

## Personal Narrative of Prof. Reuben Eldar, Laureate of Croatian National Decoration for Humanitarian Work

I would like to use this opportunity to express my gratitude to His Excellency, President of the Republic of Croatia, Mr. Stipe Mesić, for awarding me the Katarina Zrinska medal for humanitarian services rendered to his country. In this essay, I do not intend to merely review my activities leading to the award. Rather, it is my intention to put in writing several personal statements which I can leave behind as an affirmation of whatever it is that I stand for.

I was born in Osijek, the capital city of Slavonia, the northeastern part of Croatia. My mother tongue is Croatian and I remember, with affection, always conversing and corresponding with my parents in that language, wherever we were. At the end of 1948, I immigrated to Israel shortly after the proclamation of state, still fighting its war of independence. I have resided in Israel ever since. I am its proud citizen and owe to it my professional education and training, as well as my career. I converse with my daughters and grandchildren in Hebrew.

More than 40 years later, in the spring of 1992, I returned to Croatia, heading the World Health Organization (WHO) mission, to map the needs and types of rehabilitation services for war casualties. I visited hospitals and rehabilitation facilities for 10 days, studied problems and capabilities, and then submitted a report on the basis of which the WHO obtained an agreement of the Swedish government to support the much needed project of war casualties rehabilitation in Croatia. Thereby I began my involvement in scientific and educational activities in Croa-

tia, mainly in the areas of rehabilitation medicine and quality of care.

The specialty of Physical and Rehabilitation Medicine (PRM) was introduced in Croatia in the early 1950s, when the first physicians completed their specialization and obtained the title of physiatrists. Having acquired the tools of physical therapy, physiatrists focused on patients with diseases of the musculoskeletal system for whom these tools proved useful. This initiated the strong tie between PRM and rheumatology, and gave the priority to physical therapy and musculoskeletal conditions within the specialty, almost totally ignoring the need of rehabilitation, except in the field of developmental disorders in children, particularly that for complex impairments – stroke, traumatic brain injury, amputation of limbs, spinal cord disease and injury – which cause catastrophic changes in the life of the afflicted and require comprehensive care. In Croatia of 1992, the latter was not adequate (1) and I realized that, in addition to financial support from abroad, rehabilitation services in Croatia needed a change of concepts and attitude, as well as an organizational reform. Rehabilitation restores or improves function in people with disability and reduces the economic burden disability imposes on the individual, family, and society; it plays not only an important medical role but also has a valuable social duty. Having been active in the rehabilitation field in Israel and as consultant to WHO during the previous 10 years, I felt strongly motivated to contribute to its advancement in Croatia.

I regarded it essential to explain to my Croatian colleagues that the terms physical and rehabilitation medicine, although often used together, were not identical. The former is concerned with the diagnosis and treatment of physical disorders of the musculoskeletal system, the use of neurodiagnostic techniques, and the therapeutic application of physical agents. The latter, a broader term, is concerned with functional disorders and the assessment of motor, sensory, and cognitive skills. It aims at enhancing function, altering behavior, and seeks to maximize the functional and psychosocial abilities of persons with disability and improve their quality of life. I thought that it was also necessary to emphasize that problems encountered in rehabilitation relate to several body systems and affect many aspects of life, outgrowing the competence of a single physician. Hence the necessity to include additional rehabilitation professionals trained to teach patients new skills and work as interdisciplinary teams. Third, I knew that it would be possible to attain advances in the practice of rehabilitation in the country only by organizational change, aiming at incorporating inpatient, outpatient, and community-based treatment in one system.

I was fortunate to meet influential Croatian colleagues who appreciated my views and experience. First and foremost, Ana Bobinac-Georgievski, the head of the Institute for PRM at the Holy Ghost General Hospital in Zagreb, who accompanied me in 1992 and later became the Chairperson of the Croatian Society of Physical Medicine and Rehabilitation. She introduced me to Matko Marušić, professor at the Medical School in Zagreb and editor-in-chief of the *Croatian Medical Journal*, who was to become my main sponsor and, like Ana, a close personal friend. The two urged me to undertake many activities and inspired me with their own example of selfless service. Ana gave me the opportunity to share my views by inviting me to make introductory presentations, from 1997 to 2000, at six scientific meetings of Croatian rehabilita-

tion professionals, using my mother language, or what was left of it, to explain my views and emphasize the necessary changes needed to meet future challenges. She also asked me to contribute the first two chapters of an extensive book on Physical Medicine and Rehabilitation in Croatia, of which she was the main editor, thus giving me an additional opportunity to explain my views to the country's rehabilitation professionals (2,3). I thought that medical students had to become acquainted with the management of persons with disability in the community and that the current curricula in medical schools of the country were not adequate. Through Matko I met Zvonko Rumboldt, the Dean of Split Medical School, who agreed with my view and gave me the opportunity to take part in the School's curriculum reform and be responsible for teaching PRM during two academic years (4), closely cooperating with Tonko Vlak who heads the PRM department at the Split teaching hospital and now teaches the course. I also felt that it was important to bring together PRM specialists active in rehabilitating different complex impairments, in order to induce them to cooperate and to study some of the problems together. We first studied the impact that the 1991-1995 war had on rehabilitation in the country (5), then analyzed its state and practice in 2003 (6), and proposed an organizational reform of the medical rehabilitation framework (7). Inspired by the study on impact of the war, I proposed to Miroslav Jelić, the head of the Institute for Rehabilitation and Orthopedic Devices in Zagreb (the national referral facility for rehabilitation following amputation, whom I met through Ana, and who also became a close friend) to join me in the study of the association between wars and rehabilitation in history; the results of the study appeared as a review article (8).

The other field in which I became involved was that of quality of care improvement, an issue in which I have been interested since the late 1980s. Each year medical care has more to of-

fer, yet often at high cost and seldom without increased risk. Hence, there is rising concern about its quality, both among patients and professionals. Continuous improvement is required to provide acceptable quality, which – given the resources available – minimizes the risk and maximizes the benefit. Socialist governments thought that the quality of care in their country was the best in the world, and it was not possible to discuss it or conduct any quality of care improvement (QoCI) activities. In the early 1990s, political reforms, financing, and technical assistance from the West enabled the introduction of these activities into former socialist countries of Central Eastern Europe. In Croatia, however, this was delayed because of the 1991-1995 war, and the first activities began in the late 1990s. Having introduced the subject into Israel and being involved internationally, I felt induced to contribute to its implementation in Croatia. A program for improving the quality of care started within the project of reforming the health care system, approved by the Croatian Parliament in the year 2000. In July 2000, on Matko's recommendation, I gave an obligatory, one week course on "Quality of Medical Care" to physicians in the Postgraduate Program of the Medical Faculty in Split. During that year and in 2001, two meetings on QoCI were organized by the Ministry of Health with the participation of international experts. I was invited to address the second of these, on the development of models for improving the quality of care in Europe. I prepared an editorial for the journal of the Croatian Medical Association in which I discussed the role of physicians in QoCI activities (9). In 2003, I was kept busy with various educational activities. In March, I participated in the Program of Family Medicine for the 6th year medical students in Split teaching "Quality of care in family medicine," and gave a one day workshop on "Quality of medical care" to senior physicians and nurses of the University Hospital in Mostar. I also participated in a course for hospital managers and

their assistants, charged with QoCI activities and was invited to address The First Croatian Congress of Preventive medicine (on assessment of quality in preventive medicine), both held in Zagreb. On Matko's instigation, I wrote a book on quality of care, in Croatian, which I intended for medical students and physicians who wanted to become engaged in QoCI activities (10). From October 2001 to February 2005, I contributed to every issue of the *Croatian Medical Journal* a column covering the main theme of that issue; I wanted to show that every topic also had the aspect of quality of care. Our aim was to inform the readers of a general medical journal about the approaches to QoCI activities and show that such activities should not be assigned to specialists in health care research but that all practicing doctors should know how to measure and improve their work. In 2005, the collection of 22 columns was published in a book (11). In July that year, I was invited to address management aspects of QoCI activities at the Summer School in Motovun, on challenges in quality management. Finally, Professors Ana Stavljenić-Rukavina and Branko Vitale (with whom I had the pleasure to cooperate on several previous occasions) lead a project on behalf of the Croatian Academy of Sciences and Arts (HAZU) on "Four centuries of biomedicine in Croatia". They intended to collect contributions from some 40 authors on the development of public health, basic, and clinical science in the country and publish them in the form of a monograph, in Croatian. I am pleased that the leaders of the Project invited me to contribute a text on development of QoCI activities in Croatia.

I was active in yet another field. I felt that some colleagues with whom I worked, although highly competent in practice, needed guidance in preparing their findings for publication in international literature, so I suggested assisting them in these endeavors. Consequently, I assisted Miroslav Jelić in preparing an invited review on his experience of the rehabilitation following

traumatic amputation of lower limbs (12), and Tonko Vlák in presenting his findings on treating rheumatoid arthritis patients with disease modifying antirheumatic drugs (13). Last but not least, thanks to Matko I met Ivan Bagarić from Tomislavgrad (now a member of the Croatian Parliament), who became very interested in my teachings of QoCI; we also had in common a military past and became close friends. I assisted him in preparing the findings of his Master of Science dissertation for publication (14) and now serve as mentor of his doctoral dissertation on "Quality of care in the arthroplasty of hip and knee," a clinical study he is conducting at the Department for orthopedic surgery at the University Hospital in Split.

I have traveled a fair number of times to Croatia, lectured and worked there in many places and made many friends. I am grateful for this experience. I asked for no remuneration, nor did I expect that it would lead to an award. I was enticed by my conviction that my two subjects of interest were important and valuable, as well as by the prospect of leaving behind a modest legacy of my views of them. I worked hard and I did the best I could because I wanted to justify the trust of the people whom I befriended and who appreciated my knowledge and experience. In my view, this personal aspect should be the basic motivating principle of everyone wishing to contribute to the advancement of his or her former homeland. This editorial is a personal narrative of what I have learned and believed and taught in Croatia.

It is also something more, the closing of a personal cycle. In spring and summer 1941, during the so-called Independent State of Croatia, I walked as a boy the streets of Zagreb marked by a humiliating yellow armband with a large "Ž" (Židov, Jew). I was excluded from school and not allowed to visit cinemas, swimming pools, and soccer matches. In the middle of July, we had to escape from Croatia in order to avoid physical annihilation, leaving all our possessions to plunderers. During the whole time spent in Croatia in

recent years I had to cope with memories of the past and was pleased to meet people who were not yet alive then but were aware of the horror of those years. Thanks to this high award I feel that, in spite of all the burdens in their and my life, I have contributed to the country in which I was born. This gives me immense satisfaction.

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