Associations of poor quality of life (CASP-19 score ≤ 44 , the median value) with the presence of long standing illness with and without functional limitations (adjusted for age and sex)

the odds ratios of poor quality of life (less than median CASP-19 score) for long standing illness without and with functional limitation. People without long standing illness were the reference group. As a precaution against response bias (poor psychological health affecting the self reports of both functional limitation and quality of life), we repeated the analyses after excluding all study subjects who were clinically depressed on the Center for Epidemiological Studies Depression Scale.⁴

The mean CASP-19 score in this sample was 42.5, with a standard deviation of 8.6 and a range of 7-57. After controlling for age and sex, the odds ratio of long standing illness without functional limitation was 1.25 (95% confidence interval 1.12 to 1.39) and that of long standing illness with functional limitation was 5.34 (4.80 to 5.94; figure). These ratios attenuated somewhat when we excluded people with depression (odds ratios of 1.05 and 3.47).

Comment

In older patients, the impact on quality of life of functional limitation due to long term illness is more than four times greater than long term illness by itself; a difference which is affected little by response bias. Patients place high value on their quality of life. If the General

What is already known on this topic

Older age groups are at increased risk of reduced quality of life due to long term illness and concomitant functional limitations

What this study adds

The impact of functional limitation due to long term illness on reducing quality of life is more than four times greater than long term illness by itself

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Medical Services contract wishes to recognise the patient's perspective, it needs to be amended to include functional limitation due to chronic disease.

This conclusion adds to, rather than challenges, the medical perspective of the present contract. Monitoring, and trying to alleviate, functional limitation should become normal parts of patient care. This apparently simple recommendation has implications for consultations on the General Medical Services contract, the role of non-medical support in the care of patients with chronic disease, the training of primary care staff and the National Service Framework for Older People.⁵

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My favourite surgical instrument

When I started as a registrar in orthopaedics, one of the first consultants I worked with always used a MacDonald's dissector when things were difficult. His theatre sister remarked to me quietly that he could not operate unless it was on the scrub trolley. The instrument is used to tease soft tissues away from major structures such as nerves, tendons, and arteries as well as a lever to hold tissues away from bone.

By the time I became a consultant, I too could not get by in difficult situations without it, and I was irked by my inability to find out who MacDonald was, where he worked, and in what branch of surgery he practised. I looked on the web, including www.whonamedit.com, made inquiries of the Wellcome Foundation and manufacturers, and examined the Royal College of Surgeons register of fellows without success.

Thankfully, one fine day, my scrub nurse, Julie Ballard, rang to say, "Eureka, we have found him." She had telephoned the Charles Thackray Museum in Leeds, and the curator of instruments had been extremely helpful. To my surprise, Greville

MacDonald was born (in 1856) in Manchester, where I practise. He was the eldest son of the notable Scottish poet and novelist George MacDonald.

In 1876 he enrolled at King's College Hospital Medical School and, after qualifying, briefly served as an assistant to Joseph Lister, when his main responsibilities were to clean and sterilise surgical instruments. He had a distinguished career as a throat specialist, serving as professor of laryngology at King's from 1889 to 1904. Increasing deafness prompted his resignation, and he retired to Haslemere, where he spent the remaining 40 years of his life writing novels for children and delving into biography and autobiography. He was also an accomplished critic, evident in his analysis of his father's novels and poems, *The Life of George MacDonald and his Wife*. He died in Haslemere in November 1944.

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