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References

Childhood Asthma
A Narrative Approach

To the Editor:

We read with great interest the study by Owton et al1 in a recent issue of CHEST (July 2015) and congratulate the authors for highlighting a narrative based approach. We support the article on two fronts.

Firstly, an online survey capturing the subjective patient experience (6,878 participants by Asthma UK—British asthma charity, 2013 and 2014; patient-reported survey of asthma care, 2013 [repeated in 2014]; data received with thanks from Asthma UK), demonstrates that patients feel narrative elements of asthma care are ignored by professionals (Fig 1).

- 22% of respondents felt that they received a poor standard of care. Nearly half of this group felt that their doctor or carer had not asked sufficiently about their symptoms or their individual response to treatment.
- A free text response from patients favors a narrative approach, improving their engagement and empowerment.

Secondly, as referred to in the article, time pressures for doctors impose a barrier to managing asthma with a narrative approach. To alleviate such pressures, community support for asthma care can be augmented in children’s cases through school education programs.

“Triple A,” a peer-to-peer narrative-based school learning program in Australia, has shown promising results in improved quality of life and reduced school absenteeism.2 Coffman et al3 performed a systematic review that further endorsed that school education could improve self-management behaviors and have some impact on reducing school absences. Indeed, our own collaborative project between the Royal Free Hospital and the University College London has shown that engaging the curiosity of school children is an effective method of improving the understanding of the asthma and its management.4 Since its inception, our program has educated more than 3,000 school children in London, England. Our results show significant, sustained improvements in asthma knowledge.3

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FINANCIAL/NONFINANCIAL DISCLOSURES: None declared.

Figure 1 – Respondents were asked to rate their asthma care as excellent, satisfactory, or poor. Within each category, the graphs shows if they felt their doctor or care coordinator asked sufficient questions about their asthma symptoms, family history, or response to treatment (yes), if they felt they did not ask sufficient questions (no), or if they did not know (unknown).

SatisfactoryExcellent Poor
0
10
20
30
40
50
60
70
% of respondents

Yes
No
Unknown

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Response

To the Editor:

We thank Dr Gibson et al\(^1\) for their letter in support of our article advocating greater use of a narrative approach to enhance clinical care for asthma\(^2\) and their helpful reference to the Asthma UK survey in support of this.

We agree that asking questions about symptoms and response to treatment is of key importance, and would also emphasize that a narrative approach involves much more than this. It is also about how the skills of open questioning and active listening are used to understand complex storied aspects of clinical work in patients with asthma; this also enables patients to describe the story of their illness in a way that is meaningful for them, allowing them to share decisions on treatment with their clinician (and other health-care providers) and, ultimately, to improve self-care. Falling under the rubric of a narrative approach is the need to explore the use of tone and metaphors in individuals’ narratives of asthma that, we argue, may provide clinicians with a key indicator of how patients are actually living and coping with asthma.

We were primarily interested in investigating this approach to enhance clinical communication between patients (including parents and their children with asthma) and medical or nursing staff. We also agree with Gibson et al\(^1\) that the development of school-based, including peer-led, educational programs for children with asthma is a potentially useful way to enhance self-care and improve outcomes. It is certainly of research interest to identify and explore the forms of coping mechanisms employed by young people in managing their asthma, and it is encouraging to learn that research\(^3\) has found that engaging the curiosity of school children is an effective method of improving understanding of asthma and its management in this population. Increasing patients’ (both adults and children) confidence in managing their asthma may also facilitate a more patient-centered consultation where both patients and clinicians are able to share their expertise to improve the effectiveness and experience of care.

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Therapeutic Role of Endoscopic Resection in Typical, Noninvasive, Carcinoid Tumors

To the Editor:

The article by Raz et al\(^1\) in *CHEST* (April 2015), as well as the comment letter by Schwartz and Henson,\(^2\) expanded our knowledge on the natural history of carcinoid tumors. The authors repeat the assumption that surgery is always recommended as first-line treatment of typical carcinoids.\(^3\) However, the high tolerability, the very low mortality, and the lack of

**References**

