

## One story of working through cancer treatment

First there's the shock and the disbelief. Then there's the realisation that life goes on that there are decisions – big decisions – to be made about how you are going to live it.

When I got my breast cancer diagnosis in May 2012 I was in the middle of a big fundraising project for the large international charity that I ran. I decided to go ahead with a planned trip to Philadelphia and surgery was scheduled for the week that I returned to London. The operation was a lumpectomy and, thankfully, no further surgery would be required. But I was looking at months of chemotherapy and radiotherapy, followed by another year of Herceptin treatment.

I did not know it then but that decision to continue with my fundraising commitment set the tone for how I would balance my commitment to work with my need to take care of myself and my family in the coming months.

As the Chief Executive of a large charity I was able to have a full and open discussion with my Chair and Executive Committee about how I wanted to manage the next 6 months of intense treatment. They gave me their full support to continue working through my cancer treatment. It involved being off work on the afternoon of chemotherapy and the next three days. For the rest of the time I reduced my working hours to between 10am and 4pm, sometimes from home. On the days of radiotherapy, I remember a very cold and dark December in 2012, I left at 3.30 pm so as to make the last appointment of the day.

The big challenge I faced was that no one among the wide range of expert and caring nurses, doctors and consultants who were looking after me were willing to talk through with me how I might continue to work through treatment. No-one was prepared to have that conversation. The standard advice I received was to rest, to be careful about my immune system exposure, to allow my emotions full expression, to ask for help if and when I felt depressed. When I wanted to talk about how I might continue to work through treatment I drew a complete blank, looks of bafflement and concern as if I was somewhat unhinged and warnings that I might in fact compromise my treatment through working.

The fact is that my commitment to work was very important and so I did my own internet research about what other people, mostly in the US, have done. I made my own assessment of my general stamina and listened to the advice, concerns and support of my husband, family and friends. I was not setting out to be a martyr or to prove anything - I simply wanted to continue to work as long as I was able to. I was frank with myself and with work colleagues, that a time might come when I simply could not maintain the pace that I had set and I did have to reschedule meetings here and there as blood counts went up and down, chemo was rescheduled or infections took hold.

For the most part, however I was able to maintain a steady, albeit much reduced, engagement with work. By March 2015 I was again able to undertake long distance travel and went to New York to a United Nations meeting on the Commission on the Status of Women - a symbolic moment of recovery and re-engagement for me even though I had another 9 months of Herceptin treatment ahead.

The key element in ensuring that this pattern of work was successful was that I was allowed to exercise a great deal of personal judgement and to flex my time around the myriad of appointments for blood tests and other consultations, as and when I needed to. This was only possible with the commitment of the Executive Committee and with the understanding and support of the senior leadership team that I was working with and a great deal of forward planning on my part.

I am well aware that not everyone is in such a privileged position to start out with and that for most people there is little if any choice about how to work / if to work. Sadly we are becoming increasingly aware of the fact that some workers with a cancer diagnosis are facing discrimination in the workplace. I am also aware that some treatment regimes, surgery and reconstruction are very severe, that each of us responds differently to treatment and that often any external engagement, let alone a commitment to work, is simply not possible.

As anyone undergoing cancer treatment will tell you it makes you sick and is utterly exhausting. There is ongoing psychological, emotional and physical pain. The word fatigue is simply not wide enough or deep enough to describe the tiredness that can envelope you during the months of chemotherapy and for some time afterwards. All that was true for me too.

I am not saying that my choice was either simple or easy and I know that those around me had to carry additional work as well manage their concern for how I was coping, however, I have no doubt at all that it was the right choice for me and that I continued to take good leadership decisions as Chief Executive and to add value to the organisation. In the midst of the emotional chaos and confusion of undergoing treatment for cancer I also felt somewhat in control, alive and connected to a wider world of colleagues, friends and community.

The point I want to emphasise here is that where someone does have an interest in continuing to work, and where their work environment can support that choice, that we learn how to have those conversations. We learn how to support those people to talk through their thoughts, hopes and fears and then offer them a reality check. We learn how to support them so that they can at least reach a workable starting position that they can share with their employer and colleagues in the full knowledge that everything might have to change along the way.

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