GLOBAL QUALITY OF LIFE (QOL), HEALTH AND ABILITY ARE PRIMARILY DETERMINED BY OUR CONSCIOUSNESS. RESEARCH FINDINGS FROM DENMARK 1991–2004

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ABSTRACT. **Objective:** To explain the global quality of life (QOL) from 2000 indicators representing all aspects of life. **Design and setting:** Two cross-sectional population studies, one prospective cohort study and one retrospective cohort study. **Participants:** (1) Representative sample of 2500 Danes (18–88 years), (2) 7222 members of the Copenhagen Perinatal Birth Cohort 1959–1961 (31–33 years), (3) 9,006 mothers and their 8820 children born in Copenhagen 1959–1961, (4) 746 Danes (55–66 years). **Main outcome measures:** Global QOL measured by SEQOL (self-evaluation of QOL) containing eight global QOL measures: Well-being, life-satisfaction, happiness, fulfillment of needs, experience of temporal and spatial domains, expression of life’s potentials and objective factors. **Results:** 2000 associations; strongest between QOL and health, ability, the personal philosophy of life, the relationships to oneself, the partner and friends; weakest between QOL and 1000 early life factors, 1000 life events and 100 objective factors like income. **Conclusions:** Quality of life is associated with personal health and attitude towards life, rather than objective factors, life style, or life events. We conclude that QOL can be developed independently and thus be used as medicine.

INTRODUCTION

The concept of Quality of life (QOL) has become an important topic both in the health field, social welfare and the political debate. Enhancing the QOL is more and more considered to be an objective in treatment and prevention of illness together with the provision of psychosocial support. For the last three decades QOL has been a major issue of debate in Denmark, and in recent years the concept of QOL or living “a good life” has been the subject of a
number of philosophical and psychological studies in Denmark (Aggernæs, 1989; Henriksen, 1992; Holm et al., 1994; Kemp, 1991; Merrick and Ventegodt, 2003; Sandøe, 1992; Ventegodt, 2003; Ventegodt & Merrick, 2003f; Ventegodt et al., 2003m–w). It is becoming increasingly apparent that illness is closely related to the individual perception of a good life, and therefore the exploration of indicators related to QOL appears to be of broad importance for the prevention and treatment of diseases.

Our search for describing QOL was built on the foundation that our QOL must be composed of items that are known to us. Therefore a comparative valuation of these items must be our chief instrument for deciding the degree of QOL of the person studied. The best QOL will be the state that contains the greatest number of items having a positive value according to our own estimate. In order to arrive at correct decisions as to which items should be included in the questionnaire, it was necessary to consider what we would judge to be good and consider what comparative values to attach each item. From this approach we created the self evaluation of QOL (SEQOL) questionnaire.

Identifying, which factors constitute a good life may reveal an understanding about what areas in life should be encouraged, in order to enhance the global QOL. In this paper we present results from studies initiated in 1989 to examine QOL in relation to disease. The purpose of this presentation is to assemble the results from the study carried out in the years between 1993 and 1997, examining a total of 11 000 Danes, to show the association between QOL and a wide series of social indicators, in the ambition to make an almost complete map of QOL and the factors determining QOL and health (Ventegodt, 1995a–b; Ventegodt, 1996a; Ventegodt, 2000). We include three major lines of indicators: indicators of the present life, indicators of the personal history (life events), and indicators from the beginning of life, including a series of social and biological factors. Our belief was that a part of the variation of QOL in the adult population could be explained by biological and social heritage, another part could be explained by life event – happy and unhappy – and a third part could be explained by the conscious choices in life, recently, here and now.