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QUALITY OF LIFE OF CANCER PATIENTS, CRISIS AND ADAPTATION

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Cancer and cancer treatment are generally assumed to have a negative impact on certain aspects of life. Thus, the patient's evaluation of these aspects may have a negative influence upon quality of life (QL) as a whole. However, review of the literature on the QL of cancer patients shows less deterioration than might be expected.

A study was conducted to investigate a) whether QL is different following a cancer diagnosis and b) which factors influence the QL of cancer patients. Based on crisis theory it was hypothesized: 1. that QL will be worse in times of crisis (after diagnosis and during intensive treatment), 2. that the problem stimulus is larger, and 3. that the problem-solving mechanisms fall short within the usual time range (Caplan, 1964).

These hypotheses were tested in a group of cancer patients in crisis (either newly diagnosed and surgically treated or undergoing chemotherapy, (N=208), as compared to a group of disease-free patients (N=198) and a sample of the normal population (N=205). Questionnaires were mailed, response was satisfactory (76%, 85% and 72% respectively). Cancer patients in crisis had a lower QL (affectively [t-test, $p < .01$] as well as cognitively [$p < .05$], but disease-free patients had not. Most aspects of life were impaired in patients in crisis and also, although less so, in disease-free patients. Coping resources and coping responses turned out to be less effective in cancer patients in crisis (Fisher Z, $p < .05$) than in patients in crisis and in the 'normal' controls.