



## Professional article

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## RESEARCH ON QUALITY OF LIFE CONCEPT CONDUCTED AT THE FACULTY OF MEDICINE IN NIS

## SUMMARY

By focusing on the subjective experience and personal perception of an individual, the quality of life concept in medicine has enabled an essentially new approach to issues regarding health and illness, thus drawing attention of researchers from all over the world. The aim of this paper was to show the research on quality of life, conducted at the Faculty of Medicine in Nis. The data was collected by searching the articles published in journals quoted in Medline database, as well as by examining lists of PhD thesis and MSc thesis, defended at the Faculty of Medicine in Nis, which in their title had a term "quality of life". Until the end of March 2007, over 19 500 studies were published in the world, in various medical fields, whose primary aim was to determine the quality of life. Out of this number, 22 are the work results of national authors, two of which are from Nis. At the Faculty of Medicine in Nis, 3 PhD theses, as well as 7 MSc theses have been defended on the quality of life. At the beginning of 2004, the monograph "Quality of life in mental disorders" was published. To date, relatively rare researches on quality of life, conducted in a small number of medical fields, have been carried out at the Faculty of Medicine in Nis. They represent a call for more active and diversified involvement of the category of personal experience of people suffering from illness in planning future scientific projects and studies.

*Key words:* quality of life, research, Faculty of Medicine

## INTRODUCTION

The collection of accumulated medical knowledge of the past centuries together with today's contemporary technology enabled early discovery, elimination of causes and reduction of illness consequences. Thus, medical science has come closer to its basic goal-the prolongation of human life-span than it has ever been before.

And just when it seemed that the medicine had justified the purpose of its existence, questions regarding appropriateness of thus achieved quantity of life emerged. Such thinking first occurred to those who had seemingly profited the most out of such

level of development of science on treating and nursing the ill - chronically ill persons. Their main objections were related to the fact that, while being involved with mainly the symptoms and damages caused by the illness, the medicine forgot about the patients, their experiences, needs, fears and hopes. Instead of being addressed by their personal names, the sick were addressed by the name of the diagnosis they had, number of the room and bed of the hospital they were in. The conversation and meeting of two human beings was replaced by the use of expensive equipment, staring at the computer screens, reading of the printed results, communication over the counters and microphones (1). Reduced to mere

objects of the treatment, a body without soul, a face without voice, patients were actually being socially numbed, even though they were still alive in the biological sense (2).

The experts also contributed to such a way of thinking. By remembering the essential principle of the medical profession, which says that "it is more important to know which patient has illness than which illness has a patient" (1), as well as reminding doctors about the great need to rely on the sophisticated diagnostic-therapeutical methods (3), they were actually indicating the necessity for reaffirmation of holistic and humane approach in medicine.

This is how an essential and new concept in medicine appeared, whose aim is no longer just prevention and lessening the symptoms of illness and its consequences, but also a fight for better, fuller and more dignified life of a person, called "quality of life".

Quality of life is a generic concept which reflects interest in improving general life attributes. This is why it is designed in such a manner to include all important conditions for a fulfilled life. However, since many aspects of life do not reflect directly, but are first refracted through a prism of subjectivity, the central place in studying quality of life is given to the subjective experience and individual perception of an individual.

World Health Organization (WHO) defines the quality of life as "individuals' perception of their position in life in the context of the cultural and value system they live in and in relation to their goals, expectations, standards and concerns" (4), and by emphasizing the importance of the subjective evaluation, the definition reflects essential characteristic of quality of life concept.

Researching a great number of subjects followed by a careful analysis of the mentioned relevant life dimensions, it was established that the categories necessary for life quality are similar, or even identical for people all over the world (5). In the range of life aspects which deserve attention, health is highly valued and it is ranked among the first according to importance. Although the influence a health state has on the total, life can be compared to the effect of a stone thrown into the water, and although almost all life components, even indirectly, reflect in health, those two concepts cannot be equal. This is why a term "Health-Related Quality of Life" (HRQOL), which is related to the application of quality of life concept in medicine. HRQOL primarily deals with those factors which are included in the area of responsibility of health protection systems and health employees (6). The basic domains included by HRQOL are physical,

functional, psychic and social state, and the evaluation is made based on experiences, expectations and perceptions of people suffering from illness (7). The fact that this is the only suitable way of measuring quality of life in the field of health state can be also concluded based on the recent announcement of the US Food and Drug Administration, where it is highlighted that they can allow the claims that some drugs improve HRQOL, but not quality of life in general, because it has been very difficult to show such broad effects from drugs that are directed at particular symptoms (8).

As HRQOL can capture the essential aspects of psycho-social outcome of the illness, which could not be measured by traditional, biomedical indices, it was quickly accepted as a really new life paradigm. In medical, scientific and expert public there was a real explosion of interest in this topic, which resulted in great number of conducted research and studies.

The aim of this paper was to show research on quality of life conducted at the Faculty of Medicine in Nis until the end of March 2007 inclusive.

## MATERIAL AND METHODS

The data were collected by researching the works of international and national authors, published in journals quoted in Medline database, as well as by examining lists of PhD thesis and MSc thesis defended at the Faculty of Medicine in Nis. For further analysis and review only the references which in their title include the term "quality of life" were selected considering the fact that the title is a condensed indicator of the content and essence of the scientific-research work.

## RESULTS

Quality of life concept was first introduced in medicine in 1966, in the magazine *Annals of Internal Medicine*, by J.R.Elkinton, in the text entitled "Medicine and quality of life". During the first four years since the introduction of the new term in professional medical literature, there were only four published papers which used the term "quality of life". In the seventies of the last century, a considerable increase in this topic was noticed, and year after year it continued to increase. Thus, in 1976, 39 papers were published which in their title contained quality of life concept, in 1986 there were already 111 papers, and in 1996 there were even 717.

For the review of references published in the last five years (2002 – 2006) four-number digits must be used (Table 1), and the same is expected for the current 2007 during which only in the first quarter 769 researches have been published.

Table 1. Number of published researches on quality of life in Medline database in the period from 2002 to 2006

	Number of researches	Increase in relation to the previous year (%)
2002	1360	
2003	1653	21 %
2004	1932	16 %
2005	2195	14 %
2006	2299	5 %

By researching the Medline database, more than 19 500 studies can be found whose primary aim was determining quality of life. The most prevailing among them are those published in the fields of oncology, cardiology and nephrology.

Out of this number, 22 studies are the results of the work of national experts. The first published national papers on quality of life are from 1997, out of which, one is original and others review. Further

movements of interests of our experts can be seen in Table 2, which shows the year and the total number of published works, as well as diagnostic or therapeutical field in which the research was carried out. From the mentioned Table review it can also be seen that, so far, in our country the most numerous research of HRQOL has been conducted in the fields of nephrology, pulmonology and neurology.

The team of Nis experts, from the Institute for nephrology and hemodialysis and Faculty of Medicine, appears as the author of two papers (9, 10). The papers research the influence of comorbidity, age and income on HRQOL patients treated with hemodialysis.

At the Faculty of Medicine in Nis, three PhD theses were defended whose aim was to estimate quality of life in the field of pulmology, nephrology and psychiatry (Table 3). Seven MSc theses were defended on the same topic (in oncology and pulmonology two and one in psychiatry, dermatology and urology) (Table 4).

Table 2. Research of national authors on quality of life published in Medline database

Year	Number of researches	Field
1998	1	Chronic renal failure
2001	1	Serbian version of the Questionnaire on Children's health
2003	1	Active solders
2004	2	Laryngectomy Serbian version of the questionnaire on QOL in asthma
2005	8	Bronchial Asthma Allergic rhinitis Serbian version of the questionnaire on QOL in epilepsy Osteoporosis Lung diseases Sarcoidosis (2 x) Heart failure
2006	5	Migraine Depression Hemodialysis Chronic renal failure Physical therapy
2007	2	Hemodialysis Multiple sclerosis

Table 3. PhD thesis on quality of life defended at the Faculty of Medicine in Nis

Year	Title of the thesis	Author
2002	Quality of life in patients with locally advanced and metastatic nonmicrocellular bronchial cancer	Rancic M.
2003	Comparative analysis of quality of life of paranoid schizophrenics in the conditions of hospital and non-hospital treatment	Vukic D.
2004	The Influence of adequacy of dialysis and comorbidity on quality of life of patients treated with hemodialysis	Stojanovic M

Table 4. MSc thesis on quality of life defended at the Faculty of Medicine in Nis

Year	Title of the MSc thesis	Author
1999	The importance of reduction of the volume dose on small intestine with radio therapy of malign womb tumors by application of special conditions of radiation for results of the treatment and quality of life	Ljubenkovic S
2000	Comparative, subjective and objective quality of life parameters in patients suffering from bronchial asthma before and after the rehabilitation	Isakovic Lj.
2001	Quality of life in patients with children's asthma treated with inhalatory corticosteroids	Kamenov S.
2003	The influence of paranoid schizophrenia in the family on quality of life of its members	Trajanovic Lj.
2003	Supportive therapy and quality of life estimation of oncological patients in conditions of home treatment and care	Zarkovic S.
2005	Quality of life of patients after transuretral and transvesical prostatectomy	Laketic D.
2005	Quality of life of patients with inflammatory dermatoses and isolated skin lesions, measured by SKINDEX-29 questionnaire	Pivac-Marinkovic D.

## DISCUSSION

Since its promotion, approximately 40 years ago, the concept of quality of life has caused constant interest of researchers from different fields of medicine. Several hundreds of instruments for its measurement and estimation have been discovered, and the most important areas of application have been identified. It was introduced as a special subject in MEDLINE database in 1975 and in 1977 it was accepted in the Index Medicus. Since 1991, a scientific magazine "Quality of Life Research" started being published, which specialises in this field, and two years later International Society for Quality of Life research. Today, it is recognized as the main purpose of the concern for human health.

The first study on quality of life in our country was started in 1992 at the University Clinic for Cardiovascular Surgery of the Institute for Cardiovascular Diseases in Sremska Kamenica. Its authors deserve credit for the introduction of the new medical concept in Yugoslav expert and scientific practice, as well as for publishing our first monograph on quality of life (11). In 1997, Serbian Academy of Science and Arts (Interdepartmental

committee for biology of human reproduction) organized the first meeting about "Medicine and quality of life" in this region, thus, giving scientific legitimacy to this new concept of health and illness. Actually, this period marks the beginning of more significant interest and dealing with the concept of quality of life in our country.

The reasons for delay in applying quality of life concept can partly be explained by the socio-economic circumstances in our country of that time. The flow of information, necessary for spreading and development of scientific thoughts, was utterly reduced. Applying the instruments for measuring the quality of life required, first of all, the authorised approval of its designers, then standardization and validation of translation to Serbian language. Often, considerable financial investments for acquisition of specific questionnaires were also required. In addition, it was necessary to overcome internal resistance of the medical workers, who, in the construct which insisted on involving the beneficiaries of the health protection system in decision making, could see a threat to their, until then, ultimate authority in this field.

However, those who managed to overcome all objective and subjective obstacles have started to give considerable contribution to quality of life concept in the last ten years. Among them are scientific medical workers from Nis. They published the results of their work firstly through oral announcement at various congresses, symposiums and meetings. This was followed by a period of conducting quality of life studies during making of PhD and MSc thesis (12-14). In the last several years, original scientific works or expert articles in national, international magazines and almanacs were published. One of the rare and valuable national publications on quality of life, which also contains authentic scientific-research data from our regions, the monograph "Quality of Life in Mental disorders", also belongs to the team of Nis authors (15).

The review of the to-date activities in our professional and scientific literature shows that the concept of quality of life is mostly accepted in the field of hemodialysis and psychiatry. These branches of medicine involve everyday contacts with people suffering from serious and long-lasting diseases, for which causative solutions have not been found yet, and this is why it is easy to understand the

efforts of Hippocrat's followers to relieve sufferings and make life easier and more pleasant particularly to this category of patients, i.e. so that they can have quality life.

## CONCLUSION

The use of quality of life concept offers irreplaceable, exclusive and "firsthand" information on influence which illnesses or applied therapeutical methods have on a patient. This is why today in contemporary medicine it is obligatory to recommend that its research becomes a routine part of work in clinical disciplines in order to achieve the proclaimed aims in accomplishing health of people until 2010, which are directed to increase of life-span and quality of life.

Having this in mind, it seems that so far research on quality of life has been relatively rare at the Faculty of Medicine in Nis and that it has been conducted in the small number of medical fields. Their review is at the same time a call for more active and diversified involvement of the category of personal experience of people suffering from illness in planning future scientific projects and studies.

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## ISTRAŽIVANJE KONCEPTA KVALITETA ŽIVOTA NA MEDICINSKOM FAKULTETU U NIŠU

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### SAŽETAK

Davanjem centralnog mesta subjektivnom doživljavanju i individualnoj percepciji pojedinaca, koncept kvaliteta života u medicini je omogućio suštinski nov pristup pitanjima zdravlja i bolesti, izazivajući time veliku pažnju istraživača širom sveta. Cilj ovog rada bio je da prikaže istraživanja na temu kvaliteta života, obavljena na Medicinskom fakultetu u Nišu. Podaci su dobijeni pretraživanjem radova objavljenih u časopisima citiranim u Medline bazi podataka, kao i pregledom spiska odbranih doktorskih i magistarskih teza na Medicinskom fakultetu u Nišu, koji su u svom naslovu sadržali termin "kvalitet života". Zaključno sa krajem marta 2007. godine, u svetu je publikovano preko 19 500 studija iz različitih oblasti medicine, čiji je primarni cilj bio utvrđivanje kvaliteta života. Od ovog broja, 22 su nastale kao rezultat rada domaćih stručnjaka, među kojima su i 2 rada niških autora. Na Medicinskom fakultetu u Nišu odbranjene su 3 doktorske teze, kao i 7 magistarskih teza na temu kvaliteta života. Početkom 2004. godine izdata je monografija "Kvalitet života kod mentalnih poremećaja". Do danas su relativno retka istraživanja kvaliteta života na Medicinskom fakultetu u Nišu, uz to sprovedena u malom broju medicinskih oblasti, ujedno su i poziv za aktivnijim i raznovrsnijim uključivanjem kategorije ličnog iskustva ljudi pogođenih bolešću pri planiranju budućih naučnih projekata i studija.

*Ključne reči:* kvalitet života, istraživanje, Medicinski fakultet