

Impacts of Cancer on the School Life of Children and Adolescents: the Importance of Hospital Class

doi: <https://doi.org/10.32635/2176-9745.RBC.2018v64n3.47>

Impactos do Câncer na Vida Escolar de Crianças e Adolescentes: a Importância da Classe Hospitalar

Impactos del Cáncer en la Vida Escolar de Niños y Adolescentes: la Importancia de la Clase Hospitalaria

Vanessa de Magalhães Gonçalves Silva¹; Senir Santos da Hora²

INTRODUCTION

Schooling of children and adolescents with cancer is challenging, since the treatment impacts their regular school and leisure-time activities while they are experiencing pain and side effects that trigger severe physical and emotional reactions.

To facilitate school inclusion for children and adolescents under such conditions (and prevent grade repetition and dropout), in-hospital classes play a key role in providing teaching assistance for youngsters prevented from attending regular school for health reasons.

The aim is thus to understand the impacts of cancer on school life for children and adolescents, considering possible sequelae from the cancer treatment and the challenges of in-hospital teaching assistance for the school inclusion of these youngsters.

CANCER AND SCHOOL LIFE FOR CHILDREN AND ADOLESCENTS

Cancer is the second leading cause of hospitalization in children and adolescents¹. Studies have shown that in the setting of in-hospital classes in Brazil, oncological problems correspond to 12% of the cases, next only to malnutrition with 22% and tied with pneumonia, also with 12%¹.

Cancer is not only a serious disease with imminent threat to the child's life, but cancer treatment is extremely aggressive, causing immediate and late and passing or lasting physical, psychological, and social side effects.

Cancer treatment adheres to rigorous protocols, which in most cases trigger a series of devastating side effects. The principal effects of cancer treatment feature severe pain, extreme fatigue, nausea, vomiting, lack of appetite, diarrhea, decreased immunity, hair loss, irritability, intoxications, mucositis, abrupt weight loss or edema,

and other symptoms maintaining the patient in isolation (nearly total in some cases). This leads to medical orders for the child's immediate absence from regular school for an indeterminate period².

The impacts of cancer on the school life of children and adolescents can vary due to repeated and unpredictable hospitalizations, the emotional and socioeconomic shocks the family has to cope with, the possible physical and cognitive limitations from the illness and treatment, and other difficult issues. However, studies² have shown that schooling and the relationship between patients and teachers have proven especially significant for these youngsters.

Cancer treatment thus becomes a challenging experience for the family and for the child and adolescent, from diagnosis onward. The child, previously at the peak of his or her performance and physical, emotional, and social development, enters a cycle of unpredictable and repeated hospitalizations, tests, and painful and invasive procedures.

The routine of children and adolescents with cancer is full of uncertainties and instability. They experience the embarrassment of having their body on display, often against their own will. Some still cannot understand what the illness is all about, which depends on age and does not lessen the inherent psychological effects of their passage through the hospital setting.

The lack of school inclusion for children and adolescents during treatment, especially when prolonged, as in cancer, can result in feelings of inferiority, triggering a series of serious harms to their emotional and social development.

Education is essential for every individual's growth and development, helping build their critical capacity and consolidating their life as citizens. In this sense, inclusive education guarantees an essential human right:

¹ Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA). Rio de Janeiro (RJ), Brazil. Orcid id: <https://orcid.org//0000-0001-8447-514X>

² INCA. Rio de Janeiro (RJ), Brazil. Orcid id: <https://orcid.org/0000-0002-0161-3701>

Corresponding author: Senir Santos da Hora. Travessa Durval Corrêa de Sá, 26 - Serra do Sambe. Rio Bonito (RJ), Brazil. CEP 24800-000. E-mail: senirsantos@hotmail.com.



conjugating equality and difference as inseparable values and advancing the idea of official equality by framing the historical circumstances in the production of exclusion inside and outside of schools³.

IN-HOSPITAL CLASSES IN THE PEDIATRIC ONCOLOGY DEPARTMENT

In-hospital classes are an action strategy that integrates the health and school systems, seeking to support specialized teaching assistance for students unable to attend regular school. The strategy aims to guarantee the continuity of learning and promote comprehensive health, avoiding school dropout during and after treatment.

Pedagogical and educational assistance in the hospital setting is a modality of special education that guarantees the universal right to education, as provided in Brazil's 1988 National Constitution, the Statute for Children and Adolescents (ECA), the National Policy for Special Education, the National Council on the Rights of Children and Adolescents (CONANDA), and the Law on Basic Guidelines for Education (LDB) no. 9.394/96⁴⁻⁸. This assistance is provided through a partnership in which the hospital is responsible for ensuring the physical space and the Department of Education sends the properly trained and accredited teachers.

Teachers of in-hospital classes permeate the relationship between the child or adolescent and the original school while they are hospitalized or undergoing outpatient chemotherapy. The teacher applies the course content corresponding to the patient's grade level. In-hospital classes thus function in constant interaction with the multidisciplinary team, favoring health promotion through cognitive development combined with physical, emotional, and social rehabilitation.

The way children and adolescents deal with adverse situations and experiences during treatment depends on their degree of cognitive maturity. Cancer's effects on the child vary according to the severity, symptoms, treatment, and visibility⁹.

Some studies^{10,11} have shown that among the immediate and late side effects, the physical changes from the cancer treatment are the principal reason for the child or adolescent's embarrassment and resistance to attending regular school during treatment. Although absence from school under medical orders is usually due to physical weakness and immune vulnerability, changes in appearance are identified by patients as targeting them for classmates' curiosity and prejudice, resulting in stress, fear, and anxiety.

The basis for psychosocial care for children and adolescents with chronic diseases should focus on the

importance of socialization, the limits on development of productive and autonomous individuals, considering the satisfaction of real needs and respect for limitations¹⁰.

Childhood illness interferes in a fundamental moment of human development. In-hospital classes are an important tool that proposes to preserve the bond between the child and adolescent during treatment and their original school, for them to be able to continue the development of their learning processes, guaranteeing healthy intellectual and emotional development, stimulating their potential and preserving their prospects for building knowledge and life plans.

Maintenance of the bond with the original school and application of the relevant curricular contents seek to ensure patients' school inclusion during treatment of the illness. This type of educational action, from the perspective of inclusive education, is provided for by Brazil's National Plan for Education³, which aims to guarantee education for all and is targeted to students who, for various reasons, are prevented from attending regular classrooms.

Although the hospital itself provides the place for the in-hospital classes, the teaching assistance is not provided in a predetermined space, since the teacher is challenged to create strategies for each student according to the latter's needs and specificities. Creativity and flexibility are thus key characteristics in this kind of teaching, which overcomes numerous limitations to guarantee that each student has the right to continue the process of learning and development as an active subject.

Bernat *et al.*¹² highlight that studies by the multidisciplinary team at the National Cancer Institute José Alencar Gomes da Silva (INCA) point to the need to discuss the criteria for patients' absence from school during treatment. The study showed that in the team's routine practice, there is a wide range of criteria, leading to the conclusion that each case should be examined on its own merits. The team contends that school absence for these patients should only be considered when absolutely necessary¹².

However, other authors⁹⁻¹¹ state that the regular school environment is not always pleasant for patients in treatment or post-treatment, since it puts them in direct confrontation with their limitations, forcing them to cope with curiosity, prejudice, and even bullying. This emphasizes the importance of acceptance by the original school, given the situation of their students undergoing cancer treatment¹¹.

CONCLUSION

The number of pediatric cancer patients has increased alarmingly in epidemiological terms, signaling the need

for measures to allow ongoing education in the hospital setting. This indispensable resource should be within reach of all who need it, since antineoplastic therapies produce immediate and late side effects that can compromise the overall development of these patients.

This emphasizes the importance of the initiative by hospitals and school systems to implement in-hospital classes, guaranteeing schooling for children and adolescents undergoing treatment and forming a bridge for resumption of regular school. The perspective of inclusive education should also orient this teaching proposal, shifting the focus from the limitations and difficulties of the disease and the hospital environment to the infinite new possibilities that students with cancer can reveal both inside and outside the hospital. Thus, it is up to school systems to provide the human and material resources in adequate amounts and to the hospitals to guarantee the structured physical space and multidisciplinary support to meet this demand.

CONTRIBUTIONS

Both authors contributed to all stages of the article.

CONFLICT OF INTEREST

None.

FUNDING SOURCES

None.

REFERENCES

1. Fonseca ES. Classe hospitalar: ação sistemática na atenção às necessidades pedagógico-educacionais de crianças e adolescentes hospitalizados. *Temas Desenvol.* 1999;8(44):32-7.
2. Instituto Nacional de Câncer José Alencar Gomes da Silva. Câncer da criança e adolescente no Brasil: dados dos registros de base populacional e de mortalidade. Rio de Janeiro: INCA; 2016.
3. Ministério da Educação (BR), Secretaria de Educação Especial. Política nacional de educação especial na perspectiva da educação inclusiva [Internet]. Brasília, DF: Ministério da Educação; 2008 [cited 2008 Nov 8]. [Documento elaborado pelo Grupo de Trabalho nomeado pela portaria n. 555/2007, prorrogada pela portaria n. 948/2007, entregue ao ministro da Educação em 7 de janeiro de 2008]. In: <http://portal.mec.gov.br/arquivos/pdf/politicaeducespecial.pdf>.
4. Oliveira J, organizador. Constituição. Constituição da República Federativa do Brasil: promulgada em 5 de outubro de 1988. 4 ed. São Paulo: Saraiva, 1990. [Série Legislação Brasileira].
5. Ministério da Saúde (BR). Estatuto da criança e do adolescente. 3 ed. Brasília: Ministério da Saúde; 2008. [Série E. Legislação de Saúde].
6. Ministério da Educação e do Desporto (BR), Secretaria de Educação Especial. Política Nacional de Educação Especial: livro 1 [Internet]. Brasília, DF: Ministério da Educação e do Desporto; 1994 [cited 2018 Oct 9]. In: https://midia.atp.usp.br/plc/plc0604/impessos/plc0604_aula04_AVA_Politica_1994.pdf.
7. Conselho Nacional dos Direitos da Criança e do Adolescente. Resoluções junho de 1993 a setembro de 2004. Brasília: Secretaria Especial dos Direitos Humanos, 2004. In: <http://ens.sinase.sdh.gov.br/ens2/images/conteudo/Resoluca%CC%83o%201-99.pdf>.
8. Presidência da República (BR). Lei n. 9394 de 20 de dezembro de 1996 [Internet]. [accessed 2018 Sep 13]. In: https://www.planalto.gov.br/ccivil_03/Leis/L9394.htm.
9. Hostert PCCP, Motta AB, Enumo SRF. Coping da hospitalização em crianças com câncer: a importância da classe hospitalar. *Estud Psicol.* 2015;32(4):627-39.
10. Moreira GMS. A criança com câncer vivenciando a reinserção escolar: estratégia de atuação do psicólogo [Thesis]. Ribeirão Preto: Universidade de São Paulo; 2002.
11. Paterlini ACCR, Boemer MR. A reinserção escolar na área da oncologia infantil- avanços & perspectivas. *Rev Electr Enfe.* 2008;10(4):1152-8.
12. Bernat ABR, Wepler BB, Oliveira ICM, Rabelo MA, Costa NG, Santos RM. Especificidades do sofrimento psíquico apresentado por crianças e adolescentes ao longo do tratamento onco-hematológico: Impasses e invenções- Por que estudar é tão importante? In: Instituto Nacional de Câncer José Alencar Gomes da Silva. Cadernos de psicologia: sofrimento psíquico do paciente oncológico: o que há de específico? n. 2. Rio de Janeiro; INCA; 2014. p.101-08.