Response to letter from Dr J. De Vries and Dr M. Drent. Respir Med Editorial 2000; 94: 187–189

De Vries and Drent address important aspects of the differences between and the problems with 'quality of life' (QOL) and 'health-related quality of life' (HRQOL) measurement. I agree on the necessity to strengthen focus on the differences between the disease specific and the generic instruments.

The letter from De Vries and Drent, especially the references, makes one happy to learn how far the Dutch have come in the process of validating disease-specific questionnaires, especially since this is in a relatively small language and culture, concerning the size of the population. What was stressed in the editorial was the fact that we have developed some very useful generic and disease-specific instruments, but this has been achieved by fiery souls from different academies only. The present status is that we have sufficient knowledge to conduct studies with HRQOL and QOL measurements, and what was stressed in the editorial was the fact that HRQOL questionnaires have been developed for a minority of diseases only and only in few languages and cultures. In my opinion, this is the major factor limiting the propagation of HRQOL measurements, and that was why the paper by De Vries et al. (1) was welcomed. It pointed to alternative methods e.g. the focus group, in cases where no specific questionnaire exists.

I can fully agree with De Vries and Drent on the necessity of cultural appropriateness, or in other words, cultural translation of questionnaires. In fact I found this aspect so important that it was focused on in the editorial title (2). At present we do have HRQOL questionnaires for several diseases, often in the English or American languages. But we need instruments for the investigation of minorities concerning language, e.g. Dutch or ethnicity, for examples, Inuit, and the task to produce these instruments seems tremendous. That is why alternatives are needed and proposals are welcome. This also holds for the specifications we have to demand from our generic questionnaires and that is why the SF-36 has an advantage, probably being the one questionnaire validated and translated into most languages and cultures, thus facilitating translational comparisons of results.

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References