Chapter 2
The Experience of Cancer and Asthma in the Pediatric Patient: A Family Physician’s Perspective

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ABSTRACT
This chapter describes a family physician’s perspective of two chronic diseases. The purpose of the chapter is to share some of the insights of a family doctor in treating children’s chronic diseases, specifically pediatric cancer and asthma. The physician’s experience spans over 36 years of practice in three countries: France, Israel, and Canada—three first-world countries whose medical systems are continually adapting new protocols of practice based on findings and recommendations from rigorous theoretical and empirical research. A short review of these two diseases and their prevalence among children is provided. Recommendations for schools and teachers who work with children who have chronic diseases are discussed.

INTRODUCTION
In many ways, children make up one of the most vulnerable subpopulations in society. The combination of both nature and nurture, including interactions between genetics, upbringing, education, and physical, sociocultural and emotional environments, mix together to shape the development of the young, and as they grow, their future.

In my 36 years as a family physician, I have observed and cared for many children and young people who had to carry the heavy burden of chronic disease. My experience treating and caring for patients in three different countries: France, Israel, and Canada has yielded more striking similarities than differences. That is, even though all three countries are culturally and socio-historically distinct, they are more the same than different when it comes to treating children with chronic diseases. They are similar,
among other things, in that all three countries have highly advanced medical systems that provide up-to-date treatments to children with chronic diseases. These chronic conditions have many forms, but are broadly categorized into two groups, physical and psychological. Regardless of the type of disease or its perceived severity, all, with no exception, will have some deleterious effect on the child, his or her family, and those who have a role in their upbringing and education.

This chapter, by all means, is not meant to include an exhaustive account of what should be expected when dealing with chronically ill children or their family. The experiences of every individual, their loved ones and caregivers are as unique as the individuals themselves. Having the same disease does not necessarily mean having the same concepts, perceptions, and experiences of it. This is an important fact that should always be remembered by health care professionals, educators and caregivers. What I hope to accomplish in writing this chapter is enhance the understanding of the experience of chronically-ill children and their loved ones, so that we, as caregivers and caretakers, may improve experience of their condition and better ensure their healthy development physically, socially, emotionally, and psychologically.

Although there are hundreds, if not thousands of different pediatric conditions and sub-conditions, I chose to discuss two chronic diseases out of the myriad known conditions. One is pediatric cancer; the other, asthma. Cancer is one of the most impactful and feared chronic pediatric diseases and its effects on the child and their family can be extremely excruciating. Asthma is one of the most prevalent diseases caused, among other things, by a complex interaction of genetic disposition and/or environmental conditions. In particular, I will provide a short explanation of the physiology of cancer and asthma, how it translates into everyday life functionalities of the child and their family, and what are some of the common issues that may arise in the educational and social domains and that educators would most probably expect to encounter. These will hopefully provide helpful insight to the educator, or any other professional who has the duty of interacting with chronically-ill children and their families, and better prepare them for caring for these children.

BACKGROUND

Chronic diseases among children often result in significant detrimental effects both for the child and their loved ones in multiple dimensions other than the physical. Because, most commonly in the Western countries, children spend many hours at school, teachers play an important role in effectively managing the detrimental effects of the chronic diseases. However, more often than not, the channels of communication and exchange of information between the health care system and educational institutions are non-existent, presenting a problem for children with chronic health conditions. It is paramount that educators and other school professionals understand the medical condition of the child, as well as the effects that it may have on the child’s behavior, needs, and social life at school. In addition, school professionals have a potentially important role in providing the parents and health care professional vital information regarding changes in the child’s health, response to medication, or adjustment in the school community (Power, DuPaul, Shapiro, & Parrish, 1995). A simple example of a most commonly shared type of information in the context of a classroom may be that of identifying visual impairments, such as ones that require children to wear corrective eye-wear. Open channels of communication between schools and health care institutions, which would allow teachers to better understand the experiences of chronically sick children may translate into higher quality of care for the child (Power, 2003). One model suggested by Power (2003) suggested four phases to promote successful cooperation between health