

The EMPLOY Charter

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



Pauline's story

As soon as I noticed a breast lump I went to see my GP and was referred to a consultant within a couple of weeks. I was devastated when I was told that it was breast cancer and that I would have to have a mastectomy, chemotherapy and radiotherapy.

The diagnosis was a few days before my annual holiday. I went back to the hospital for more tests and then we went away as planned, so I didn't have to deal with telling anyone at work (other than a few colleagues who guessed something was wrong).

Once the treatment started it took over my life. I had arranged with my boss to have time off for the surgery and left work one afternoon with a huge bunch of flowers and lots of cards. I was in hospital for a week and back in the clinic the following week to see the oncologist. They wanted my chemotherapy to start three weeks later, so there wasn't much time to think about going back to work.

Chemotherapy was one of the worst things I've experienced. I didn't take to it well and was very sick every cycle (each individual chemotherapy treatment). The side effects were awful but they were also extremely predictable - to the minute, every cycle (I had eight). When I went back for the second cycle I had a low white blood cell count caused by the chemotherapy and I had to wait another week before the next cycle. I was put on a clinical trial which involved a week of daily injections of G-CSF, a treatment to boost white blood cell production, immediately after each cycle. This brought more side effects - extreme bone ache - but it helped me recover quicker.

My boss said that I could manage work and sick leave to suit me. I was in a senior management role in the public sector and had a very stable staff team. I had been on a couple of secondments and my team were used to taking on extra responsibility short-term. My boss didn't have to find a replacement and my staff got an opportunity to do new things.

When I had had the second round of chemo I decided to try getting back to work. I really wanted things to get back to normal and didn't want to be cast as a full-time cancer patient. I wanted to talk to people about anything other than cancer. I had the luxury of being in a job where I could have taken six months off on full pay, and knowing I could do this was part of why I didn't want to. I also wanted my children (then aged 15 and 12) to see that things at home were getting better.

As the side effects were predictable, I was able to arrange my life around them. Treatment was every three weeks on a Wednesday so my pattern became an overnight stay in hospital on chemo-day because of sickness, home on Thursday to be ill until Sunday, but be strong enough to cook a family meal at the weekend if I took it slow. On Mondays I would spend the day at home dealing with work emails and on Tuesdays I would return to work for two 'normal' weeks. I gave up travel to regional offices, as well as public speaking, and focused on managing my team, writing reports and forward planning.

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Luckily, I had been provided with a wig before chemo started. There was one morning when I had a 9am external meeting and I woke up at 7am to find all my hair on the pillow. I certainly hadn't factored in enough time that morning to deal with an emotional hair crisis and it was difficult to get into a 'wig mindset' in time to get to work – all the time feeling very self-conscious about the wig. Treatment was nearly over but I think I had the wig for about six months more.

Radiotherapy was much easier to deal with, although it was tiring. I went every morning at about 9.45am before going on to work. The appointment system there worked well so I was always at my office by 10.30am and everyone at work seemed to forget I was having treatment.

I was lucky to be in an organisation that has very enlightened HR policies and managers who are attentive to staff needs. If I had to advise an employer about dealing with people going through cancer treatment I would say, 'don't make assumptions'. Everyone is different. Don't assume that the person will want to take six or nine months off work, but don't assume they won't, and don't assume that the issues will be the same throughout the period of treatment. The different parts of the treatment bring different challenges. The problem most employers seem to have is that they can cope with people being sick or being well, but they can't accommodate people who have to manage a condition, or a set of treatments which may be compatible with working in a different way.

A diagnosis of cancer knocks you out emotionally. With cancer, you have to deal with the 'C' word and people's (and your own) assumptions about what it means. For me 'managing cancer' and not letting it be my whole life for nine months was the most important thing.