

QUALITY OF LIFE AND HANDLING OF CANCER OR AIDS WITH IMUNOMODULADOR CANOVA®

Dr. Paulo Castanheira, Dr. José R. Brito, Dr. Iso Fischer, Dr. Daniel Feliú

The treatment of cancer or AIDS with Immunomodulator Canova® is a therapeutically alternative method that aims the clinical recovery, longer life and the best life quality of the patient who has cancer or AIDS. This multicentric study has as objective to identify the perceptions of the individuals treated with Immunomodulator Canova® on life quality and to correlate them with the meaning attributed to the treatment. The sample will be constituted of 92 patients who regularly undergo the treatment with Immunomodulator Canova®. It will be made the characterization of the Socio-demographic profile. Flanagan's Life Quality Scale will be applied. The Study will evidence the direct association that the treated patients will establish between life quality and being alive, attributing to the treatment a magical representation of the proper condition of being alive.

Word-key: life quality, treatment, Welfare

INTRODUCTION

The treatment of cancer or AIDS is not an event, but a process that remains for all the patient's life. In some cases, the treatment can mean improvement of life conditions; in others, new focuses of problems instead of the old ones. The patients undergo a sequence of adjustment phases during this process. Many of them assimilate the idea that having their good health back only depends on the treatment. The possibility and the ability to keep the normal life, considered of good quality in the patient's point of view, depend, however, of some criteria. These vary from person to person, involving the individual perceptions and necessities, besides the adjustment capacity to restrictions imposed for the treatment.

This reality, in which we professionally live, will propitiate to objectify, in this study, the identification of the perceptions on the life quality in the people who undergo the treatment with Immunomodulator Canova®, once the life quality became accepted criteria for the evaluation of the medical care.

As the life quality involves a subjective question, with great individual variation, questionnaires with quantitative scale punctuation, it seems to be an efficient and trustworthy approach. Thus, in this study, it was chosen to use Flanagan's Life Quality Scale.

Working the perception of life quality will be the possibility to reach what it is for the patient, therefore, according to Piovesan, the perception denotes a sensory experience which determined fact gets sense or meaning. The perception process is given by means of the variables sensation (biological phenomenon) and interpretation (psychosocial phenomenon).

Finally, there's a search to identify the meaning of the treatment with Immunomodulator Canova® in the patient's life quality, having as basis what Ferreira declares us: "The sign function is to communicate ideas through messages, i.e., the sign has the objective of transmitting information, being part, thus of a communication process. These messages that the sign aims to communicate have the objective to produce content in the brain, where the message is the significant and the content is the meaning."

This means that the treatment with Immunomodulator Canova® passes from sign to meaning, from the moment it is shared by the social group, capable to attribute sense to the social meaning.

QUALITY OF LIFE

The interest in concepts as "life pattern" and "life quality" was initially shared by social scientists, philosophers and politicians. According to Zhan, the term life quality was already argued in the old philosophy of the Occident and the East. For Aristotle, the idea of life quality is something next to happiness, of feeling fully realized. In the Chinese philosophy, the life quality is related to the balance between the positive and negative forces, represented by the concepts of Yin and Yang.

In the health field, Zhan points to the fact that the first references to the term appear in the concept of health divulged by World Health Organization (WHO) in 1947, when health turned not to be defined only the illness absence, but incorporating the person's good physical, mental and social conditions. Currently, the Group of Life Quality of WHO appraises life quality as the perception of one of his/her position in life, of context, of culture and of the value system in which he/she lives and in relation to his/her objectives, expectations, standards and concerns.

The increasing technological development of Medicine and similar sciences brought as consequence the concern with the concept of "life quality", where this interest refers to a movement inside the biological and human sciences, in order to valorize greater parameters than the symptom control, the mortality reduction or the life expectancy increase.

The term life quality, as it is being applied in literature, does not seem to have only a meaning. It is a highly individual and multidimensional concept. The conceptualization of life quality is suffering modifications, starting from a biological vision to multidimensional concepts, where areas with more subjective characteristics are included, as social attitude, psychological conditions and expectations on the treatment.

In the first mentions, the life quality covered, besides health, the living, housing and satisfaction standards, and the labor conditions. In the current conceptual revisions, this initial set of variable (education, work, conditions of basic sanitation, availability and easiness for ambulatory and hospital assistance) is related to a superior hierarchy way of the global system of attention to health. This is, "there was a change of the aspects of the health component to be considered inside the life quality, appearing another pointer, called "life level", to identify this new set".

The concept of “life level” differs totally from the one of “life quality”, being of the distinct entities, however complementary. “Life level” primordially depends on definitions and politics perspectives, directed to the social; yet “life quality” is an attribute of the person. This new vision of greatness of life quality proceeds from social sciences, being able to be understood as ability or capacity of a person perform tasks or activities of the daily life, getting, thus, satisfaction. This means that the life quality can be understood in terms of the personal expectations of the person, and if those had or had not been reached.

Some authors criticize the possibility of the concept of life quality not to be on to the culture. On the other hand, it is important to consider that a cultural universe of life quality exists, i.e., regardless of nation, culture or age, it is important that people feel well in the psychological level, have good social and physical conditions, and that they feel socially integrated and functionally competent.

Besides all those approaches, the scholars are unanimous in affirming that it is difficult to measure the life quality, once it is a subjective and intrinsic concept. Instruments had been elaborated in the attempt of quantifying life quality, leading in taking into consideration the areas appraised as important for the majority of the people, in different cultures.

METHOD

This research study work will look to identify the life quality perception of the patients who underwent to the treatment with the Immunomodulator Canova®.

The population to be studied will consist of 100 patients treated with Immunomodulator Canova®, of both genders, that had seen the doctor regularly until November, 2003. The handbooks of the patients had been used as source of information in the patient approach.

The data will be collected in individual interviews, performed in the proper doctor's office who is involved in this research study work, through an Interview Form, with structuralized and opened questions, and application of Flanagan's Life Quality Scale.

Flanagan's Life Quality Scale that takes the author name, Flanagan, points specific areas to measure what life quality is. The areas summarize in: physical and material well-being, relationship with other people, social, communitarian and civic activities, personal development, and accomplishment and recreation.

According to the author, this scale can be used to obtain quantitative data on Life Quality, as it can be observed in the related scale [Picture 1].

This instrumental uses the quantification of each attributed point to express each item of each domain, corresponding seven points. This graduation has as maximum grade 7, equivalent to “very pleasant”, and as minimum grade 1, equivalent to “terrible”. To get these grades, it must be made the summing of the grades attributed to each items and divide them by 15.

Thus, each grade refers to the satisfaction degree of the patient, with the following correspondence: terrible = 1, unhappy = 2, unsatisfied = 3, indifferent = 4, satisfied = 5, pleasant = 6 and very pleasant = 7.

Flanagan's Life Quality Scale makes possible the obtaining of objective data on the life quality of the patient through the punctuation gotten in it. The choice of this Scale is due to the fact of being a valid instrument and of proved use in the field of health.

There will be the concern of characterizing the socio-demographic profile (gender, age, origin, education level, marital status), as well as, through opened questions, to know the perception of the patient about the life quality and the meaning that the treatment with Immunomodulator Canova ® will assume in relation to the life quality of these patients.

The approach to be used for the analysis of the data will be the quali-quantitative one. The quantitative questions will register relative objective information to the social reality, produced by standardized instruments, "looking to eliminate sources of propensities of all the types and to present a neutral observational language. The language of the variables would supply the possibility to express generalizations with precision and objectiveness.

The qualitative research takes us to a level of a non-quantifiable reality, i.e., the universe of perceptions, meanings, motivations, aspirations, beliefs, values and attitudes, what makes possible to understand and to explain the dynamics of the social relations.

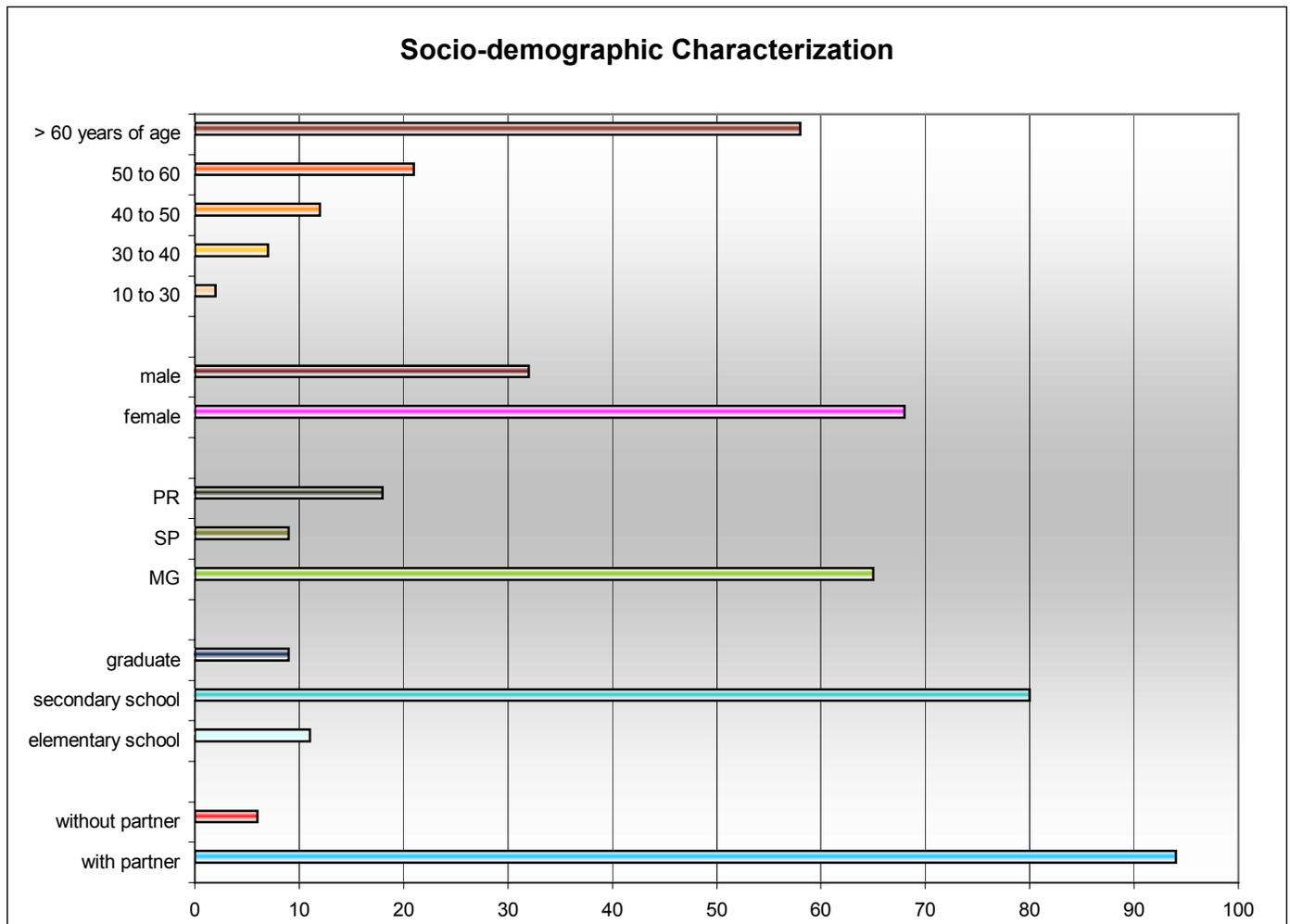
Picture 1. Flanagan’s Life Quality Scale

In a scale of 1 to 7, indicate the degree of satisfaction in relation to items (appoint in the table a grade – from 1 to 7 – for each question):

Dimensions/Scale	7	6	5	4	3	2	1
1. Physical and Social Well-being – Material Comfort (housing, alimentation, financial situation)							
- Health(feel physically healthy)							
2. Relationship to other people - Relationship to parents, brothers and other relatives.							
- To have and bring up children							
- Intimate relationship to wife/husband or another lovely person							
- Close friends (share interests, activities, opinions)							
3. Civic, communitarian and social activities - Help and support of other people, voluntarily							
- Participation in associations and in activities of public interest							
4. Personal development and achievement - Learning (attend school)							
- Self-knowledge (know yourself, recognizes limitations and possibilities)							
- Labor: work or at home (interesting, rewarding)							
- Creative communication (easiness to talk to others)							
5. Leisure - Socialization: “make friends”							
- reading, listening to music, watching TV, cinema (entertainment)							
- Participation in active recreation (practice sports, walking)							

RESULTS AND DISCUSSION

The results will be presented in the following structure: Socio-demographic profile [Picture 2], domains of Flanagan's Life Quality Scale, perception of life quality, and meaning of the treatment with Immunomodulator Canova®.



Analyzing the data on Picture 2, it is possible to observe that out of the 92 patients underwent the treatment with Immunomodulator Canova® it was verified, in relation to the age, heterogeneities, with ages among 12 and 88, having higher concentration in the interval of older than 60 years of age [58%]. It was evidenced that 73% of the researched patients are from the State of Minas Gerais, and the remaining 25% from the States of São Paulo and Paraná.

As for the gender we verified the female predominance [68%], being this an international trend. In the studying item, the greatest incidence was for secondary school degree, corresponding 80%.

As for marital status, 94% of the patients are married.

To analyze the Life Quality Scale, the patients had been numbered from 1 to 92, and the grade given by them in each one of the domains of Falnagan's Life Quality Scale was tabulated in an only picture, of which the total values and averages had been taken.

According to dimensions of Falnagan's Life Quality Scale, mentioned previously, it is verified that the scores which are equal or next to 60 are considered neutral or indifferent. Having as parameter this reference, the indices higher than 60 indicate positive trends and lower than 60, negative trends.

When analyzing Picture 3, it is observed that the majority of the studied patients [n = 91] is above the neutrality line, with grades varying from 70 to 102, demonstrating trend towards satisfaction. Only one patient presented grade below 60 [58] meaning that its life quality tends to unsatisfactory – it was verified in his/her medical records a presence of metastases of great intensity, what compromised the function of the organ in a serious way.

As for the opened questions, it had been analyzed, firstly, the gotten data of the individual answers of each patient separately. After that, they had been grouped and analyzed in set, forming a category. The denomination of each category looked to express the central nucleus of the patients' speech.

Aiming to identify what the patient's perception is on life quality, the following categories had been gotten: Health, Healthful Life, Alimentation, Physical Exercises, Calmness, Purchasing Power, Well-being, Leisure, Easy Body and Mind, Satisfaction at Work, Good Social Relationship, Friendship, Consumption Goods, Happiness.

The sample of this research study work appoints that the variable life quality is appraised by 99% of the patients as health; and that only one patient did not know how to define it. It is clear that the life quality is an abstract and complex concept, that depends on the cultural perception or the social representation that each person has from him/herself and from the environment that surrounds him/her. According to Amato, it is not possible to standardize life quality, because it has individual connotation, depending on the objectives, on the goals, on the yearnings and on the culture of each human being.

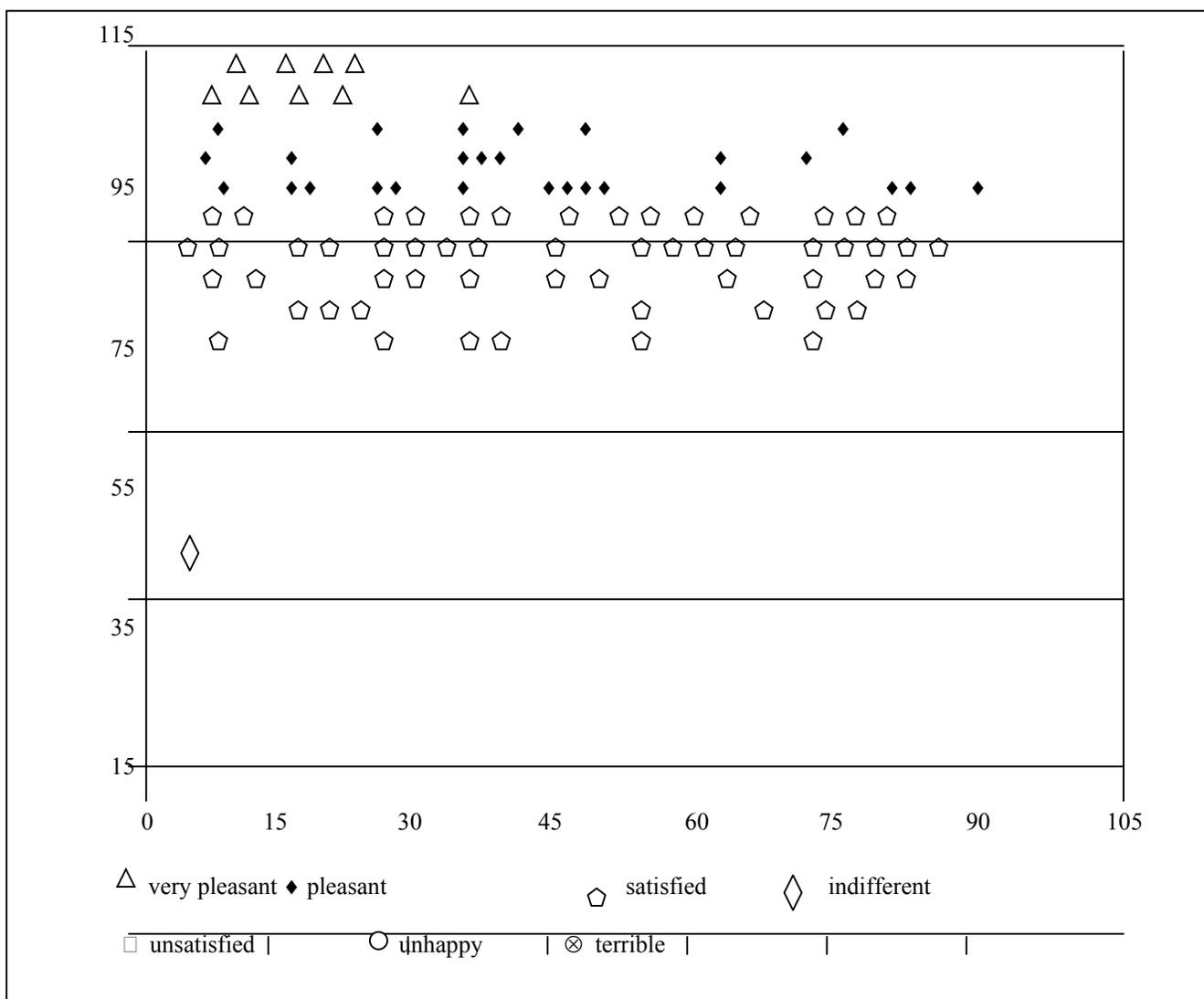
The importance of the variable health for life quality of the studied patients can be confirmed through the following stories:

- *It is when we have a healthy life, because health we obtain everything. [EBR– 43 years old]*

- *Life Quality is what I am having now. A healthy life, willingness, without many hospital care. [ARP– 82 years old]*

- *It is the result of the daily events, taking in account your health, leisure, friendship, financial situation and work satisfaction. [RR– 53 years old]*

Picture 3. Total Score of Flanagan's Life Quality Scale



We observe that the perception that the patient has on life quality is associated to the variable health as essential factor in the search of a satisfactory condition of life.

The term perception, according to Piovesan, is understood as the perception that the man has of himself and of the world that surrounds him.

It can be identified that some variables, such as Calmness, Purchasing Power, Well-Being, and Alimentation are interrelated, having been mentioned with the same frequency. With few citations, however not less important, Work and Consumption Goods were the following variables.

As for the meaning of the treatment with Immunomodulator Canova® and the consequent occurred changes after the beginning of the treatment in the patient's life quality,

it was identified that all the researched patients had been unanimous in affirming that there had been accented improvement in their life conditions:

- *Canova is my life, because when I initiated the treatment I already did not support the collateral effects of my conventional treatment anymore, I could not eat, I walked with efforts. Now I feel fine. [SML– 45 years old]*

- *The treatment meant health, change to a better life, It brought everything I needed: health, willingness, happiness. [WING– 52 years old]*

-... *it meant a great improvement in my life. It brought many changes: from the improvement of health to the constant returns to the hospital [RL–32 years old]*

The variable life quality turns to be appraised by the patients as “being alive”, and the treatment with Immunomodulator Canova® becomes the proper social representation of this “being alive”:

- *Canova completed the gaps of my soul, because it made me to believe in life. [CS– 27 years old]*

- *Canova meant life, improved my life quality a lot. I started having conditions to perform tasks that before I could not. [JPS–57 years old]*

- *I feel happier, safe, and fine with life [SEM– 33 years old]*

As it can be seen in these stories, the treatment with Immunomodulator Canova® is considered the main factor in the improvement of life quality, once that it guarantees to the patient the condition to be alive, even so this condition is full of restrictions, subject to the norms and standards of treatment.

FINAL CONSIDERATIONS

The treatment with Immunomodulator Canova® is appointed by the patients who underwent the treatment as medical behavior that makes possible the longer life and the improvement of life quality.

The patients before the treatment present significant limitations in the accomplishment of routine activities [sleepiness, alimentation, pain, leisure, sexual activity, work]. Generally they find themselves in terminal phase, with limitations or impossibilities to practice any physical activity without discomfort and pain, and in whom the conventional clinical treatment is little effective.

After the beginning of the treatment with Immunomodulator Canova®, the patient is not free of an intense and rigid medical routine, because he remains dependent of the continued use of the medicament and periodic clinical return always followed by elucidation examinations, laboratory and image diagnosis, in order to guarantee the contention control of the illness.

However, besides all imposed restrictions and limitations, the patient can see through the treatment a new possibility of life. As Minayo says “when a person in our society moves him/herself towards cure, he/she has the barrier of situations that considers limited

ones, materialized in serious illnesses, material and spiritual unreliability, and moral confusion. The exit search of distressing circumstances sounds as recurrence to a salvation board.

The treatment with Immunomodulator Canova®, for the patient, has magical meaning, the “life”. His/her perception of life quality is directed to “being alive”, i.e., longer life, and not focused in other variables that involve well-being [comfort, financial resources, leisure, labor].

As final consideration, the present research study work presents limitations on the respect of possible generalizations of the obtained gotten results, due to the small sampling and not to have contemplated the differences of the spent period since the beginning and the sequence of the treatment. However, the reflections mentioned here, for its relevance, will be able to become a stimuli for new research study work.

BIBLIOGRAPHICAL REFERENCES

1. Flanagan JC. Measurement of quality of life: current state of the art. Arch Phys Med Rehabil 1982;63(1): 56-9
2. Piovesan A . Percepção cultural dos fatos sociais: suas implicações no campo da saúde pública. Ver Saúde Publ São Paulo 1970;4(1):85-7
3. Ferreira J . O Corpo Sínico. Saúde e Doença. Rio de Janeiro: Fiocruz; 1994
4. Zhan L . Quality of Life: conceptual and measurement issues. J Adv Nurs 1992;17(7):795-800
5. World Health Organization facet definitions and questions. Geneva. WHO:1995 (MNH/PSF/95. 1. B. Ver 1)
6. Ware JR . Standards for validating health measures, definition and content. J Chron Dis 1987;40(4):473-80
7. Romano BW . Qualidade de Vida: teoria e prática. Rev Soc Cardiol Estado de São Paulo 1993;3(6):54-7
8. Flanagan JC . A research approach to improving our quality of life. Am Psychol 1978;33(2):138-47
9. Fox-Rushby J, Parker M . Culture and the measurement of health-related quality of life. Rev Eur Psychol Appl 1995;45:257-63
10. Silva EB . Ser/Estar amputado – deficiência x qualidade de vida. São Paulo, 1997. 60p. (Monografia) Escola de Enfermagem, Universidade de São Paulo.
11. Minayo MCS . O desafio do conhecimento: pesquisa qualitativa em saúde. 3ed. São Paulo/Rio de Janeiro: Hucitec – Abrasco; 1994.
12. Minayo MCS . Pesquisa Social. Teoria, Método e Criatividade. 11ed. Petrópolis: Ed. Vozes; 1999