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Episode 10 Season 2

Meet Emma Meir, Laura Austin and Ian Meagan

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A diagnosis of breast cancer can cause a lifechanging ripple effect of impact, affecting those we love the most and those upon whom we lean, for comfort and strength in the most challenging of times. My name is Aisling Hurley and I'm the CEO of Breast Cancer Ireland and you're listening to More Than A Lump, a podcast that talks openly and honestly to a selection of guests about their very personal connections to breast cancer – be it through their career choice, their own first-hand experience of the disease, or through sharing the experience of close family members. My conversations will centre on how breast cancer has informed their perspective on life, love, family, health, their goals, and aspirations. Although each story is utterly unique, the one common thread that runs through each one, is that breast cancer is more than a lump.

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Emma Meir was diagnosed with stage three HER two negative breast cancer in October 21 after noticing a lump in her breast just a month earlier. Now a year on the mom of two girls feels things are now beginning to get back to normal. Emma joins me today along with Laura Austin, also a mom of two girls who was diagnosed with stage three triple negative breast cancer in 2018. Both women chat to me today about the role their careers and work had in their treatment journey and how they coped with the various challenges of work.

[\(01:42\)](#):

I've invited HR specialist Ian Meagan to join us today too, to give us a perspective on this topic and to tease out some of the issues. I appreciate this is a massive topic and I know it can be so personal to your treatment plan, your family, your support network and can depend on your employers. And indeed there are financial imperatives to take into account, but I suppose like many of our more than a lump episodes, we hope in this episode to unpack just some of the issues and share a perspective and the experiences of others who have traveled to this path with our listeners.

Emma and Laura, so lovely to meet you again today. And Ian, lovely to meet you and welcome you to our More Than a Lump community. Before I dive into the topic of today's podcast, namely returning to work, I wonder could I turn first of all to you Emma as your diagnosis is the most recent, you were diagnosed last October and are coming to the end of your treatment. Yes. Could you tell me a little bit about that?

Speaker 2 [\(02:34\)](#):

Yeah, sure. Hi. Yeah. I went just to the GP last September and then obviously wasn't happy with the lump and thankfully she put me straight through for the triple assessment test for the mammogram, the ultrasound and the biopsy. And lo and behold, within about four or five days we heard back and was told to come in. So I did and I asked to bring, should I bring someone? And they said yep. So my husband came with me and yes, we were told there and then by the consultant we don't know how bad, but it is breast cancer and we need to do further investigation. So anyone, you get more tests, you got scans, you got more biopsies, you got nodes checked, that's standard procedure. So they're covering every avenue, but it, it's quite grueling cuz you don't know it's all new and that was hard.

[\(03:24\)](#):

But I had a good support network. My husband, my family, my girls and friends rallied around and then within a month I suppose they knew then yes, it's bigger than a lump so this tumor needs to be removed but it's also the breast. So I did get a mastectomy in December and luckily I got an implant there and then which was helpful. So one consultant out and one puts in. So all very good. Within a few days I was home with a few drips and the usual and recovery and then following that was post treatment be was chemotherapy. It started in February then until June <affirmative>. I had eight sessions of that every two weeks. And then I had to rest for about three weeks. And then in July and August 20 days of radiotherapy all really to blast it all out that it doesn't come back.

(04:18):

That is the risk. And here I am, a year on, it was only the 1st of October since my diagnosis, as you said it's just great to be here because unfortunately both my parents died of stomach cancer. So it was on my mind always one. My mom died at 54. Wow. I'm 52 and she only lasted eight months. But it's very different. That was back in 97 and now the medicine and the good work that BCI is doing is just fantastic. We're all staying alive, we're beating cancer. <affirmative>, <affirmative>. It doesn't take every life. Yes there are some, but I do feel now with medic medicine and the doctors and the professions and research, what they're doing is great and that hopefully I live a lot longer. Yeah, absolutely.

Speaker 1 (05:02):

And I suppose across to you Laura, you're the mum of SI and Avian who I met when you kindly brought them along to our great pink run back in July, 2020. Can you tell our listeners a little bit about your story?

Speaker 3 (05:12):

Okay, well I suppose I was diagnosed in June, 2018 <affirmative>. I found a lump in the shower like many other women when I do my breast check, I found it and went to the GP straight away and she sent me to the Rapid Access breast clinic in the Mater and went on the 31st of May. And that day I knew I had breast cancer had obviously the mammogram and went in to have what they thought was a cyst drained in the radiology suite. And when I saw the radiologist face, I knew that it was definitely something more sinister. And then went on in June to have a lumpectomy and no clearance. And then two weeks later then again they hadn't got quite, got all the margins around the tumor so had to go back and have more surgery done. And that was in July. And then I started my chemotherapy. I had 16 sessions of chemotherapy, started at the end of August just before the week before SI actually started school. And then I finished that in January of 2019, had a month kind of free then. And then started my 20 sessions of radiotherapy, finished my treatment at the end of February, 2019. So

Speaker 2 (06:26):

Yeah.

Speaker 3 (06:26):

Wow. It's a long time ago.

Speaker 1 (06:28):

Yeah, but I mean listen and you're here talking about it. And I suppose if I loop back to you Emma, just to say you manage your own business, you have play ball kids, <affirmative> how did that interfere or not interfere with your treatment?

Speaker 2 (06:44):

I worked around work with my treatment with my family and I was lucky running your own business, I suppose you can take a backseat and stop working, finish in schools or crashes or wherever I was, but you don't want to lose the business. So being self-employed, I have staff but as well but you know like to be there yourself at most of the venues. So I just reduced where I was. For instance, this summer just gone. I had had only just finished chemo and then I'D radio, I did three weeks of camps, not eight weeks, summer camps, things like that. So I made some good decisions and I also had someone that could run them and I could come and go, but I was working nearly every day.

There's always admin or something. And then I also do strength and conditioning. MBA coaching is my company as well.

(07:33):

So I'm busy doing that and hockey coaching. So I do a law lot. I work actually still seven days a week at the moment actually physically. So I need to change that. But I am a worker but if I wasn't working, I'm at home and I get upset, I feel I need to be busy, do anything but housework. So I do tend to go out and I have a good husband but that suits me. But some days it's just two hours of hockey coaching. So it's not always. And I love my sports and how coaching, so yeah,

Speaker 2 (08:09):

Rest, I have to rest. Yeah, I think I was exceptionally lucky though I think on talking about some of the support groups and warrior groups with they call them. Luckily I was three days in hospital after say the mastectomy and implant. Then I was probably two days after house in the house anyway after chemo and after radio. So everything and just tablets worked. But a lot of people, the doctors will work to get the right medication. Things don't always work. You have instances or things don't repair easily. I was very lucky, <affirmative> I was lucky I was able to keep going and be very strong for the girls at home. My Sophie and Katie, my twins were doing their leaving so I was still doing chemo through June and they were remarkable. Thankfully they're both doing really well. They're both in commerce and UCD and that is terrific. I don't need to worry about them as much anymore. But it was a tough year. But it's only made them more resilient. <affirmative> seeing mom, I talk about it with them and I just included them and was honest at that age. It must be a lot harder when they're young.

Speaker 1 (09:09):

And so to you, Laura, you went back as a senior transplant coordinator in Beaumont Hospital. How soon after your treatment did you return and how was that for you?

Speaker 3 (09:19):

I went back a month after I finished radiotherapy. I kind of said God, it was a bit of a mad thing to go back, but for me it was really, really important to go back <affirmative> a bit like yourself was I didn't want to be at home because when I was at home I was just the mom that had bald head or that had just finished treatment. So I needed to take back a bit of myself and come back to work <affirmative>. And I suppose I needed the support of my colleagues as well. I just come through the worst time of my life and my girls were in school and my husband was continuing to work and I was just at home. So it was really important for me to get back into work. I knew I couldn't go back. And I suppose I was really, really lucky with my own nursing manager, with the colleagues that I work with, that they afforded me the opportunity to go back. I initially went back just 16 hours a week and I didn't go back into my senior role. One of my colleagues had taken my role for the time I was out and she agreed to continue on until I was back. So I was really, really lucky. But from my mental health point of view, I needed to get back. I needed to feel that I was doing something other than cleaning the house or collecting the kids from school. I needed something that was me.

Speaker 1 (10:28):

And also I suppose bringing you back into that sense of purpose again because you can dwell too much on what you've just been through and we've heard and it's not even dwelling too much, it's more about you go down a rabbit hole of oh my God, why did that happen to me? And that in itself can set people back and it has set people back I suppose. Turning to you, you've worked in HR for many years through your own business lazing with employers and employees and now in house in the corporate world. A huge opening question I know, but in your experience, what's the biggest issue you've seen coming up for those returning to work after a serious illness such as cancer?

Speaker 4 (11:02):

Yeah, firstly, thank you Laura and Emma for sharing your stories there. I think for certainly from my experience, I think it is, it's the lack of understanding and it's the fear factor of not knowing what to do. So I think particularly in Ireland, we live in such a, and you don't see it until you're in my kind of viewpoint of employment law and the fear

of getting sued for this and sued for that and claimed for that, that employers are fearful of something different, are fearful of somebody being sick. But you take it to the next level. It's something that Laura and Emma have shared and small organizations or midsize organizations that they're not entirely sure what to do and they dunno where to go to. So they don't know how to react so they don't know how to support. And it can create uncertainty for the employee <affirmative> cause you are the sufferer but you don't know really where do I stand as an employee in the organization.

(12:06):

And then you have the employers feeling very vulnerable, not sure what to do and if there isn't a midway point there or somebody to get the individuals in a room to have a conversation, it can be extremely stressful for the sufferer of whatever it is and for the employer as well. <affirmative>. So I think it is challenging, I think the cliché of Covid, but it has changed. It's starting to change how employers deal with employees in terms of the psychological. And I still see the psychological impact of Dublin, Ireland being locked down. You take it to people with severe illnesses, whether it's mental or physical, we're getting better but we're a long, long way away in my opinion from when I was and disappointingly. So from, I've been doing this 20 odd years and it's a gradual change. It's not a quick change, but it does depend on industries, it depends on the type of business cetera.

(13:14):

Cetera. You need those structures in the workplace that allow the conversation to happen for either cancer related illnesses or for mental related illnesses. <affirmative>, because you'll read plenty of stuff online and I laugh at you don't look up Google, but there are all these advisories and there should be somebody set up to help with bullying issues in the workplace and disciplinary issues in the workplace. But there's nothing concrete saying who's there to represent the employees from a mental health. It should be hr. But the smaller the organization, there may not be a HR function <affirmative>, they may not be individuals that are able for it <affirmative>. So then you need training, you need employers to step out from hiding behind the legislation or the standard things that everybody goes to and understand the illness, understand how it impacts the individual <affirmative> and have that conversation learn from Emma or Laura and understand what they're going through.

Speaker 1 (14:17):

So communication is key.

Speaker 4 (14:18):

Huge. And then you make the plan and then you understand what potentially Laura and Emma are gonna go through <affirmative> and you can work through a work plan that works for the employer and works for the employee.

Speaker 1 (14:31):

The fear for lots of people listening who have been diagnosed is I wanna go back to work, I want to get back into my role that I had that somebody else has now stepped into a bit like maternity. But how do I make sure that my employer understands I'm fit and healthy as I am? Even though in the back of my head I'm one, I'm still worried about my illness. That makes sense.

Speaker 4 (14:52):

It do. No it does because there's still this stigma and I see it myself in personal circumstances with friends who've had different illnesses and issues and that starting point was a real struggle for them because they were uncomfortable to go and share something that intimate about something that's going on in their life. The person sitting opposite on the employer side was really uncomfortable because they don't know how to react. But again, it comes down to that point I made earlier about the research, about understanding, about ensuring that got the detail from the employee around what's happening with them and again, doing your own research about what they might expect. As you said, looking on the correct websites, not just Googling, get involved, make it less strange. Share us within reason with the team and let an intimate number of the team understand that Emma or Laura going through something personal at the moment, <affirmative> and don't let it become God Laura wasn't in again for another week and go wonder what her Emma is and what's going on. Yeah, it opened it up a little bit more in the right environment and in a respectful way. And it becomes less strange so that when people come back to the workplace

after a long gap where there's been a long period of treatment, there isn't the strangeness <affirmative>, there's gonna be the change, the hair loss, maybe facial personality a little bit because you're going through lots of different things but make the workplace that safe environment so it doesn't feel strange.

Speaker 1 ([16:31](#)):

And I suppose going back to it, it is having that open and honest conversation with st other staff or your colleagues that you work with and indeed your employer in saying, well look, realistically this is where I'm at this is potentially where I can be in six months or years time so that they get a sense of understanding. Cause it's hard if I flip and say the employer, it's hard on the employer too because if they're not really sure are you back back or are you only partially back or are you coming back for a month and then you're gonna be gone for three months. So they are trying to plan, everybody's trying to plan as an employee is you're trying to get back in as best you can in your own physical and and mental side of things and they're trying to equally plan for the same thing. So it is about really having that two-way conversation as openly and honestly as you

Speaker 4 ([17:22](#)):

Can. It is, I mean Trinity did a great questionnaire survey with a small group of individuals suffering from breast cancer returning to the workplace back in May of this year. And a large proportion, the biggest issue that came out of it was that lack of information, not knowing fear situation, Emma in terms of being self-employed a disgrace <affirmative>, because Ireland has no support structures for people who are self-employed. You won't get any health benefits, you won't get anything to cover loss of salary while you're sick. So people need to know that if you're self-employed or you're in that environment, it has a detrimental impact and you've still gotta run your business for you. Laura, you know, had maybe a better environment. And I do think civil service to an extent has a better grip of dealing with these kind of issues than the private sector.

([18:24](#)):

It comes down to the organizations that are really proactive and that's the key. And again, schools things where they're used to dealing with things. The bigger org, sometimes the less likely they are at being able to cope. And again, that's why those conversations are important without, there's other avenues out there in terms of the law and employees being protected under legislation, unfair dismissals equality, diversity, all of these things. But their headings, I know they're meaningless <affirmative>. And at the end of the day, if you're going down that route with a solicitor or the legal, you've lost control and also lost your, particularly if you're suffering from something, the emotional stress that's going to take having to deal with that nonsense as well. And employers should not be putting anyone in that situation what they do.

Speaker 1 ([19:21](#)):

Yeah. Can I ask you, is it normal for businesses whatever size to have a salary protection scheme in place? Or is it only certain types of businesses have it?

Speaker 4 ([19:31](#)):

It's only certain types of businesses that have it. Okay. Yeah.

Speaker 1 ([19:33](#)):

Okay. Yeah, I ask that because I do know in relation to the likes of teachers and the i NTO and things like that because we deal a lot with core market financial and they are people who look after the salary protection. And I remember one lady teacher who said only for that salary protection while she was diagnosed helped to support her income going through her diagnosis. She said she would've been in serious bad state.

Speaker 4 ([19:58](#)):

And again, it's the good point of this podcast tonight is about on the, and again continuing on, the more serious side is understanding what are entitlements, exactly what is it within the employee handbook or what's within my contract? What can HR do or what can the company do to help me? Because again, I would argue strongly that in

this situation, particularly going through a cancer diagnosis, everything should be done to try and help the employee get through the difficult situation. If that's fiscally <affirmative>, particularly now that we hear the cost of living, all of those things that has detrimental impact on your health. I haven't experienced it thankfully, but both of you have been through it and having the strain of financial burdens on top of other things just isn't good mentally or physically.

Speaker 1 ([20:51](#)):

And do you think that businesses should or could facilitate phased return to work? I suppose it depends on the business.

Speaker 4 ([21:01](#)):

Again, it depends on the business, but I think they should look again, we've gone through covid, so all bets are off now. All the drama, all the white noise, how the country will fall apart and the world will fall it. People got on with work and they've continued to get on with work <affirmative>, there's still a huge amount of people who work from home. So phase return, absolutely. I mean I would do it for my own colleagues from breaking an arm to something happening with a sick child, whatever it is. So for a situation like this, absolutely achievable. And again, if it's somebody that has been outta the office for a long period of time, I would absolutely recommend the phased approach. Get a feel. Laura, you were talking about the 16 hours it, it's just getting a feel for what's working well, <affirmative>, if you were involved in a specific area of work, if it meant more travel, more human contact, whether it was face to face or traveling, just gently going back to it, you see where you're at and then have a review <affirmative> and put milestones, Ian, let's do two weeks of me doing 16 hours each week and let me see where I am for week three.

([22:12](#)):

And absolutely even if it's a smaller organization, again, once that conversation's had from the start and the plan is made, you'll know yourself as the individual suffering what your milestones are in terms of what you can do and what you can physically deal with.

Speaker 1 ([22:27](#)):

And Laura, you mentioned you went back on your face basis 16 hours a week, but not to your role, not to your senior role at that time. And how did that feel?

Speaker 3 ([22:37](#)):

To be honest, I was just really delighted to be back. I knew myself. I wasn't able for the managerial role that I would normally have. So I was really just happy to be back in the office <affirmative>. But I found difficult was actually the amount of people because our office is extremely busy and I found it very, very difficult with the noise and the amount of people that were actually around. So doing 60 in hours a week was fantastic for me. And I did that for a number of weeks and then went up to 20 and then I did it in conjunction with occupational health. So they kind of afforded me the opportunity to work as much as I needed to then went up to 24 hours and didn't go back to full time until October <affirmative>. But I suppose as I got to do more hours, I then I started to get ley kind of, I wanted to get back into my role. I could when I was obviously feeling a lot better and I had worked with amazing bunch of women and my colleague Andrea, who took over my role, she kind of let me gently get back into it.

Speaker 1 ([23:38](#)):

And did she step aside or what did she take on as a role?

Speaker 3 ([23:42](#)):

Well she went back into her normal role, but she obviously did most of the managerial stuff right up until October. And then that was the plan. We had the plan that by October I would be back up to full time and then I'd go back into my role.

Speaker 1 ([23:56](#)):

So it comes back to that whole communication side of things again. Yeah, it

Speaker 4 ([23:59](#)):

Does. I think in that situation, Laurie, you're one of the lucky ones, very unfortunately and it's a great example of being moved outta the role, not for any reason other than you're in the healing phase and trying to get back into the role. But again, that's a very important conversation for others that are listening to make sure there's something in writing there. That there's documented evidence that if you're being moved out of a role, it is for a period of time and when you're up and running that you can absolutely move back into that position. But also the other person that's covering for you, I would advise that you've had a conversation there that their understanding is that they're gonna be, it's not

Speaker 1 ([24:43](#)):

Moving, it's not infinite, it is. There's a finite time here. No,

Speaker 3 ([24:46](#)):

And we did, we very open communication about it. So we had kind of a defined plan. But I did that with a very good manager with occupational health behind me as well and with an amazing team of people behind me. And you have to look after the service as well. And the service, that was the most important thing for me, to be honest, was that the service still ran the same and I couldn't do the service or my team justice at that time and my colleague could. So until I knew I was right back where I should be <affirmative>, I didn't go back.

Speaker 1 ([25:19](#)):

And I suppose then looking at Emma's situation as a self-employed little or no real support, but what is, there

Speaker 4 ([25:27](#)):

Really is nothing. There really, really is nothing I it. It's, and having ran my own and my wife more recently who had a difficult situation with a 50 year old business and then fell, broke her hip and in her current role, nothing, no support, no nothing. And Emma would relate to this in terms of the amount of PSI universal O through charge that you're paying for. It's one of the black holes here in Ireland that needs to be looked at <affirmative> because again, you needed to work, Why should you be any different from anyone else? <affirmative>. But you've got nothing there that protects you. So you're so vulnerable as a self-employed person either on any level of illness, but particularly cancer with the amount of time that you need to spend at treatments. So it's quiet. And I did spend a little bit of time having a little bit of research to see and talking to friends who who've been through cancer as a self-employed and more shocked than that I was at how little for those that are employed working for organizations.

([26:43](#)):

I mean there are things there in terms of whatever the organization is offering. So again, repeating it, it's get familiar with the employee handbook, but I would really advise anything that's agreed, and this is probably a little bit negative, have it in writing, whatever the plans are, whatever the arrangements are, get everything in writing. So there's unfortunately, mm-hmm <affirmative> an understanding in place so that if somebody has a wobble, usually on the employer side, <affirmative>, you've got your documented evidence there to protect yourself <affirmative>. Cause you know, want to avoid the dramas that come from any legal issues or any disputes.

Speaker 1 ([27:24](#)):

And especially I suppose in lots of times when regardless male or female. But career progression and especially if you're in that workplace and you are hit by a serious illness diagnosis. So you have to have a go on treatment. So if you to sideline a slightly but where do you get to pick that up again? So as you say, have it in writing that there's something there and it is, comes back to that whole communication thing.

Speaker 4 ([27:48](#)):

It does. I mean you look at maternity leave as an example and sadly in Ireland it's still one of those issues that that's illegal proving problematic. I dunno why. But there's so much around that. And if you have any sense and any respect for those that are ongoing on maternity leave, you'll know exactly what you should be doing as an employer. Exactly what steps to take <affirmative> and you've gotta follow it by the law. But also you can do lots of nice things on the side for that employee that you're meant to be caring about. Take it to those with cancer diagnosis and then suddenly there's again black hole of not really understanding. So it, it's ensuring the communication things in writing things detailed, everything just nice and clear. So you're dealing with curing yourself and getting yourself better. And

Speaker 1 ([28:42](#)):

Do we have something, I know we have maternity benefit benefit and we have maternity, we understand that they're entitled, women are entitled to go out for six or nine months or whatever length of time. So much is paid and so much is at their own discretion. Do we not have something in relation to serious this cover?

Speaker 4 ([28:59](#)):

No. You see now in the legislation that they're bringing in that you have to be paid for sick leave when that's coming in next year. So you're five days, every employer now must cover in a 12 month period for those sick days. Which is fine but pretty useless in Laura is an situation or any serious longer term. But at least it's a start. And again it's a conversation that's been a long time coming. But no, I mean the government need to do more and employers on the smaller business and medium size will say, well what we can't do anymore, your restaurants, your vitner and people like that will go, it's shutting us down cuz we can't do all of these things. My answer to that is the world is changing and don't build businesses around employees if you're not gonna protect them and look after them. And again, I think good employers don't care about the legislation cuz they'll do the right thing because they'll respect Laura, they'll respect Emma, they've been loyal employees. What can we do to <affirmative> help and help your family, help your mental state? <affirmative> we want you back at a hundred percent. We don't want this sad story. And that's the kind of communication that should be expected.

Speaker 1 ([30:21](#)):

I mean it's a terrible thing to say, but cancer is costly. It's costly. The treatment is costly, everything is costly. And then on top of that you have that burden of well I need to go back to work cuz I need to have money coming in. I need to pay certain outgoings. So it is something that employers definitely need to be empathetic. Who would you think, if you look globally what country does it best? Who should we model ourselves off?

Speaker 4 ([30:46](#)):

I, Okay, we talked about the Netherlands being really good. Finland is a very, very good country. France ironically, but because France is so rigid with their union approach to how they work, but they are really, really good at protecting their employees and minding their employees. You look at New Zealand, but Finland in particular are cutting edge in terms of hours of work, flexibility men and women and transgender, all of those things. There's thought put into the legislation in these countries because they want to retain the staff, they want to have a proper work environment that's inclusive, makes sense as in the working hours. But also that treats men and women the same. I would say Finland stands above many.

Speaker 1 ([31:46](#)):

So we have a lot to do.

Speaker 4 ([31:47](#)):

Oh, miles behind. Miles behind. Wow, wow. And we have some good politicians that are trying. But you look at how long it's taken the return to work policy and it'll be next year probably more than likely. And everyone will bicker and argue and pull it apart and it'll be another six to eight months before it gets into play because there's too much noise. And we're not good at adapting to changing how Ireland has been in such a, this is how you work. Remember when you were young, got the job of the bank because that was pensionable or you got stuck and that

was it and you wouldn't move away from that. Now people move jobs after two years cause they wanna progress, they want to change. People who've been adapting their CV cuz they've had cancer treatment isn't the big as it was. But 10 years ago I was like, yeah, but you've been outta work for a while.

(32:42):

Women trying to return to workplace though is still a little bit of a challenge. So again, if you've been out because of cancer for two or more years, unfortunately there's still a challenge. So it, it's again making sure whoever you're working with on whether it's a recruiter or whether it's going directly to the employer that don't hide your story, own it. Think of what you've learned going through that kind of treatment and that level of treatment that you didn't know about yourself before. That's a learning, that's a skill set that you didn't have before your illness. And again, from a practical point of view understand with the employer what home benefits can you have in terms of desk chairs. Get those plans in place as well. If you're one of those people who loved working in the office and didn't wanna go home, but your gradual return might be from home at the start, <affirmative> might be maybe a morning in the office and a couple of hours from home. Make sure the setup is there. Employers are responsible for making sure you've got the right equipment, the right setup for yourself at home how you dress, look <affirmative> under, there's a flexibility there as well. It's get everything signed, sealed as soon as you need to have that conversation. But it's not easy.

Speaker 1 (34:11):

So Emma, as a person that is, did you have health insurance, did you have any source of, I suppose, security given that you're not gonna get supports from anywhere else when you were faced with this kind of a diagnosis?

Speaker 2 (34:28):

Yes, luckily without getting anything from the government and revenues. So I was signed off initially for six months saying you know, shouldn't be working. But given it was my own business I did. And luckily yes I had health insurance to cover the heavy costs <affirmative> for all the treatments and the hospital stays and things. And then yes I did have serious illness cover that luckily took out with the mortgage. So I got some money there to help out <affirmative> so that I didn't have to work every day. I could work a few hours each day or take three days off I need it and get cover <affirmative>. So that was really helpful. So I would say it's better to have it and not need it. Absolutely. Than not to have it and you need it always. I would recommend health cover and

Speaker 1 (35:11):

It's something that I know a younger population as in I have a daughters 28 engaged and her partner didn't have health insurance, had it as part of his family insurance, then he was go out into the big bad world now get your own health insurance. But it's down their list of priorities, <affirmative>, which I found strange and yet it's so important to have health cover <affirmative> at whatever level. And as you say, well especially in mortgages, to have that serious illness cover <affirmative> is hugely beneficial. And how about you Laura? You know were working in Beaumont but it's a costly experience.

Speaker 3 (35:44):

Well I was lucky too. I had health insurance. I suppose it's better to be paying for it and have it rather than to be looking for it. But I was lucky in that regard as well. And I was able to go to the bonds in Glass Nevin and have my chemotherapy. And then at work I had three months like full pay <affirmative> and then I had three months half pay. And then I also qualified for critical illness at work as well, which gave me another six months full pay as well. So <affirmative>, I was very lucky. I've worked at Beaumont, I have to say 27 years. So I'm part of the furniture there, but it's great scheme <affirmative>, but then you need to get back to work as well because you're kind of thinking, God, I wanted to get back to work and I kept some of my illness time, went back to work in case I did need it a couple of months down the line in case I went back to work and it was too much for me. Yeah, exactly. So I did keep that time as well, but it was great that I didn't actually need to use it. <affirmative> <affirmative> and you have that then for five years, <affirmative>.

Speaker 1 (36:48):

And any advice from you in as regards we see now, yes, people should have health insurance at whatever level, people should look at the know if they're getting mortgage out to take that other cover for serious illness. Is there any other things that people could do to help ensure that they're covered?

Speaker 4 ([37:05](#)):

Yeah, I mean there are cost effective health cover options that smaller businesses can look at. Again, I'm not going to name the particular organization, but as little as 26 euro from the employee and that matched by the employer, there are health cover options that they can have. I mean won't the Saturday fund the woman mentioning, and I only came to it myself in recent years, in particular company I work with because we can't afford to pay for the bigger brands. But it is something there that it's a cost effective option and can cover for certain things. It doesn't cover for everything, but it is a good starting point. But again, it's educating your employees about having that health cover. We're good at doing that. Where I am in terms of pension and things like that. Wait until, oh I know 30, yeah, you should be getting it when you're 12.

Speaker 1 ([38:10](#)):

But yet, and so many of us, I certainly didn't look at pensions when I was in my thirties and you do wait and it's a little bit late and you're gonna go, oh now I have to really look at it. But it is something to be aware of it is because I don't think they younger people realize in their twenties and thirties what a pension will mean at the end.

Speaker 4 ([38:28](#)):

No, no. And look, it's a thing. We're all infallible until not, and it can happen in any age as well, whatever it is. So it's being prepared. So no, I look, and again, from an employer perspective, don't be afraid to have a conversation about your financial. Cuz if you don't ask, you don't know whether they're small or a big organization. Is there something they can do with the salary? Is there some option that can be put into place for a period of time? It's that sharing. Yeah,

Speaker 1 ([39:05](#)):

Don't all that communication and don't be afraid to have the conversation. No. Worst case they can say is no, sorry, we can't do it. But at least if you ask the question, you might open doors to other areas to be explored from both

Speaker 4 ([39:18](#)):

Sides. Correct. Yeah, correct.

Speaker 1 ([39:20](#)):

And is there anywhere or a resource that you would recommend for people returning after a serious illness diagnosis? So they've been out of the workforce for a year or maybe 18 months and they're a bit nervous of how they go about approaching employer or looking for a new job. What should they

Speaker 4 ([39:39](#)):

Do? And that's a really good question. So actually the HSC has really good information on their websites and booklets and they're actually getting better and better at being more diverse in their thinking and not just looking at a certain area. So that would be my first protocol and it's that informed information that we're talking about, not going straight to Google. So I definitely go there. I think the cancer societies in their different guises in Ireland, again, excellent. And there are support groups there. There are groups outside and I think Emma referenced one earlier on where women who have gone through it and supporting each other where they can get advice from each other. <affirmative>. So I think going into the world of cancer information and the HSC are really good areas to start. In terms of going back to the workplace, I think it's a more trickier one cuz some of the recruiters out there are excellent at helping you find the path and how to tell your story <affirmative> for the next role. You need to be careful there that it, it's a well established recruitment consultancy, <affirmative>, but they can be really, really good at building your brand and building your story <affirmative>. Again, there's things from a government point of view

that are good booklets to read and stuff like that, <affirmative>. But I think having another human being listen to your story and representing you in the workplace is a nicer start than trying to deal with it on your own <affirmative>.

Speaker 1 ([41:16](#)):

And as you say, there are people out there who may not be wanting to run back in the door to do their 40 hours a week who might be actually happy. A lot of people say to me, Well after I was diagnosed, change my perspective on life. I don't have to be the 40 hour a week person. I'm actually really good at 30 hours a week and it gives me my 10 hours at home or to do a sport or something else that I want to explore. So I suppose, and it's having that understanding, I suppose, what you want, Yeah. Yourself and then being able to communicate that. And it may or may not go your way with your present employer, but I'm sure you will find somebody that it will work for.

Speaker 4 ([41:54](#)):

Absolutely. And look, there's career advisors and there's holistic guidance individuals out there that help people kind of untangle their brain a little bit cuz maybe you've learned something about yourself that you didn't know while you're going through the treatment, going through the illness that you want to own and you want that to be part of your next career. So there's guidance people out there and coaches that can help you. And it's not the sad story, it's creating your, who's the new Emma, who's the new Laura, and what does your brand look like? <affirmative> and going out there into the marketplace without any fear or fear of rejection. <affirmative>, it can be rejected for having cancer, not having cancer. Yeah. Yeah, it's getting over that and just being who you

Speaker 1 ([42:41](#)):

Are. And I suppose as an entity in Breast Cancer Ireland, we have it. We have built a huge support mechanism of both those who have been through diagnosis but also our education outreach team who are traveling and led the breath of the country talking to schools, companies, community groups about the importance of understanding good breast health. Some of them have been through cancer diagnosis themselves. So there is support groups out there. And that's something that people need to be aware of, whether they are through breast cancer, Ireland, or whether they are other support groups. There's lots of warriors out there, there's lots of breast friends, there's loads of different entities who are supporting each other at all of the time. And it is a great resource to have them to bounce ideas off and any queries and concerns they might have. Well, first and foremost, thank you Emma, Laura, and Ian.

([43:30](#)):

I feel there is another episode on this topic in future seasons for sure. And so that's a wrap for our season two of more Than a Lump since we launched back in March. We've recorded and aired 20 episodes with over 4,000 downloads and we are so excited that it has been such a great resource for so many who have been impacted by this disease. We're currently preparing for our season three, which will air in early January 23 and have already started reaching out to some guests. But we thought it would be a good idea to ask you our listeners, what topics and subject areas you might like to see us cover over the next while. If you have any feedback for us, please email your suggestions to a Riley BCI research dot e. We'd love to hear from you. And just a gentle reminder that you can listen back to any of our past episodes on iTunes or wherever you listen to this podcast.

([44:13](#)):

And all episodes are up on our YouTube channel or on our website. And so that just leaves me to say thank you for listening and for supporting Breast Cancer Ireland. Hosting this more than a lump podcast and meeting so many friends and colleagues as well as meeting some lovely new people has been a real highlight of this year for me personally.

I've learned so much from each and every one of our participants and it has been a pleasure to share their stories and experiences with you, our listeners. I look forward to sharing a year in review of 22 with you in early January, and also giving you a rundown of our plans for 2023. But for now, from all of us on the More Than a Lump podcast and the Breast Cancer Ireland team, be kind to yourself and we'll be back in January. T

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he information in this podcast is based on the personal stories of those we have chatted to. If you are concerned in any way, please contact your GP immediately, or you can contact us@breastcancerireland.com.