To the Editor.—Drs Leplège and Hunt¹ raise important concerns about quality-of-life measurement in medicine. However, we take issue with 3 critical points. First, quality-of-life methodology does not always "ignore the relative meaning and importance given to such tasks and roles by the individual." Some questionnaires are beginning to be used, such as the Schedule for the Evaluation of Individual Quality of Life² or the Functional Assessment of Cancer Therapy,³ that include for each domain a patient-assigned score related to overall quality of life (multiattribute method of preference assessment). In such instances, patients can weigh the importance of any domain referred to their own life, and individual judgments can be modeled mathematically. This approach, although time intensive, aims to improve quality-of-life methodology and attempts to alleviate problems related to the generalizability of standard instruments.

Second, Leplège and Hunt write that "too often, the patients are asked to complete questionnaires that do not reflect their concerns." But for almost all quality-of-life questionnaires, item generation is performed with patients believed to have particular insight into the condition under study and with patient focus group discussions.⁴ Moreover, many instruments or modules are constructed, with the same method, for specific diseases⁵ to increase sensitivity of measurement.

Third, and most important, we are attracted to the "existential approach" and its particular attention to the individual, but we believe in the usefulness of a scientific method to measure quality of life. Usually the objective of a study is not to find the greatest good for a single person but the greatest good for a population, moving from an individual perspective to a societal one. Even for quality-of-life measurement, only large clinical studies, designed and conducted with rigorous statistical standards, allow a hypothesis to be tested and, thus, offer useful results. We believe that this is possible for quality-of-life assessment, until new scientific approaches are validated, by formulating standardized questions and analyzing answers with standardized modalities. For this purpose, psychometric properties must be evaluated to demonstrate the reproducibility of a method. Nevertheless, universal results can be individualized and personalized.

We believe in evaluating the patient's perspective of his or her own health status. It represents a valid attempt to get over the supremacy of "objective" to look more attentively for the needs of any person. The quality-of-life method is useful in implementing the patient's point of view into clinical practice and decision processes. Therefore, future efforts should address improving quality-of-life definition and methodology and diffusing it into clinical settings.