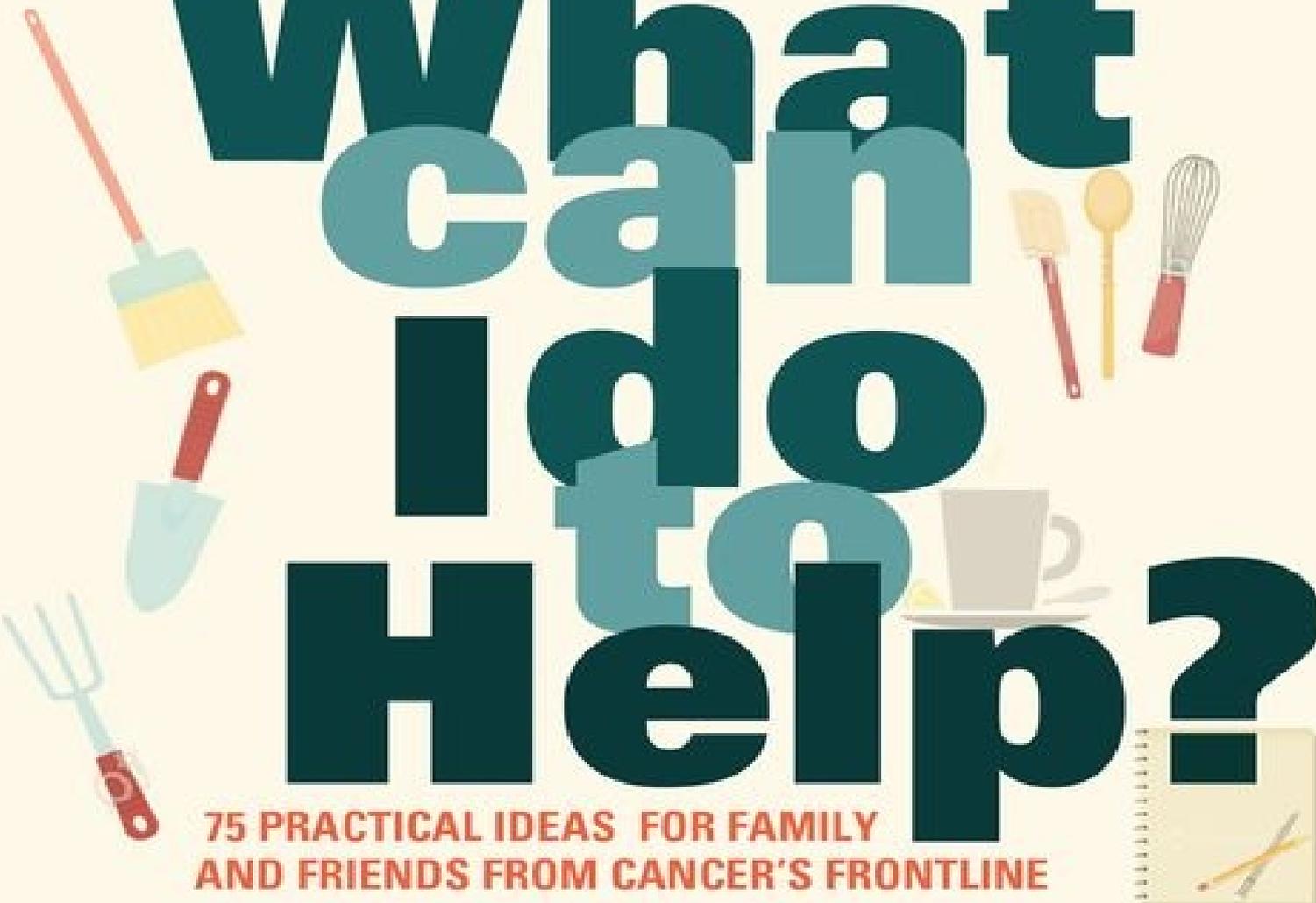


With contributions from Clive Anderson, Sir Elton John,
Dawn French, Gloria Hunniford, Hugh Grant, Joanna Lumley,
Maureen Lipman, Mo Mowlan, Rabbi Julia Neuberger,
Ruby Wax, Sam Taylor-Wood... and many more...



What can I do to Help?

75 PRACTICAL IDEAS FOR FAMILY
AND FRIENDS FROM CANCER'S FRONTLINE

Deborah Hutton

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When we first had the idea of approaching high-profile names and asking them to contribute examples for the book, it was not without reservations. My experience as a journalist had taught me that approaching such people is generally a heart-sinking round of put-offs, prevarications and flat refusals. Not so in this case. In 2005, cancer may still be the disease that cannot speak its name, but it is also the great leveller – cutting across divisions of class, income, status and success – and, sadly, so ubiquitous that few people’s lives are untouched by it. Almost without exception, those we approached gave their time and reminiscences not only with great open-heartedness but with touching concern for my own welfare. They were...

Clive Anderson, Tony Benn, Cherie Blair, Alastair Campbell, Richard Chartres (the Bishop of London), Sir Colin Davis, Monty Don, Lord Falconer (the Lord Chancellor), Dawn French, Duncan Goodhew, Jade Goody, Hugh Grant, Loyd Grossman, Patricia Hodge, Nicola and Alice Horlick, Gloria Hunniford, Sir Elton John, Felicity Kendal, Tessa Jowell, Maureen Lipman, Joanna Lumley, Miriam Margolyes, Mo Mowlam, Rabbi Julia Neuberger, Esther Rantzen, Corin Redgrave, Anne Robinson, Gaby Roslin, Nick Ross, Nigel Slater, Jon Snow, Ruby Wax, Bob Wilson and Sam Taylor-Wood.

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Introduction

I count myself the luckiest and unluckiest woman in London. The luckiest because I have a great husband, a fabulous family with kids on track and growing up, a beautiful house, more friends than I deserve and as much interesting work as I want. This time a year ago, I'd put the dog on the lead and walk over to the local shops in the sunshine marvelling at my own good fortune, thinking I would swap places with anyone in the world.

Then, at a stroke, this lovely run of luck ran out. On 26 November 2004, at the age of 'just' 49 and a half, which my kids think is ancient but seems pretty young to me, I discovered that the irritatingly niggly cough I had had for the past two months was no trivial chest infection but an aggressive adenocarcinoma that had already spread well beyond the organ of origin – my lungs – to my bones, lymph nodes and possibly my liver as well.

The irony of my situation was apparent to everyone who knew me. I was the healthiest woman on the block: never ill, never down, a runner of half-marathons, and a yoga freak and nutrition nut on top boot. I knew how to look after myself big time. After all, it was my job. I had been writing about women's health for more than a quarter of a century, first as health editor of *Vogue* and then for a range of glossy magazines and newspapers. I was the published author of not one but four books about preventive health. Since giving up smoking 23 years ago, I had joined the ranks of those fanatical and intolerant anti-smoking ex-smokers. And yet here I now was struck down by lung cancer, with its serves-you-right stigma.

Faced with the facts of my unenviable situation, it was hard not to feel incredulous. I looked like a well woman – and with the exception of the cough, and the recurrent one-sided headaches, and the pain in my left hip, and the three-quarters of a stone that had unaccountably tumbled off since September, I felt a well woman. How could I have a stage IV cancer that, even now, was racing round my body, invading my vital organs, threatening to kill me? And quite soon by all accounts. 'Don't look up your cancer on the internet,' my consultant warned me just before backing out of my side room at University College Hospital. 'You'll only terrify yourself.' I didn't, but even so it didn't take long to find out that in the distinctly unwonderful world of advanced cancer, stage IV is as bad as it gets. There is no stage V.

It was the worst of all news – 'as bad as it can get,' confirmed the nurse at the Middlesex Hospital who rang to inform me that the CT scan had revealed mets (= metastases = spread) in my liver. Was there anywhere that this cancer wasn't? And yet, though I was reeling from the discovery that few of my vital organs seemed to be free of this thing, I didn't feel my luck had entirely run out. Even then I continued to count myself fortunate. How so?

Well, I had the highest level of support imaginable. I would look at my companions in the Middlesex chemo suite, alone and unsupported, undergoing their notoriously tough treatments and then having to find their own way home at the end of them, and I felt extraordinarily blessed. I happened to be married to one of the most remarkable men on the planet – the kindest, funniest, most generous and emotionally intelligent human being in existence, who seems to have been assembled (correctly) from a *New Man* catalogue and who makes me laugh more than anyone else I know. We have four gorgeous and exceptionally warm-hearted children, aged eight, 11, 14 and 17 on the day of diagnosis. Fanning out from there, in both directions, we are lucky enough to have large close-knit families

including in my case a twin sister, non-identical, who dropped everything immediately and raced up to be with me.

Add a world-class network of friends and neighbours, who were determined from the outset to save me so much as a second of unnecessary stress or strain, and Marvellous Maggie, the palliative care nurse who was allocated to me following my very first clinic appointment. From the outset, she has taken my welfare, physical and emotional, to heart, regularly ringing me, always prefacing her calls with 'Is this a good time?', organising my pain relief, coming to see me and, in her calm, reassuring tones, answering all my questions as well as those of my children, whom she has also taken under her wing. Factor in all of this, and you will see that I was actually in the world's best possible position to receive the world's worst possible news.

Before the week was out, for example, a supper rota had been set up by one mover and shaker on our north London street, sparing me the hassle of thinking or planning or shopping or cooking for my family. Knowing how quickly the best intentions can dissolve in the face of the demands of a busy life – all these women, whom I have taken to calling the 'Colander Girls', have families to raise, and most have jobs to juggle, too – it amazes me that, six months on, they are still dishing up their delicacies and that more are requesting to join the rota every month. At the time of writing, they now number 12.

Back then, the idea was inspired. If I was in shock, and quite unable to know what to do or where to turn, my friends and family were too. 'Shocked', 'devastated', 'numb', 'disbelieving' – these were the adjectives that came up again and again in the avalanche of letters and cards arriving by every post, the flowers and gifts and phone calls we received at all hours of the day, every day. While the outpouring of love and concern was wonderfully uplifting, it was also bone-crushingly wearying. In fact, it soon became clear that if the cancer didn't finish me off sharpish, the telephone most certainly would. It rang and rang until we almost started hearing it in our sleep.

At the same time, I recognised that calls had to be taken and visits received. Friends and family needed the reassurance of seeing me and/or hearing my voice, still clear and strong, and to realise that even though I was now under a sudden and most unexpected sentence of death, I was still very much with them. Most of all, they yearned to do something, anything, to help, to feel useful not useless, to support us in whatever way they could. 'It is not easy to work out how we who know you and love you and who luckily do not have cancer as far as we know, can help,' wrote one close friend, soon after the diagnosis. 'We know sometimes what to do. We know sometimes what not to do. Mostly we stumble around in the dark and try, crossing our fingers that whatever it is will prove right and not horribly wrong for you.'

Even though I recognised from the outset that I was amazingly privileged, it took a while to accept the help in the spirit it was offered. I have always been the one who prefers to be 'in credit' – whether by doing an extra school run or cooking the supper. A super-energetic – some have called me manic organising type, it's always been second nature to me to say, 'No, I'll do it' or 'Come to us' or 'The one's on me'. Suddenly, the tables were turned, and I was overwhelmed by the number of people now queuing up to do something for me. As the initial panicky sense of having the carpet rudely whipped from under my feet subsided and we adapted to this very unwelcome visitor in our midst, I found myself at the beginning of a brand-new learning curve. I had to let go of years of pride in being capable and tough and self-reliant, to accept how wonderful it might be to shed some of my responsibilities and let others take them on, and to begin to learn about life on the receiving end.

It wasn't easy. After 30 years of independence, I found I had a nameless dread of what might happen if I was not there holding it all together. I had such an iron grip on all the minutiae of family life, I was terrified that if I let go for so much as a single second, the whole thing would implode. If

accepted the help on offer, would I ever recover my coping skills? Would I ever be able to put supper on the table or drive the children anywhere again? After just four days in hospital, I had already begun to feel institutionalised. This was in itself scary. Like so many women, I suspect, I felt like I was a vessel containing all the emotional and practical needs of everyone in the family, right down to the dog and cats and even the goldfish. If I foundered on the rocks and went down, then they would, too.

In the event, I discovered it was a tremendous relief to be able to let go, to allow my friends to take the strain, whether it was doing some of the Christmas shopping and present-wrapping, or taking care of phone calls and ballet runs. It taught me that life would and could go on, if a bit bumpily, without my overseeing presence; a good rehearsal, you might say, for my ultimate departure. It also taught me that it can be extraordinarily good for the other members of a family – particularly one with such a managerial mother – to develop their own areas of competence and to feel that they themselves can contribute something of real value in a crisis.

Allowing myself to be supported in many of the myriad ways outlined in this book also helped those friends and extended family members who were standing on the sidelines, wringing their hands and wondering what they could do. To begin with, my impulse was to say, ‘No, no I’m fine. We’re managing. Don’t worry.’ But then I realised that this was helping no one – not me, still in shock, nor those around me who were feeling just as devastated and helpless. They were quite desperate to help me to do something, anything, to relieve their sense of powerlessness.

By putting that super-competent, I-can-handle-it-myself-thank-you-very-much persona aside and learning to say, ‘Yes, I’d like that, thank you’ or ‘You know you said absolutely anything – well, could you think you could possibly...?’, I began to understand that I was actually helping them. I learned to accept their offers gratefully and graciously – whether it was scooping up the children, or cooking Wednesday night’s supper, or driving me to one of the endless hospital appointments and sitting alongside me in the grim clinics while we waited to see yet another registrar or consultant to bash me with yet another bout of bad news, or snuggling up under the duvet and companionably watching a DVD on a weekday afternoon.

‘How many of us, how often, have come out with the banal “Do just let me know if there’s anything I can do” or “If only there was something I could do”,’ asked Sooze, an old friend of mine, on my blog, the interactive internet diary that I set up a fortnight after my diagnosis. ‘And how many of us have ever had instant take-up with “Yes” followed by a litany of tasks?’

‘No, far more likely that we’ll spend a while in the card shop, ring up the florist to despatch the token plant, and ask others from time to time how you are getting on. Abdication big time. Giving me something I could actually do for you that was easily accomplished and gave pleasure and comfort – nothing [in her case cheering me up by contributing frequent, funny and irreverent comments to the blog] helped me every bit as much as you – even more so, perhaps.’

Over a quarter of a million people are diagnosed with cancer every year in the UK. The statisticians at Macmillan Cancer Relief have worked out that this means 739 people receive the worst piece of news imaginable every day, unexpectedly finding themselves members of the last club in the world they would ever choose to join. The Cancer Club. The only club I can think of that is both rigorous and exclusive and has no waiting list. Ever. At the beginning, I shrank from identification with its sad membership: the embattled, the brave and the bald. But actually I found amazing solace and shining acts of generosity there.

Women who were friends of friends, or even friends of friends of friends, helpfully passed on the tips, told me what had sustained them in the dark days after the diagnosis; what had helped and what had hindered. One woman, also diagnosed with cancer in her lungs and bones, but 18 months

previously, rejigged her social arrangements at the last minute to come and pick our shell-shocked family off the floor the evening after we had broken the news to them. For them to see a living, breathing, *well* person coming through the door, looking fabulous, and chatting and answering the questions before nipping off to a dinner party elsewhere, did more to lift their spirits than any amount of reassurance we could have provided.

While this was well timed and fantastically supportive, the truth is that some forms of ‘help’ however well intentioned, can be more debilitating than the after-effects of chemotherapy. Like what? ‘Like the constant phone calls asking how you are, which means continually updating everyone on how you’re feeling and how the treatment’s going, until you could weep from weariness,’ said one woman. (A problem I got round by setting up the blog and posting regular reports. Directing well-wishers to an internet address saved hours of repetitious conversations for which I simply didn’t have the energy or inclination.)

‘Like people I didn’t know very well ringing and bursting into tears down the phone – I could have really done without that,’ said another friend who, like so many people newly diagnosed with cancer, found herself having to deal with other people’s fear and shock and grief when she herself was wrestling with the same emotions tenfold. Even the best-intentioned advice can impose additional burdens. ‘Those endless people telling you that you absolutely **MUST** see this marvellous herbalist/acupuncturist/healer in Southend or Mexico or Timbuktu.’

My hope is that this book will help you, and new members of the Cancer Club, to identify the need and to ask for/provide it. Despite sharing the ‘same’ disease (in fact, there are more than 200 different types of malignancy, which geneticists are now saying may subdivide into as many as 2,000), we are all different – both in how we react and in what we require. Nevertheless, there are some common threads that will help you to be on the side of the angels and to avoid some of the pitfalls that await the unwary (into which I, in my previously healthy incarnation, now realise I fell many times).

As a person living with cancer, I would never presume to know what anyone else needs. I am just passing on aspects of my experience and that of the hundreds of others I have spoken to in the course of my research for this book. The key, I quickly found, is to zero in on everyone’s strengths and to build on them: ask the car drivers to take you places, the conscientious mothers to scoop up your children, the cordon bleu cooks to provide an evening meal, the good Christians (or Jews or Muslims or Buddhists) to pray for your healing and recovery. Ask friends whose intellect and judgement you respect to comb the internet for information on everything from cutting-edge new clinical trials to wacky-sounding alternative remedies, while screening out the unpalatable facts such as survival and/or treatment rates if they present more reality than you feel you can take. Allow your good friends to act as gatekeepers of your diary, to keep visits at a manageable level, to field phone calls and to work out a rota of who will accompany you to hospital appointments, chemo or radiotherapy sessions, kidney or bone scans.

Flowers and plants, lovely and cheering as they are, soon fade and die, and visits can be wearying but help with the practicalities is an ongoing joy. The grim reality of cancer, and any other serious illness, is that life, with all its demands, continues: the children still need transporting to and from school, the dog needs walking, the laundry needs ironing and the daily meals need planning, preparing and dishing up. These everyday tasks can feel overwhelmingly burdensome when you are feeling shell-shocked and are trying to fit them around the myriad visits to clinics and specialists that follow in the wake of every cancer diagnosis.

‘What can I do to help?’ you ask. Well, stand by, because the answer is: plenty.

Immediately after the diagnosis

A diagnosis of cancer changes everything: how we feel about ourselves, our health, our relationship, our livelihood and means of supporting our families, our future. In this new and unfamiliar landscape we are suddenly no longer the fit, capable people we may have thought we were – but sick, weakened, frail mortals under siege from a disease whose very name still conjures an unholy terror among many of the people about us and from thoughts of frightening future possibilities.

It felt like the universe turned into a thin paper tissue, and then someone simply tore the tissue in half right in front of my eyes. Treya Killam Wilber, *Grace and Grit*

I thought, cancer doesn't happen to me. It's not in my family. I've always looked after myself. It can't happen to me. Nazira Visram

The doctor went on talking, but once he'd said the word 'cancer' I was in such shock I couldn't hear the words coming out of his mouth. Dee Dee Hope

It felt like my life had changed in a minute for ever. I felt devastated for a long, long time. Ann Blackman

Even if we are one of the lucky unlucky ones and ours is a stage I cancer, with every hope of a complete cure, the news still comes like a thump in the solar plexus, especially if the diagnosis is unexpected. The drumbeat of CANCER, CANCER, CANCER pounds away in the back of the head, insinuating itself into every waking moment and even invading our dreams, refusing to let us forget for a single moment.

It's not just us, the people in the eye of the storm, who are caught up in a whirlwind of new, unfamiliar feelings and pressing practical needs. Sometimes those closest to the epicentre are so swept up in the turbulence of their own emotions, their own reactions, that they cannot be much help.

My wife was just wonderful (up until my diagnosis, I thought I was the luckiest man in the world), but she was crap about cancer. She had this huge insecurity, this fear that I'd croak and leave her with four young children. She was so frightened but she couldn't admit it. Had she been honest about her feelings, it might have been different. But she found it difficult to ask for the support she needed. 'No, she said, tight-lipped, to all offers of help, 'I'm fine.' But she wasn't. She was alone and frightened and burdened and she just couldn't cope. And when it was all over, she found it impossible to communicate to the relationship. Looking back, it was the beginning of the end of the marriage. Charlie Wilson

When those in the inner sanctum fall apart, friends who are on the periphery, and have the advantage of a little distance, can really come into their own.

You feel the love of your friends and family in a way that you normally don't. An extraordinary number of people were there for me, including some quite surprising ones, people I hardly knew. The

showed me how they felt in such a demonstrative way, I was stunned by the level of care and affection. To begin with I insisted I was fine, I could cope. Then I let them in, and let them help, and it made the biggest difference. Heidi Locher

TAKE US AS YOU FIND US

People respond to the news that they have a life-threatening disease in all sorts of different, and often unpredictable, ways. The most panic-prone can become preternaturally calm, rising to the occasion in a way that can leave their friends stunned and even awestruck, while the steady, sensible types may temporarily whirl off-balance. Leave your preconceptions at home. Accept us as you find us, and be the people we always were: requiring no special pitying voices, no different treatment, no deeply meaningful looks and embraces. Continue to argue with us about politics and football. Hug us if you always have. Otherwise respect your distance.

Treat us as normally as you can and the odds are you'll soon find any distance and awkwardness dissolving. 'It was wonderful to see you, particularly as you are so much your old self,' emailed one friend a couple of months following my diagnosis, after we'd met up for lunch. 'Somehow I imagined you horribly altered, and so it was reassuring to see you still feisty and funny and full of life.'

I knew someone with cancer and I treated them normally. They liked that because everyone else treated them like they were ill all the time. Jade Goody

Culturally, we tend to back off the possibility of death, and that can make the person who is facing the huge catastrophe in their lives feel very lonely, very isolated. The first thing is not to be afraid, to be able to see this person who you love and have had a long relationship with as the person they have always been. They may be facing something overwhelming and horrible, but their personality doesn't change. Their essence is the same. Keep that in mind and it becomes a bridge so that their illness isn't compounded by loneliness. Tessa Jowell

In an odd sort of way, I think one must let instinct take over. Go with the flow. It's about getting the balance right between 'Life goes on' and 'I'm here more than ever for you'. It's about offering without intruding. It's about milestones, fixing holidays together six months ahead, helping to build confidence and yet not suddenly coming up with grandiose plans that you would never have made if things had been 'normal'. Yet things ARE normal. We are still the friends, loved ones, neighbours who we always were. It's just that we are a bit more conscious of it than we used to be. Jon Snow

The thing is, people are different with me now and I want them to be normal. After we first heard about my mum, people kept coming up to me at school and saying, 'How are you?' The teachers told the other girls I was having a hard time and then everyone came up to me, asking 'What's happened to your mum?' and nagging me to tell them: that was very annoying. Clemmie Stebbings (aged 12)

Accept, too, that as we go through many different phases during the course of an illness that is itself unpredictable, how we feel at the moment may not be at all the same as how we will feel next Friday or in a fortnight or even 10 minutes from now.

I have found that the best way to deal with a situation in which my emotional equanimity is as settled

as the weather is to educate those friends who can hear with the following comments:

1. *Not fine, bloody awful in fact, but I don't want to talk about it today, please call me tomorrow.*
2. *If you say poor thing to me one more time, I will hang up and never speak to you again.*
3. *Don't snivel round here, that's my line, get your own scriptwriter.*
4. *Not fine at all, I need a friend to cry on, can you come over RIGHT NOW?*
5. *It's OK to mention the word cancer in front of me, I promise not to throw up or pass out, life does in fact go on.* Sally Hamilton

WHAT SORT OF FRIEND ARE YOU?

We found we had two sorts of friends. There are the people who say rather helplessly 'I wish there was something I could do' and there are the people who stick a casserole on your doorstep or share a 25 mile round trip to the Royal Marsden in Sutton or throw their house open to you so you do not have to bear the long haul home every night. And you quickly discover that this is not really to do with how close they are to you as friends, but whether they happen to be good at it or not. There are people who are good at dinner parties and people who are good on holidays, and then there are people who are good at compassion. They are the people who can empathise. Not sympathise. You don't need sympathy. What you need is someone who can put themselves in your place and see where the need is. Who will listen while you endlessly bore on about platelets and blood counts without switching off or reaching for a newspaper or doodling on the back of an envelope. Maureen Lipman

Since I was diagnosed with cancer last October, I have never (a) slept so badly, (b) spent so much time at the hairdresser and (c) been so popular. I am sick of being everyone's favourite cripple – you wouldn't believe the number of acquaintances who suddenly want to be your best friend and feel they are entitled to regular, blow-by-blow accounts of your emotional/psychological state. 'But Ruth, how ARE you?' they ask, meaningfully. Rubber-neckers. Ruth Picardie, *Before I Say Goodbye*

TAKE NO FOR AN ANSWER

Sometimes friends may genuinely not want our help. Their way of managing is by forging on regardless, requiring no special measures from anyone around them. Then, as this example shows, we help most by respecting this, by carrying on with life and business as normal, by recognising that 'The only way to help is not to help at all'.

*Cancer? Help! Until recently you could scarcely mention the Big C by name. Like the D***l in a Victorian novel or the Evil One in Harry Potter, it was a dreadful visitation by malign forces beyond our ken, and usually beyond medical science. And only to be referred to in hushed tones. Well the science is better now, and I think we are all better talking about carcinomas, tumours, chemo and radiotherapy, and the rest of it. So just being there to talk about it might be the best help we can give.*

Not always, though. I had a friend and colleague who was struck down, out of the blue, as I suppose you always are, by a brain tumour. He told us about it on a need-to-know basis. Reluctantly admitting that his time off work was caused by medical problems, and that his slurring of speech came not from a sudden predilection for afternoon drinking, he underwent a tricky operation from which he returned with a rakish eyepatch and a rather theatrical walking stick. After which he recovered completely, but only until his tumour returned a couple of years later. But from then on he was having no talk of his problems. The tumour may have been out to kill him, but in the meantime he was determined it wasn't.

going to ruin his life. And he certainly didn't want to talk about it. The only way to help was not help at all. It was how he coped. Clive Anderson

Offers of help can be like an answer to a prayer or they can be intrusive and unwanted. Bombarded by so many well-meant sincere offers, it can be difficult to say, 'Thanks very much, but no' especially when the offers are so well intentioned. If we find it hard to say 'No', a trusted friend who can say 'No' on our behalf is of infinite value. I gradually learnt that life really now was both too short and too precious to be polite for the sake of it, to have to endure calls or visits that I knew would be draining. Over time, I developed a self-preservational inner steeliness.

Good friends, true friends, also need to be able to hear a 'No' without taking offence, to intuit the difference between 'No, not at all' and 'Not for now, but maybe later', and to back off accordingly, accepting that, for example, this is not a good time to visit, without immediately pressing to fix another date.

Some friends were overpowering. They meant well, but I felt battered by it. It was hard to summon the strength to thank them for their concern and to ask them to let me work things out in my own way. Stanley Smith

One of the luxuries of having cancer – and there aren't many – is the increased ruthlessness it allows you in dealing with people. If a bore or a sponger invites himself around to see you, you say no. If a invitation to a dull dinner party arrives, you turn it down. Conversely, if you need to see a real friend, then you ask for their company or invite yourself to their house, because there is no room for shyness any more. Martyn Harris, 'This is not the time to die', *The Spectator*, 19 August 1995

There were some people I wanted to see and others I didn't want around. There's a way of being sympathetic and supportive without saying 'Isn't it terrible?' all the time. People who were practical and sensitive to how I was feeling, who just knew how to put the cup of tea in the right place, were great, but others made demands on my time and my attention and my energy I just couldn't cope with. They meant well, but I learnt to get tougher. I would never have predicted that this illness would teach me not to be so polite. Dr Ann McPherson

As the author's husband, the tidal wave of love and affection for Deborah and all of us was a enormous support. Don't, however, be surprised if not all kind invitations to lunch and a drink 'to talk about it' are taken up. Having broken the news to close friends and relatives, I soon learnt not to do a string of late evening calls, as these only became more and more downbeat, leaving both parties sunk in gloom. Instead, I would wait till an upbeat moment with the family – a boozy lunch with laughter before bringing the next instalment of news. This way, those not immediately with her could be left with a positive conversation to dwell on before my next call. Remember, too, that all children react differently in these circumstances (for this reason, perhaps, our two older children later said they were grateful to have had the news broken to them individually, rather than as a group, which was how we had originally intended to do it), yet at the same time are trying to protect us, as parents, from their own fears for the future. Charlie Stebbings

STRIKE THE BALANCE BETWEEN SAD AND SOLEMN

In our new touchy-feely-weepy culture, there's a perception that crying together is very bonding and

supportive, enabling a person to feel less lonely in their grief and shock and sorrow. All the people talked to, however, found other people's tears and fears burdensome. 'It takes a degree of sheer physical will-power to endure not just the diagnosis and treatments, but the sympathy and sorrow one's friends,' said one.

Having people breaking down in tears or wanting/needing an emotional love-in was definitely NOT what I wanted. Even seeing tears well up in someone else's eyes used to turn me into a quivering jelly.
Rachel Williams

I don't like people crying around me, especially if they are grownups, because then I think the situation is really bad. It makes me feel sad and I don't like it. Crying does not make me feel better. I know it is supposed to be good for you, but I don't like it. Clemmie Stebbings (aged 12)

Thinking back to when my mother was diagnosed with pancreatic cancer (which is bleak), I can of course remember a lot of people 'being marvellous'. But I can also remember a lot of people (albeit well-meaningly) 'being crap'. My father called them 'the ghouls', and they were the ones who sent cards with sunsets or soft-focus autumns saying, effectively, 'in deepest sympathy'. They were also the ones who started talking to Mum in their special 'Death' voices.

I'm not going to say she only wanted people who could have a laugh about it, because she was always adamant that she wanted everyone to be devastated, but there is a difference between sad and solemn. I think I struck about the right balance in the first few weeks, but after that I got a bit bored and went back to tormenting her – my personal favourite being secretly activating her hospital bed so that the head and legs both lifted to put her in an amusing jack-knife position. The inflated surgical glove-cum-udder, the cardboard potty as millinery, and gulping the patient's oxygen to alleviate hangovers, also passed the hours.

I even blow-dried her hair on the day before she died, which was frankly not the success I had hoped for, and which may – I now concede – have finished her off. Hugh Grant

While there is no second-guessing what anyone will want and need from you (for some an embrace or hug can substitute for 1,000 words, while for others it can feel like a horrible infringement of personal space, especially when forced on them by those they don't know well), I found a surprising consensus about what people found helpful, or otherwise. Here is a summary:

Helpful

- 'A good friend sitting on my bed and just being there to lessen the loneliness, when trying to absorb the hugeness of what I'd just been told.'
- 'Beautiful flowers and plants that arrived in their own containers and didn't need decanting.'
- 'Uplifting letters with "No need to reply" at the bottom; gossipy emails ditto.'
- 'Having a friend on hand to answer the phone and tell well-wishers what was going on, especially boring ones.'

- ‘Fielding people who called at the house and telling them when it was time to go.’
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- ‘People who treated whatever they did, however huge, as no big deal, the easiest thing in the world rather than a grand gesture demanding my undying gratitude.’

Unhelpful

- ‘People hanging round with long faces, feeling terrible and looking worse, and not knowing what to say or where to put themselves.’
- ‘Having to feed well-wishers and make endless cups of tea.’
- ‘Treating me like a hero/heroine.’
- ‘Making assumptions about how I was feeling.’
- ‘Being bombarded with questions and/or advice.’
- ‘Arriving on the doorstep unannounced.’
- ‘People who seemed to be enjoying the drama, or who were clearly using the situation as another piece of gossip.’
- ‘Having to submit to intrusive questions and close embraces from people I hardly knew.’
- ‘People who broke down and cried, leaving me to comfort them.’

1. *Hang back*

Unless you are a close friend, or one of the immediate family, or you know the person comparatively unsupported and needs all the help they can get, do *not* rush round uninvited unless it is to leave a gift or plate of food at the door, with a note saying no reply needed. Chances are that telephone calls or requests for visits, though generously meant, will feel intrusive, and may even be interpreted as an attempt to meet for the final time. This is not the last-chance saloon. There will be no time. So bide it.

Unless the diagnosis was expected, your friend is almost certainly in shock. This is likely to be the worst thing that has ever happened to them. Allow them time to adapt to this often frightening turn of events, while you read through the suggestions in this book and see what you are best equipped to offer.

Do not take offence if offers of help and visits are met by a ‘No’ or you do not get an answer. Dozens or even hundreds of cards and letters may arrive following a diagnosis, along with so many phone calls, that it is impossible to reply to all of them. If you do not hear, don’t be deterred. Wait a while and then ring a close friend or relative and try to establish when you might visit and/or when you might be able to help.

My appetite vanished utterly, but chocolate brownies and shepherd's pies were very popular with everyone else. Dee Dee Hope

2. For the first contact, email or text rather than telephone, or send a card or letter

All the above methods have the advantage of allowing recipients to reply when and as and if it suits them, and are therefore much less intrusive than telephoning or calling round in person.

When writing, there is no 'right response'. What's clear is that it's always better to make some overture, rather than to stay away or, as it may seem to the person involved, 'run a mile'. 'When I became ill,' reminisced one woman bitterly, 'people I had given hours of time to through their various crises simply vanished.'

Some sentiments are likely to be better received than others, but much depends upon the person. If you don't know what to write, say exactly that. Writing about how much you value your friendship and adding some funny observations or reminiscences, will probably go down better than wading in with advice or half-baked theories as to causation.

I soon tired of all that rallying stuff about 'You're such a fighter, I'm sure you can beat it' or 'Knowing you, your strong spirit will prevail and you will never give up that battle'. I know that meant well, but these warlike sentiments made me feel that if I didn't respond to treatment it could count as 'giving up', as though I hadn't tried – or rather fought – hard enough and I was somehow letting the side down. I found those stories of people my friends had known personally who, despite the few short months or weeks they had been 'given', were still in their gardens planting bulbs and pruning the roses, much more cheering.

I'm a great believer in letters. It's often easier to write things than to say them, and more likely that you will finish what you want to say. Tessa Jowell

After the initial shock of finding out that Mum had cancer, all I wanted to do was lock up that part of my life in a tiny box that only needed to be opened when really necessary. But it can't work like that when the phone is going every three minutes with people wondering how your mum is and her having to tell and retell her story. Emails were definitely the way forward. Romilly Stebbings (aged 15)

MOST IMPORTANT Be sure to write that you don't expect a reply. The strain of feeling that one should be acknowledging letters and cards, takes away from the pleasure of receiving them. A PS at the end of a letter saying 'No need to reply' is a present in itself.

When you write, be sure to use the present tense. One friend of mine was unnerved to receive a letter that went on for page after page, extravagantly praising all her qualities and achievements, but which was penned in the past tense. It was like reading her own obituary, she said.

3. Volunteer your secretarial services

The burden of thanking can be seriously daunting – ‘like Christmas times 100’, as one person put it. ~~your friend feels overwhelmed, a standard email can be sent out, thanking for thoughts and prayers and expressions of concern, and giving a few brief details.~~

You might also offer to respond to letters and cards, and thank for gifts, on your friend’s behalf. Ask him or her to dictate a couple of paragraphs that you can use for everyone, and then type it into a word document on the computer; date and print off as necessary, and your friend can then add a closing personal sentence. Address and stamp all the envelopes and take them to the post.

NB If the emails are coming thick and fast, you can either compose an auto reply (look on menu options in the toolbar or enter ‘auto reply’ in your email programme’s help box), which can be sent automatically to anyone in the address book, or you can compose a standard message, leaving the address blank, and click ‘save as draft’, adding email addresses and sending out as necessary.

4. Offer to be a conduit of information

Breaking the news can be a huge emotional burden. On top of your friend’s own grief and fear comes the task of comforting and reassuring all those who love them. Would it help if you took down a list of those people who needn’t hear it first-hand and who you can ring with the news? Be sure to listen to instructions about how much (or little) contact will be welcome (not everyone is allergic to the doorbell and/or telephone), and how much medical information should be disseminated. Some people are very open. Others are averse to having all but the most basic details of their condition broadcast. And may even swear you to secrecy.

When my sister was diagnosed with cancer, she couldn’t cope, didn’t want to see anyone and withdrew completely. But the word soon got out, so I took on the role of answering the phone and trying to deal with people wanting to come round. She’d generally stay upstairs, while I invited them in, made the tea, thanked them for their concern, filled them in, made them feel included, put their flowers in water and sent them on their way. Pamela Barry

5. Be a clinic companion

It is now accepted that many people will want to bring a friend or relative to the endless clinics, scans and consultations that follow in the wake of a cancer diagnosis (I remember being gobsmacked at how many people I was lined up to see within the first five days). Someone at one remove from the shock and horror is in a better position to remember what is said (‘The serious information slithered around in my brain like mercury, ungraspable,’ wrote Kate Carr in *It’s Not Like That, Actually*), to ask the doctors to clarify what they are saying (and, if necessary, to translate medicalese into plain English) and, after the consultation is over, to offer another view of what was said.

As a companion, you can also do much to alleviate the tedium of waiting, if only by chatting or doing the crossword together, or fetching tea or coffee. I found it particularly spoiling to be picked up and dropped at the appointment by car or taxi, while my companion bothered with parking and paying

I always loved it when friends drove me to the hospital and waited with me while I went for appointments and treated it as no big deal, just ordinary. Julia Darling

Most valuable, however, were those friends who made it their business to be truly on the ball; who would take a notebook and pencil, asking me what questions I wanted answers to, asterisking the three or four most urgent ones, so they could prompt me if, as was likely, I forgot some of them.

DID YOU KNOW? Studies show that patients recall only a quarter of what is said to them in medical consultations and that this figure can drop to just one-tenth if they are under severe stress.

You might like to consider taking a tape recorder and asking whether you can record the consultation. A few specialists are now starting to make tapes as a matter of course, handing them over to patients as they leave. It means they can replay the consultation when they are in a better position to absorb the information, and can also play it to close family so that they know what has been discussed.

My youngest son advised me to take a tape recorder to all my examinations and clinic appointments. I found this invaluable as I tended to become confused and would forget what the doctor had said, hesitating to ask again for fear of being thought a complete nitwit. During the month, I would write down in my diary everything that bothered me, and every question that I wanted answered on the day of my next appointment, and armed with this and my tape recorder, I felt relaxed at my consultations. I would play my tape two, three and even four times over when I returned home, ensuring that I missed nothing. Hannah Lurie

Remind your friend that he or she can:

- Put as many questions to the doctors as needed about the proposed treatment, and its side-effects, in order to make informed decisions. Don't be put off by a general air of busyness – the impression that some doctors have raised to an art form that their time is just too valuable to go through things in detail. Ask them to explain – and in words your friend can understand.
- Take time before making any decisions regarding treatment. Many people's abiding memory of their diagnosis is the terrifying speed with which they were swept on to the cancer conveyor belt, leaving no time for calm consideration or a second opinion. 'It's not a medical emergency,' says Dr John Toy, medical director of Cancer Research UK, who advises taking as much time as one needs for thinking through one's treatment options. 'You haven't been knocked down in the street, though you may feel like you have. Decisions can always wait at least a few days.'
- Ask to be referred to an oncologist (cancer expert) or a surgeon with specific expertise if the cancer is rare or is one in which the doctor has relatively little experience.
- Request to see their medical records (a recognised 'right' since 1991, though doctors can occasionally refuse access if they believe such information could be harmful) and to have all letters copied to them.
- Ask for a second opinion if they are unhappy about their doctor's view.

- ~~Talk to their GP if they are unhappy with any aspect of their care.~~
- Change to another GP if, after talking to their current doctor, they continue to be unhappy with the way they are being treated.
- Make a complaint – directly or via Pals (Patient Advice and Liaison Services) or via a third party. Download the Patients Association’s excellent online publication *How to Make a Complaint* (www.patients-association.com), or ring the helpline (0845 608 4455, Monday to Friday, 10am to 4pm).

IMPORTANT Before leaving, ask if there is someone your friend can ring if further questions arise, and note down a contact name and number. Those with the commoner cancers (breast, bowel, lung, prostate) should be offered a clinical nurse specialist. This key person is not just a friendly face in the clinic, but someone patients can rely on to give advice and support on a whole range of issues, from what grants and entitlements they might be eligible for to getting travel insurance when going away on holiday.

TIP If your friend has quite a list of questions, and needs more time than usual to talk, try to secure the last appointment of the day. From my experience, this is usually the least sought-after slot because it generally entails more waiting. Yet, once all the other patients on the list have been seen, I have found my oncologist more relaxed about letting time run on while he answers all my questions and, very often, by so doing puts my mind at rest.

6. Offer to check that the treatment being offered is the gold standard for the type and stage of cancer

Having cancer brings so many unsettling uncertainties, it can be a big relief to know that the therapy being proposed is the same as would be given by any of the country’s top teaching hospitals or centres of excellence. The National Institute for Clinical Excellence (NICE) publishes detailed national standards of care for people with specific types of cancer in England and Wales, called *Improving Outcomes*. Visit www.nice.org.uk (click on ‘Want to read our guidance on an illness or condition?’ click on ‘Cancer’ and then on the particular type). A similar guide to standards of care is produced by NHS Quality Improvement Scotland; you can find it at www.nhshealthquality.org.

Although reliable, independent, up-to-date information on all local hospitals is not yet widely available, you may also be able to find out how the hospital in question is performing on reducing waiting times for treatment and on prescribing Nice-recommended cancer drugs, and even survival rates, so giving your friend the choice to stay put or request referral to a better hospital further afield.

7. Become an information-gatherer

The old adage ‘Information is power’ couldn’t be more true, as long as the information is well-balanced and accurate. There is even some research to show that well-informed, inquiring patients

tend to do better than those who do not ask and accept whatever they are given, probably because the former stick their necks out and demand certain treatments, right down to being prepared to move to hospital when these are not available.

However assertive a person normally is, it's not easy to be a dynamic, questing, 'take charge' sort of patient when whacked by something as potentially serious as a diagnosis of cancer, especially if, in my case, it comes with the specific advice not to embark on an internet search, 'as you'll only terrify yourself'. Though a health journalist myself, and not naturally one to bury my head in the sand, I had enough self-knowledge to realise that my consultant had a point: I was so saturated with bad news, I couldn't deal with one more single gloomy survival statistic or poor response rate. I needed someone to sift the good from the bad, identify the promising and protect me from the depressing.

Fortunately, a friend, Olivia Timbs, a well-respected medical journalist and editor of *The Pharmaceutical Journal*, generously volunteered to do the job for me. She retrieved a mass of information and scientific papers, and sent it to me in concise, digestible form via a series of emails, sparing me precious time and, just as important, the need to confront some unpalatable statistics along the way.

If your friend, like me, is an ostrich (even if only a temporary one), but loath to miss out on any new treatments that might be available, and you are medically trained and/or technologically literate, you, too, can oh-so-usefully sift through the statistics, extracting useful information and passing it on in bite-sized chunks.

Because I've had a chronic kidney condition since I was a child, medical terminology doesn't frighten me and hospitals are like a second home for me. But when Nazira found out she had breast cancer, this was a new experience for her – filled with fear and anxiety. She was also overcome by the information being thrown at her. So I went on the internet, did a lot of research, read the medical journals and found out a lot of information. Being scientifically minded with a degree in electronics, I could understand the language and make sense of the statistics. And then we'd sit down and chat, and I'd advise her what she wanted to do. How did she feel? What if this happened, or that? Rather than bombarding her with information, I gave it to her a little bit at a time in a way that made sense to her. She trusted me completely. We became a team. Shoky Visram

It's extremely difficult to take in bad news. Cancer, even if it is treatable, is such bad news that the first reaction is to go into shock; the brain feels numb, and it's impossible to frame questions, to sort out plans, to ask what the next steps are. So phoning a friend can give everyone the opportunity to work out exactly what questions to ask the healthcare professionals about treatment and prognosis and the available support; all the information that seems so obvious when it's not happening to you but so confusing when it is. Esther Rantzen

With a child, where the sense of helplessness is total, making it your role to be informed on their behalf can be as therapeutic for the parent (or aunt or grandparent or godparent or close friend) as for the child.

It's very humbling to watch a child fighting for her life. When she was very ill and close to death, she was three times, it felt like it was Georgie and me battling away together. She regarded me as her guardian angel. I'd sit at the end of her bed and quiz the doctors endlessly. She knew that I had made it my business to know everything I needed to know. She knew and believed we were doing all we

Never make assumptions about what a person with a new diagnosis will, or won't, want to know. In my experience, the ostrich tendency is really quite common, even among doctors.

I call them the information mafia. One of my colleagues insisted on ringing me and telling me what my survival chances were for my type and stage of breast cancer when actually I really didn't want to know at that moment – though I recognise he was only trying to be helpful. Dr Ann McPherson

As life settles down again, your friend may want to resume control, recognising that information and knowledge can be a lifeline out of helplessness and fear, that terrifying feeling of being the victim. 'The more I know, the more secure I feel,' says a friend who has stomach cancer. 'Even if the news is bad, knowledge soothes me. The worst part is not knowing, not being told, that nagging feeling that someone somewhere knows something that I don't.'

Caroline wanted to be free to handle her illness in her own way. It gave her strength. She was a teacher and took this academic, scholarly approach to her cancer. My son got her going on the internet, and she'd sit at the computer and do her research and then turn up at the hospital with some paper she had found from the University of Texas Medical School. I think she thoroughly frightened her consultant, who couldn't possibly keep up with it, but it helped her enormously to feel she was retaining some control. Tony Benn

When I was found to have a non-invasive breast tumour, called a ductal carcinoma in situ, back in 1984, the doctors kept trying to tell me it wasn't breast cancer because they thought I couldn't take it. But they couldn't have been more wrong. I'd rather face anything head-on, however horrible. From my point of view, the very worst thing is not being told enough, not being able to get the information. I can deal with almost anything if I know what it is. Over the years, I've acted as an information gatherer for several friends, particularly one who had a very rare form of ovarian cancer that the doctors over here didn't have much expertise in. I managed to put her in touch with a specialist team in Boston, and she went to the US for her treatment. That was 13 years ago, and she's doing very well. Rabbi Julia Neuberger

IMPORTANT CancerBACUP produces a series of information booklets on all but the rarest cancers, which can be either downloaded off the internet (www.cancerbacup.org.uk) or sent on request, free of charge (call 0808 800 1234, Monday to Friday, 9am to 7pm). America's National Cancer Institute (www.nci.nih.gov) also has comprehensive information on all cancer types, along with the low-down on any new cancer treatments: enter 'newly approved cancer treatments' in the search box and it will take you to an alphabetical listing. *The British Journal of Cancer* (www.nature.com/bjc) reports regularly on recent trial results and gives perspectives on new drugs, as does *The Pharmaceutical Journal* (www.pharmj.com; use the search facility). Journals usually charge for the full text of any paper, but the short summary, or abstract, often gives sufficient detail. Maggie's Centres (www.maggiescentres.org) provides a long list of useful websites that have been vetted for content (click on 'Resources', then 'Cancer Information', then on one of four various links). Subscribe to *The British Medical Journal's* free daily round-up of medical news stories and also ask for email alerts to be posted whenever features on the relevant cancer appear (www.bmj.com; click on 'Email alerts' under 'Services' in the left-hand toolbar).

8. *Find out about clinical trials*

The cancer experts I have spoken to over the years say almost as one that they would move heaven and earth to get themselves on to a clinical trial. Because of the strict procedural guidelines that govern any trial, the standard of care is generally extremely high, which probably explains why research shows that, regardless of whether or not they receive the active treatment, patients who are registered within a trial tend to do better than a comparative group of patients who are not.

NB It is important to check what clinical trials may be taking place *before* treatment begins, as previous therapy can often make a person ineligible. The CancerBACUP website (www.cancerbacup.org.uk) has a list of all ongoing trials in the UK, with details of who is running them and how to make contact. You can help friends by searching for trials that are currently recruiting patients with their type of cancer and, especially, checking the eligibility criteria so that they do not go ahead and embark on treatment that might then disqualify them from these trials (click on 'Trials', 'Cancer type' and 'All'). With so many ongoing clinical trials (92 different breast cancer treatments alone at the last count), it's always helpful to print out details of those that might be appropriate and to ask the consultant about them.

9. *Find out who to contact for a second opinion*

Time was when to request a second opinion might have been considered a vote of no confidence in one's doctor; now, with several treatment options often under discussion and the possibility of enrolling in clinical trials of new drugs and/or treatments, it is looked on as a perfectly sensible move. I have had at least three 'second' opinions. My wonderfully patient oncologist is happy to indulge my quest for knowledge and comparative information, as long as I am completely open about it. I try to phrase each request as tactfully as I can, telling him who I would like to consult and when, and even though it means extra work for him writing letters and organising for my notes to be photocopied and faxed (in one case, through to the US), he has yet to take offence. Quite understandably, doctors, like any professionals, tend to get upset when second opinions are sought behind their backs.

Once your friend has a name (or you have found one), ask the oncologist to write a referral letter. If your finances permit, it may be worth considering paying for this consultation privately so as not to delay the start of any treatment that has been proposed.

I was unhappy with the attitude of my first surgeon, but didn't want to offend him and, in my shock at all that was going on, was too wishy-washy to look for anyone else. And I'm a health professional! So my sister-in-law phoned Edinburgh and got chatting to a breast specialist on my behalf, and I ended up with the loveliest surgeon in the world who I had absolute trust in. Vicky Baglioni

10. *Find out if your friend can be put in touch with a Macmillan nurse*

All Macmillan nurses are clinical nurse specialists in palliative care with at least two years

experience in the field. They work in hospitals, the community and hospices, and currently number around 2,500. Along with palliative care, Macmillan nurses use their specialist skills to provide emotional support, effective pain relief, liaison with other nursing services, advice on symptom control, and information on anything that might arise in the wake of cancer diagnosis and treatment.

NHS palliative care nurses working in the community fulfil much the same role. I certainly took fright when I was told soon after my diagnosis that I was going to be contacted by a palliative care nurse. I thought that this happens only to people right at the end of their lives, and I had no intention of being prematurely consigned to my coffin. But from the moment Maggie Bisset arrived at my door I recognised that she was there to make my life easier in whatever way she could.

She advised me, she organised prescriptions for my pain relief, she was endlessly reassuring about the symptoms that were keeping me awake at night. She guided me through the maze of different services on offer and helped me to claim the benefits I was entitled to but which I, like so many others, knew nothing about. She arranged a Home Office licence that allowed me to take morphine over the border of the country, and put me in touch with travel insurers. There was nothing Maggie wouldn't take on. After 10 years of working with seriously ill people, and their families, nothing surprised or shocked her.

Soon after we had broken the news to our four children, she arrived on the doorstep like an answer to a prayer and talked to them while I made myself scarce upstairs, so that they could ask any questions that were preying on their minds, and could voice the fears that they didn't feel they could or should, talk about in front of my husband and myself.

HOW TO FIND A MACMILLAN/PALLIATIVE CARE NURSE Macmillan nurses can provide help and support at any time after someone has been diagnosed with cancer. Usually, the consultant, GP, district nurse or clinical nurse specialist will make a referral, using locally agreed guidelines (not all areas of the country are covered), at the request of the individual, a close friend or family member. There is no charge for a Macmillan/palliative care nurse.

11. Offer to put your friend in touch with a support group/someone with a similar type of cancer or who has had the treatment being proposed

There's a level of connection, if not identification, among people who have, or have had, cancer that even one's closest and most warm-hearted friends can never match. I now have a circle of new friends – originally friends of friends – who date from AD (After the Diagnosis). With each other, we can voice hopes too fragile, fears too dark and jokes too black to be shared with anyone else, along with the nitty-gritty of everyday cancer care: from the details of a particular medicated mouthwash to guard against mouth ulcers during chemo to names of the more palatable brands of green tea (there aren't many).

Would your friend be interested in talking to 'a friendly stranger' (see Corin Redgrave's contribution over the page)? Namely, someone with the same sort of cancer, who may have experienced the treatment that your friend will be undergoing? Alternatively, you could try introducing them to a whole new band of virtual friends via a website such as the award-winning DIPEX (www.dipex.org; click 'Experiences' in the top toolbar), which has videotaped stories of people

with the seven most common cancers and runs an interactive forum for sharing experiences and thoughts. The site, which averages almost a million hits a month, was co-founded by the Oxford C Ann McPherson after her own experience of breast cancer left her aware that, while she was well supported medically, talking to others with the same problem about what it was really like to have the disease gave her a different sort of information. 'I'm quite well in with all this stuff, I'm married to a breast cancer epidemiologist, so I didn't need straight facts. It was more that I learnt so much from other patients, and we tried to capture that when we set up the website.'

Or try the real thing: there are now more than 700 local support groups around the UK run on a voluntary basis by people who have experience of cancer, either directly or through a family member or friend. Talking to others who have had similar experiences can help people feel less frightened and isolated, and may also help to show them that there is a way through these feelings, and the proposed treatment, and out the other side. Macmillan Cancer Relief publishes a directory of cancer support groups (contact the Macmillan CancerLine on 0808 808 2020).

If your friend is geographically lucky enough to live near one of the five Maggie's Centres that are up and running (in Edinburgh, Glasgow, Dundee, Inverness and Oxford), or the further six under development (in Fife, Lanarkshire, London, Nottingham, Cheltenham and Cambridge), give them the details (www.maggiescentres.org).

These centres were the brainchild of Maggie Keswick Jencks. After hearing a piece of particularly devastating news about the spread of her own cancer, she was sitting trying to absorb the enormity of it when she was asked if she could please vacate the chair she was sitting on as another patient would be needing it. At that moment, she determined to set up a series of non-institutional centres attached to major NHS hospitals, where there would always be plenty of seats for everyone; where people could take all the time they needed to adjust to their diagnosis; and where they could access support that would enable them to be as healthy in mind and body as possible, and make their own contribution to their medical treatment and recovery.

The bush telegraph was just fantastic: the best thing doctors and friends did for me was to put me in touch with other men who had had prostate cancer and had undergone the various treatments I was now considering. These ex-patients were, without exception, wonderfully generous with their time and their advice. One man, who used to be the chief paramedic of the London Ambulance Service, has since become quite a good friend. We still correspond and he comes to see my shows.

What you need is a friendly stranger: someone with whom you can share the most intimate details and who will be absolutely unfazed by your questions about what lies ahead. They will also tell you things that the surgeons don't: that cranberry juice is very good post-operatively for internal bleeding, for example, or that cups of coffee are 100 per cent guaranteed to upset the stomach. Cor Redgrave

In the village where we live, the five or six people who have or have had cancer call themselves the BBC – the Beat the Bugger Club – and meet for supper or drinks about once a month to exchange information about what is available locally in terms of treatment and resources, and to support newcomers who have been diagnosed. Each of them swears by it. Andro Linklater

I began to remember the odd friend who had been through chemo (I didn't know many) and bravely rang them up. 'How was it for you?' I asked. Just to talk to people who had been through it was energising. Mary MacCarthy

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