

The EMPLOY Charter

Breast Cancer Care's guide to best practice in the workplace



Carolyn's story

In December 2005, aged 41, I discovered a lump in my breast and was referred for a mammogram (breast x-ray). At the time of the mammogram, the doctor told me he wanted to do a biopsy as they had found something and that I should prepare myself for the news that I had cancer. Sure enough the diagnosis was breast cancer with a spread to the lymph glands. An operation was arranged for a lumpectomy and removal of the lymph glands.

I mentioned that I'd been suffering with a back ache, but I thought that this was probably due to my new career as a foot health professional. My plan was to become self-employed and to give up my three-day-a-week office job as a supported housing co-ordinator at the housing association where I'd worked for four years. Being my own boss was my dream and I was working hard to build a business, having studied for two years.

I was given a scan straight away and the results came back confirming there was a spread of the cancer to the spine, ribs and femur (secondary breast cancer in the bone). During this time I continued to work. The pain was worse in the night time so I was tired a lot. Having just digested the fact that I had breast cancer, I now had to take on the fact that it couldn't be cured, which took a while to sink in.

My operation was cancelled due to the spread and the doctors now use the lump to indicate how the treatment is working. A new cocktail of drugs was prepared for me. This meant chemotherapy once a week, five doses of radiotherapy to my spine over the Christmas week and a monthly intravenous injection of a bisphosphonate, which, in simple terms, is a bone strengthening drug. I was very tired from the radiotherapy. I would get in the car, drive home from hospital and when I got home I would be exhausted.

After four months the chemotherapy was over. I had felt no effects from it except for constipation. I'd kept my hair, I hadn't been sick and, again, I carried on working. I think my colleagues were sometimes puzzled about the treatment I was having and thought I was having a very 'weak' chemo or not even proper chemo, as they had thought I'd lose my hair, be thin and be very sick. I was given a PIC line, which is a tube that is placed in the vein to aid the administration of the drug and this acted as a badge to show people that I was unwell. I miss having it for that reason, despite the inconvenience it sometimes caused. Unfortunately, though, the chemo hadn't worked and the lump had got bigger with a spread of the cancer slightly to my liver.

In May 2006, my oncologist put me on a monthly injection of hormone treatment to shut my ovaries down. This stops the production of oestrogen which feeds the cancer. I am therefore having an early menopause with all the side effects including hot flushes. I get tired at work but it beats periods any day and is a small price to pay to be kept alive.

I still have the bisphosphonate injections and, after taking a daily tablet called tamoxifen (a hormone therapy treatment for breast cancer) for a year, I am now taking another hormone therapy tablet called Letrozole, which I get no side effects from so am able to work normally. My last review in January showed my treatment is all going well and the activity of the cancer is being controlled.

During all of this treatment I have managed to continue to work at both of my jobs. My line manager has told me I can come in to work whenever I wake up. If I'm ever unwell, I know I can ring in and they will be fine about me having the day off. I have also been told I can work less hours with no cut in pay if I need to consider it. I decided to give up the chiropody business and enjoy having time to do the things that I like doing, such as painting, going to the gym and having lie-ins. I get paid from the housing association if I am unable to work, but if I was ill while self-employed, I would have no income.

I also receive massive emotional support from my employers and colleagues. They have given me lifts to and from hospital, taken me out to cheer me up and taken time to learn about my illness. My human resources manager always asks me how I am and offered to meet my breast care nurse to learn more about my illness. At Christmas she came to visit me in hospital to bring me flowers and much needed toiletries. My colleagues are always there for me with their fingers crossed every time I have a three-monthly review.

I consider the relationship between employer and employee a two-way relationship and both parties have to give to the other. I do my best at my job and want to give as much back to my employer as they give to me. It not only makes for a happy working life but also makes me feel secure. Going to work gives me a sense of purpose and belonging which I want to hold on to for as long as possible and which I feel is vital for the maintenance of my current stable condition.