"Quality of Life": An Ambiguous Expression

The expression "quality of life" appears ever more frequently in the language of clinical decision-making. Indeed, it has become so much a part of the jargon of contemporary health care that it seems fruitless to oppose or to avoid its use. This expression admittedly indicates a general and rather vague notion, and people are likely to have somewhat different ideas about which conditions constitute good or bad, high or low, quality of life.

The Problem

On the one hand, we need general and vague concepts. Since the ambiguities in various uses of the expression can be removed by discussion, one can hardly object to the expression simply on these grounds. On the other hand, many people, particularly those who wish to maintain traditional ethics in health care, are deeply suspicious of the use of this expression, and with good reason. This term has a history and a set of connotations which, to say the least, are suspect. The expression entered medical parlance in a clearly ideological context. It has been used to name an approach to bioethical decision-making which, by definition and intent, is opposed to the traditional "sanctity of life" ethic.

Objections to the Expression

The expression "quality of life" does not oppose the traditional approach to bioethical decision-making because the latter is indifferent to the hardships that medical treatment imposes on some patients or because the traditional approach denies that the outcomes of some treatments are predictably something short of full health or normal human capacity and functioning. Traditional ethics admits both these sad realities. To say that a congenitally retarded person would have a low quality of life, even after medical science had done its best, is to make an uncontroversial judgment. Likewise, when the prospects for normal, unhindered functioning of a cardiac patient are very poor, a sanctity of life ethic might agree that his quality of life will be low, or at least lower than the ideal. Everybody agrees that the conditions of patients such as these are less desirable than they might be.

It follows, then, that "quality of life" judgments can be true, and sanctity of life ethics recognizes this fact. Where the opposition to traditional ethics emerges is in some of the uses to which these judgments are put and in the connotations of the expression which tempt us toward these uses.

Personal Dignity

Perhaps, most importantly, there is the suggestion, made explicit in much bioethical writing, that those persons who have a lower quality of life also suffer a corresponding diminishment of their human dignity and, consequently, of their claim on the care of others and the health care resources of society.

Sanctity of life affirms not only the immunity of all from unjustified harms, but also asserts the fundamental equality of all human beings in personal dignity. The Church firmly rejects any tendency to discrimination contrary to the sanctity of life.

The first principle, which is one that must be stated clearly and firmly, is that the disabled person (whether the disability be the result of a congenital handicap, chronic illness or accident, or from mental or physical deficiency, and whatever the severity of the disability) is a fully human subject, with the corresponding innate, sacred and inviolable rights. This statement is based upon the firm recognition of the fact that a human being possesses a unique dignity and an independent value, from the moment of conception and in every stage of development, whatever his or her physical condition. A perfect technological society which only allowed fully functional members and which neglected, institutionalized or, what is worse, eliminated those

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who did not measure up to this standard or who were unable to carry out a useful role, would have to be considered as radically unworthy of man, however economically successful it might be. Such a society would in fact be tainted by a sort of discrimination no less worthy of condemnation than racial discrimination; it would be discrimination by the strong and 'healthy' against the weak and the sick (Document for the International Year of Disabled Persons, I, Basic Principles. L'Osservatore Romano, Eng. ed., 23 March 1981, 6).

Another implication of the term quality of life is that, in the case of a retarded child, for example, who cannot make medical decisions for himself, the quality of life is judged to be so low that it is simply not worth living. Now, it may be correct to judge that the quality of life of a retarded child is poor. However, for others to decide for that reason that the child's life is not worth living is an obviously unfair imposition of one person's rather arbitrary standards onto another. After all, the person or persons involved may have a very different idea about what kind of life is "worth living."

**Proportion between Burdens and Benefits**

In addition to the very serious problems about basic justice which the idea of quality of life raises, it tends to skew practical reasoning about life and death decisions away from a proper consideration of the relevant factors. Traditional ethics focuses on the burdens and benefits of medical treatment; once the burdens of treatment are known, they are compared to the projected benefits of the treatment and a determination is made as to whether the treatment is disproportionately burdensome. Of course, the benefits of medical treatment are related to the patient's quality of life. But quality of life thinking tends to ignore the proportion between the burdens and benefits of treatment and to base decisions about treatment on the quality of life alone—on the patient's overall condition and prospects for normal living.

Why should quality of life be primary to life and death decisions? One clear reason: some lives are not worth living. This is the reason which suggests itself in the language of quality of life and points to the deep reasons for suspicion about this idea. Who are we to decide that some life is not worth living? How could we possibly know this? Even if we thought we did know it, could we act on it without failing to respect the equal worth of every human life? And if we can let a person die simply because of his or her low quality of life, then why not also kill that person painlessly, as many advocates of euthanasia who parade under the quality of life banner are now openly admitting?

In a word, the expression "quality of life" may be common; it may state truths, and it may often be harmless. But it is loaded language which should always be carefully analyzed, first, by anyone who wants to think about these difficult questions and not simply use slogans and, secondly, and most importantly, by those who wish to maintain the sanctity of life.

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