOL at diagnosis while co morbidity ($p < 0.05$) was the only variable significantly associated with the change in overall health status/QOL.

Except for doctors' technical skills (mean score 68.1 in the 0 to 100 scale), satisfaction with dimensions measuring interpersonal skills, provision of information and availability of doctors, nurses and other hospital personnel was low. The level of satisfaction with waiting time, ease in finding one's way within the hospital, comfort and cleanliness and ease of access was worse.

The low QOL at diagnosis and its deterioration during initial treatment have highlighted the need to incorporate steps in the management of cancer patients towards preserving and improving their QOL. Aspects of care provision requiring attention regarding medical personnel and care organisation have also been identified.

