English Transcript of Clark Denmark's interview with Helen Oxlade and Abigail Gorman

on 27th September 2019

- ***based on live voiceovers by Linda Richards, Rose Lennon and Karen Newby***

Clark	Good morning. We're here in the spirit of the World's Biggest Coffee Morning arranged by Macmillan. That's happening today and we're with them in spirit. I'm Clark Denmark, and today in this live streaming, we'll be meeting our two guests and you are very welcome to contribute with questions as well. I was diagnosed with prostate cancer 18 years ago. Here are my two guests; Helen Oxlade ... Helen?
Helen	Hello, I'm Helen; I suffered with cancer about 5 years ago and I'm a survivor.
Clark	And we have Abigail Gorman…
Abigail	Hi there. I haven't experienced cancer personally, but I've supported my mother and my grandmother through cancer.
Clark	We know that many of you are watching and you might want to contribute, so please do. There is a link through which you can ask your questions or raise your comments and please, for now though, click "Like" to show that you're watching this live stream. We're here because of our programme that was released on Monday called **Hope**. It's about a young teenage girl who's diagnosed with cancer and her journey through that experience. It's based on a true story and that's how the programme came to be made. Can I ask you, what did you think about the programme, how it felt for you in terms of your personal experience?
Helen	So, the programme focuses on ovarian cancer. Also, for me, I had ovarian cancer, so it had a quite big impact for me.
Abigail	Yes, I found it very emotional because I knew the person whose life this story it was based on and so it really struck me how cancer had affected her, and obviously I could very much identify with the difficulties of her experience and the barriers that she faced. It was very emotional for me.
Clark	I'm sure that's true for our audience as well. They themselves, family or friends may have gone through this. When I look back through my experience, it was a very difficult time and I still feel very moved by what's happened to this girl and my own experience as well.
Helen	I remember when I got told that I had cancer, my immediate thought was – how long have I got to live? And at that time, I didn't know whether it was 1 or Stage 5 and my survival rate was … I just didn't know, I didn't know if I was going to live or die. Nobody could tell me, I had to wait for results, the biopsies needed to be done, investigations, before any stage could be diagnosed. That was a very confusing and emotional time, although I had support from my

	family. So much to think about, and, you know, once I got told I was relieved actually. But yeah, for others, I don't know their experiences, but for me, I was lucky.
Clark	And you, Abigail? You had to support your mother and your grandmother.
Abigail	Yes, I had two very different experiences. My mother is Deaf, so actually I became her interpreter in medical situations, and I was there when she found out. There were also some real difficulties when the doctors did their ward rounds, because there were groups of people around my mother's bed and it was very difficult for me to interpret. One time, my mother even got out of the bed and left her bedside because she just couldn't cope with the difficulty of communicating with these medical professionals. And I was her daughter, also acting as an interpreter, which was incredibly difficult for me. When I was supporting my grandmother, again, I often didn't understand what the medics had told my grandmother, and so she ended up almost interpreting for me in those situations. She could hear. And so, luckily, I have a very strong family and we're very supportive of each other, but really it wasn't so much the cancer itself that was the most difficult thing, it was more the problems with access.
Clark	That's a very important facet that faces people, the business of access, but also how they feel, how they deal with the diagnosis.
Helen	I was lucky; I had interpreter provision through my treatment and diagnosis. Before I was diagnosed, what happened was that I wanted to start a family… I was getting older, you know, I was 38, so I thought I needed to get on board with this, so I went to have some investigations. It was during those investigations that I got diagnosed with cancer, so everything got diverted. I had interpreters for other health appointments, so what happened is, is the Oncology Department took over those bookings, so I was quite lucky that I had provision. But later on during my journey, after the operation had finished, in the post care, there were no interpreters. I had access via my husband; there wasn't any provision then and I did face some barriers. At the time, my husband and I had only been together for 4 years, and he was very much still in the very early stages of learning BSL. Most of my family are hearing, don't really know BSL and live in the north, and I was down south at the time. And so, there were significant barriers. For me, I have English as a second language. I read and write English very well, though, and there was lots of provision and literacy from Macmillan. But at hospital, BSL access was limited.
Clark	That's interesting because in the programme, **Hope**, and this is the sign, **Hope**, the girl went with her mother to the medical appointments. Do you think that's fair on the mother? I mean, this is your experience too, Abigail. I think it's something that we have to remember - that interpreters are not available. Families become the sort of the natural point to which people return, but is it right? And like you, I had English and I could write things down and communicate, but there comes a point where really when it comes to results, I knew I wouldn't be able to cope with writing things down. I needed to, you know, be able to deal with it for me, for myself and somebody said well suggest filming it because you won't remember what the interpreter is saying because you're overwhelmed by the shock.
Helen	I never thought of that, actually. I never even realised that that could be done.

Clark	That was a helpful tip. I think I wouldn't necessarily want to view it again, but it was a helpful hint to film what was interpreted, so I could view it later. So you know, you really need to set something up properly and to be able to review what the doctor actually said.
Helen	And it's exactly that point, actually. For me, when I was there, in the consultation, the interpreter was there. Obviously, it wasn't filmed. My husband was there with me in the consultation with me; we made enquiries, we had some conversation, then back at home I just remembered feeling so confused, my mind was a little bit, kind of, lost and I was over sensitive. I'd forgotten loads of important information. My husband was saying "this is what the doctor said" and I was like, "I don't remember that". So, thank God my husband was there with me and that he was able to retain the information. And actually, without his help, I couldn't have accessed that information because I'd forgotten, and if he had been interpreting, then he would have forgotten too, because he can't interpret and remember stuff at the same time. So I'm really glad we had that three-way process. He reassured me, for example, that it was possible that the cancer had been caught quite early, because he'd remembered that the doctor had said that and I'd missed it. I had forgotten it, so you do become very confused, as the patient.
Abigail	Yes, my mum found out without the assistance of an interpreter. It was quite frustrating; the information that was given was quite vague, so mum was told that they had found something. So I interpreted that they had found something, but obviously my mum wanted to know what had been found. There'd been a scan, there was a suspicion of possible cancer, but obviously my mum kept asking the doctor – she said, "Come on tell me, tell me what's going on, have I got cancer? I have, haven't I?" There were some times when we wrote things down, but there was nothing confirmed. The doctor was able to eventually say "Well, we do think that it's possibly cancer, but it's not confirmed yet," and there was no interpreter. My mum was in hospital in the end, for a month, and only on four occasions did she have an interpreter. Luckily, once she was out, a friend of hers who's an interpreter, came along and was able to help her understand some of the things that she'd been told. But, you know, it's not fair asking a friend to come along and interpret. So, lots of things happened without proper communication support and with friends or family acting as interpreters. It's just not fair.
Clark	I'll never forget the time that I was told my results. I looked at the interpreter who said "Yes, it's positive". And I thought, great, "positive". Carolyn, in the meantime, had fallen onto the floor and then I realised what positive actually meant – it was a result that you actually did have a diagnosis of cancer, that it had been identified – not that it was good news. So, in seconds, my world had changed, and it was a horrible feeling, how we were told.
Helen	And it's not clear, is it, that jargon, it's not clear. In that instance, "positive" doesn't mean what we usually know it to mean.
Clark	And then you were able to read material, but if you hadn't been able to read material or have access to using English, what would happen?
Helen	Precisely. I mean, I was very nervous actually, 5 years ago, when I was going through the process. I was told that there were some BSL videos. I think about six. I don't remember exactly how many, but I looked up half of those, some were subtitled only, and some had BSL interpretation. Actually, though, none of them were relevant to me because they were talking about palliative care, another one was about wigs and living with cancer. I was newly diagnosed and so I was like, what's next for me as an ovarian cancer sufferer? There wasn't anything relevant. There was something about lung cancer, kind of everyday cancers, but

	actually if you think about it, there's probably over 200 types of cancer, so I mean, we all have different symptoms, different treatments. So, I wanted something specific to my cancer. You're right, you know; without English I probably wouldn't have had access to information. It was only through the literature that I could access the information because I had time to sit down and process it, you know. I could re-visit the information, because actually, in that consultation, it was really overwhelming, you know. Sometimes it was weeks, months later that I was still revisiting that information, so I don't know if DVDs could be constructed, so patients have an opportunity to re-visit that information in BSL?
Clark	You need it in BSL to get access to your own language. What about you, Abigail?
Abigail	I didn't get anything, no. My mum had cancer of the kidney and we looked online and obviously you can come across a lot of information online, but in terms of actual support groups and information that you can have a dialogue about, there's really nothing. We found one group in America, which obviously was no good to us. At the time, it was about 8 or 9 years ago, there was really a complete lack of information. Obviously, hearing people have better access to written information, which can be problematic for members of the Deaf community and you can end up feeling quite lost, which is really an unpleasant situation to be in.
Helen	Well, talking about support groups, there was a local hearing group which I could access for massage treatments, support, but I didn't feel that I could kind of integrate because I was relying on written language and it just wasn't appropriate. I went back and then jacked it in after that. They were all lovely, accepting, warm and supportive people but I just didn't feel part of them. Communication was so important for me and when I got diagnosed a few months later, you know, I decided that I was going to post a video. It was Ovarian Cancer Awareness Day and so I thought I'm going to submit a post on Facebook, just to inform people of my experience in BSL, what it is, what to look for, bloating, the symptoms … there are various. I had links to other websites to help the diagnosis, so I thought I would, you know, disclose that. And then I had a few private messages once I had posted it and one person who contacted me was Emma Boswell, she runs Deaf Cancer UK. I became a member of that group. But still it's tiny, like I'm sure there's more individuals out there and it's not like Macmillan, which is a robust charity, as is Cancer Research UK. Deaf Cancer UK is tiny, run by volunteers. There were only three members of the committee and one passed away recently. I mean, I don't know.
Abigail	Also, you really want to be in touch with someone who's having the same experience as you, so if one of you has kidney cancer and the other one has breast cancer, the treatment, the journey that you go on is very different. So yes, you can identify with each other for having cancer, but in terms of expressing the detail of your experience within that, it's more difficult.
Helen	I mean, I was lucky that both Emma and I had suffered with ovarian cancer so we were able to communicate privately about that experience, so yeah.
Abigail	My mum didn't have that.
Helen	It's so different for every individual.
Clark	Yes, it's very difficult, as well, with the Deaf world being so small that I'm unlikely to find people that had similar experiences or the same experience. I think there's something about the emotions that we had, how fearful we are about what's happening and wanting to know more about what's happening, wanting to know about the cancer, what it means, what the treatment is. And it's different for every individual, so it's very difficult to sort of do a sort of blanket "here

	you are, this is what's going to happen to you". Do you think things have improved or, you know, what's been your experience?
Helen	Macmillan's videos have changed recently, there's four new videos that they've posted on their website which are broader, and they cover, you know, about what to do … I haven't watched them in detail, but as an overview they come across as better because they're generalised, they're not specific, not like for lung cancer sufferers etc. I don't think there are any others out there.
Clark	I think the main cancers are often identified and talked about, the rare ones are not particularly identified or talked about and it's just that that's where the information is lacking. What do you think Abigail? Have things got better?
Abigail	At the time my mum was going through it, there was very little information, so we just had to get on with it. I think perhaps now there's more information out there, but I still don't think it's good enough. It's not targeted. I'm still left with a lot of questions and I don't think they can all be answered right now.
Clark	I think what's important for us is to remember that whilst there's videos, there's information, there's some access, it's all one way. We don't have the opportunity to have a dialogue or to ask questions, or to go to a support group, to go back to the doctor. Our access is one way, but we might need an interpreter for those pieces of access. So, it's difficult, we can't ask.
Helen	Also, what is concerning is the ability to share information, you know, so Facebook groups, they're all out there but they're not private, they're, you know, information sharing and sometimes individuals share the wrong information. For example, with smear testing, the test itself can only diagnose cervical cancer. Many individuals thought that that could diagnose cancers within the whole reproductive system but it doesn't, that was mis-information. And this does happen, you know; we share information, but we're also sharing mis-information, so we have to be really sensitive and very, very careful. It's great that the resources are out there, but we have to be conscious that we're sharing the correct information.
Clark	Yes, and also, in my case I remember Googling how to find out about my particular cancer, prostate cancer. My wife was quickly onto Google to find out what was what and she gave me all the information; she printed it out ready for me the next morning to read when I woke up.
Helen	I did that.
Clark	So is the web a good source of information? Again, we come back to needing to go to the doctor, to get the right medical advice.
Helen	Well that day that I got diagnosed, the Macmillan nurse advised me immediately "Don't Google this, ignore it, you'll become more fearful, more upset by the information there". People do die from this, you know, so when I was on Facebook at the time, on a news feed they were talking about cancer all the time and I was thinking, "Oh, it could be me, it could be me in a few months' time, I could lose my life". In the end, I had to remove myself from it. I came back to it about two weeks' later, but actually, it can be a really scary place, you know, so where to go to talk about safely or carefully ….?
Abigail	Yes, it's interesting. My mother had cancer years ago but my grandmother had it again more recently. She's hearing, I'm deaf, so therefore there was no possibility of me requesting an

	interpreter because I wasn't the patient. So, I felt like I had no other option than to go online to find out the information. That's where most of the information is, but what about getting support from your family and sharing information within your family? If you have a family that's mixed deaf and hearing it seems very difficult.
Helen	That made me think, actually. My brother, he had done some research online and he looked at the survival rate in people with ovarian cancer and he found out that it was quite low and that made him really, really upset. But then, we learned that this kind of thing is updated regularly, and Macmillan told me that what he'd read was archaic information. Survival rates have improved now and there is more chance of survival. They reassured me about that, but I'd thought that ovarian cancer was one of those "silent killers". It still is, but diagnosis is better now.
Clark	I think … I mean, my situation was 18 years ago so that's different, a different era, different pieces of information were available. My daughter did some fund raising which then led to a video being produced because there was nothing available at that time, then after that I think we then started to see a few more BSL videos. But it was up to us, we had to proactive in this and just get on with getting information out… likewise, you did a video about ovarian cancer and so on and the support group, well, access to those are very, very difficult. For me, I decided that, well some knew me because I used to go to the Deaf Clubs, you know, there were plenty of those in those days. I used to talk about my experience of prostate cancer, what my journey was, because I was determined to be open about it. Some people aren't or don't wish to be. That's fine, that's private to them. What about your experiences - did you keep them to yourselves or did you want to share them?
Helen	At first I did until I was diagnosed in the March, and then I realised the level of information available and I started to talk about it. We agreed, my husband and I, to do a video; we posted that in the May. And then after we had done that, I realised that it's better to talk, better to talk through this experience. However, it's up to the individual, whatever the individual wishes, there's nothing wrong with what they want. It depends on the person, whether they can cope with the information; some people may be overwhelmed by people constantly asking them about what they're going through.
Abigail	I think for my mum, she was very open about her kidney cancer and you know, she has a very positive attitude, she's quite upbeat. You know, in some ways we had to tell her to calm down a bit because she was so open about it. My grandmother was quite different though. She knew that she was going to die in this last instance and so she kind of didn't really want to think about that and I just wanted to be there for my grandmother and I didn't want to constantly be sympathising with her and telling her that I was sorry for her. Also, at the same time, I didn't want to feel the sympathy of other people, so for me it was quite a different experience, you know. If someone catches their cancer early, I think perhaps you can be a bit more open about it because you're maybe feeling less emotional, but if someone is in the late stages, then the chances are, people are going to offer you their sympathy and then that can have an emotional effect on the way you deal with things.

Clark	Yes, I think in this programme (**Hope**), the young girl didn't want to talk about her cancer. She didn't want to talk about it with her best friend, with her mother, and it was only much, much later when she started to tell her friends. So, there was quite a delay, whether it was shock, denial or whatever. Maybe she was just trying to find a way of dealing with it and coping with it and your experience reflects that too. There's another thing here which is, if somebody has cancer or knows somebody who has cancer, what advice would you give them, could you give them? I mean, there are people out there who are concerned, worried, maybe going through this experience by themselves.
Helen	No-one approached me asking if I thought they had cancer. They only contacted me when they had also been diagnosed with cancer or had gone through the experience. And when that's happened, I've been able to signpost them, perhaps to groups on Facebook. A few have joined, but really it's up to the individual if they want to get involved. Actually, at the same time that I was going through cancer my best friend was going through the same process, but she didn't want to be involved with a group, she didn't want to disclose her experience, she wanted to keep it private. When she was well, in fact, she got involved afterwards. So people do approach me, but there's not been many. One person who did want to disclose her experiences publicly asked me whether she thought it was a good idea and I told her, "It's up to you, it will be overwhelming". But it's a decision she had to make herself and she did and she went ahead with it. I congratulate her for that.
Abigail	There are different situations, I think, in hospital situations. You absolutely need to have a sign language interpreter assisting you. It's just so important to get full information and we need to lobby for that and make sure that that happens. It's also for the family members too, because you don't want to struggle with the burden of cancer and the burden of communication at the same time. And in terms of friends and family, I think what you need to do is rely on your friends. In my family, my brother got very angry at the medical professionals, at the system. With my grandmother, I was really very affected by that and I needed support and I really appreciated the support that I got from friends and family. I think it's important to say that you should rely on your friends and family. That's not to say you should tell the world about the experience you're having, but accept help from some people, and the attitudes that you come across are really important and can have an effect.
Helen	I knew one individual who just suffered in silence, actually, and I was working with them. I think people have different preferences; some people want to go alone through their experience and some people want to share it, you know; whatever works for them. But those people who identify as lonely, we need to encourage and support them to engage.
Clark	You really have to respect people's wishes in this regard and also there have been programmes in the past, some of which you may know of, that have been made about people who were facing cancer and were about to die from it. There was one in particular on Mal Crooks; there was a programme about his life and also another one about Ben Steiner. I think this programme, **Hope**, has helped us to maybe just, you know, find out more, to look out for these signposts, to ask and so on. But right now, let's see if we've got any questions from our audience. So we have a question from Lisa Swain: Did you get support from Macmillan nurses yourself?
Helen	I did.

Abigail	My mother didn't, no. There was no information. From start to finish, absolutely nothing. The hospital service was very poor. People would speak above my mother's head, they were not booking interpreters. As I said, there were only interpreters before and after surgery and really, that was it. So my mum was left with very little. My grandmother had support from Macmillan and they were a big help. My grandmother was partially hearing, just hard of hearing, and so she was able to access that.
Helen	So when I was diagnosed, the nurse was already there with an information pack, her name was Kate. She gave me her direct email so if I had any concerns I could email her directly at any time. So having that support, and then after a year of treatment I still was speaking to her because I had to go back every 3 months and then 6 months and so on - I was finally discharged last year. And luckily for me I'm in remission, but she's always said to me, this is an ongoing thing, so if I have any questions, I'm to get in touch. It doesn't matter if I'm poorly, whatever the reason. She also told me that the NHS have three levels of referral; normal, urgent and cancer urgent and I'm permanently down as being cancer urgent, even though I've been discharged. So, that's the case, no matter the circumstances, because who knows what could happen to me in the future. I thought that's a great thing.
Abigail	I wasn't aware of that, what you just said, neither was my mum. That's interesting.
Clark	That's interesting, you may also remember Jane Beech from Nottingham, she went through a very difficult time, she had no support. When she died, her friends were determined to avoid that happening for anybody else and in Nottingham they have a Deaf Macmillan group, as it were, where they train people and support people who are going through cancer. So I think that's a really good example that we could maybe follow and adopt elsewhere and use that to support deaf people who have cancer. So I think there's better awareness now and things have got better.
Abigail	Helen, you spoke about different stages, 3, 6 months and a year and then being in remission. For my mum it took 7 years to get to that point. Because of the problems getting communication access, having no sign language interpreters, altogether my mum was seen for 7 years before she was finally told that she was cancer free.
Clark	Right, we have another question, and it's from Vicky Matthews who is asking Helen: Would you have liked all the information given to you at the one time or phased out over a number of weeks?
Helen	I wanted all the information immediately, but unfortunately you couldn't get that until you had your results confirmed. Once the results are confirmed then you are given the information. You know, I mean, when I had the operation and the mass was removed, the investigations were conducted and it was confirmed that I was Stage 1 10 days later and I was also told that I had to have a further operation because of the risk of the cancer spreading. I had to have the lymph nodes checked, which was an excessive operation. Ultimately, all of my reproduction system was removed but nothing had spread, there was no evidence of the cancer spreading, and then at that point they diagnose which stage you're at. So for me it hasn't spread. If it's spread, then obviously you go in stages, 2, 3 or 4, but actually when they removed the mass it had split, so that's why it was a Stage 1C and so therefore I had to have chemotherapy consequently. I had to be sure to remove the risk of it spreading any further. But they couldn't tell me upon removal straight away; I had to wait 2 or 3 weeks after that to find out whether or not my cancer had spread.

	And of course, I had a second operation, and it was two months altogether before I got an official diagnosis. That was 1C and I was relieved. I was told I had cancer on March 10th, I remember the dates, but I didn't know what stage I was at until May 9th. Two months later. After that I had treatment, treatment finished in November, it was a total of a 5-year process.
Clark	In my case, I think … well, we're talking about diagnosis, that's a really important time isn't it? Too early, too late, whatever, and obviously the earlier you're diagnosed, the better chance you have, but if it's too late, your treatment may be quite limited or whatever.
Helen	I mean, for me, I had no symptoms whatsoever, no indication that I had cancer. It wasn't until I went to the gynae department to investigate my reproductive health; it was that that caused my diagnosis. I was really lucky that I had that intervention and actually many people don't get diagnosed until Stage 3 or Stage 2 because that's when the symptoms develop.
Clark	And it's the same with this programme, **Hope**, within that programme I can remember the girl saying "I should have told my mum I had pains in my tummy, I should have told her before", she kind of ignored it. I was the same. It was my wife who said "You've got to go to the doctor". If she hadn't nagged me, in the nicest possible way, who knows, who knows what would have happened. So, you know, sometimes it's actually you thinking about maybe you've got something wrong, or it's your family.
Abigail	Yeah, my mum and nan were actually both diagnosed because of other illnesses. Mum was having digestive issues and then was taken to hospital and scanned and this mass was found in a scan. So if that hadn't happened, it wouldn't have been found. And same with my grandmother. She was having problems in her chest and further down her body, so she went for tests, but was actually was suspecting other illnesses, and the cancer was found through that. She didn't have symptoms in relation to the cancer itself. So, when I supported my mum, I'd rather have had the full amount of information; that then enables you to find out what might be to come, and therefore, you're more able to support that family member, you can help them understand what to expect and offer all the support that they need.
Helen	At that time, it's like I say, symptoms, I didn't have any, but after it was finished, I got into a forum, an ovarian cancer forum, and there they were talking about different diagnosis experiences, and somebody mentioned that they had heartburn and actually that is a subsequent symptom because of all the pressures on the lower body. And after she was treated the heartburn disappeared.
Clark	I think you know how men are in terms of going to the doctors' - we don't like to do that, we will ignore things! So please, audience, do go to the doctor. If my wife hadn't nagged me to go to the doctor, who knows, so I think it's the same for everybody, your family, your friends, whatever, let people know. If something feels not quite right in your body, do go. Now I know that there is some screening that can happen and you can sort of check things out, but anyway, I knew that from the test that there was something not right. I was going to the toilet a lot. Little things like that. We have another question in this regard, actually, and it's from Claire who's asking: What are your thoughts about screening tests for various cancers, like breast cancer? The checks that you have, the mammograms, you know, smear tests and so on, different checks for prostate cancer and bowel cancer. When you're 60, you send off samples of your stools to be tested.

Helen	Sometimes you can't tell, though. With ovarian cancer you can't actually do that. Diagnosis can only be achieved upon removal of the mass, so there's no pre-checks that can be done to identify it. I think there's a C125 blood test but even that isn't accurate. It can be affected by a genetic malfunction actually, so mine was very low and I thought I didn't have cancer, but then, actually I did. Or some people have high C125 levels. For 80% of women, the C125 test works well, but I'm in the 20% that it doesn't work for.
Clark	Yes, I mean with me, it was the PSA test and I was found to have a high reading but, you know, it's very difficult and it doesn't work for some men, so you've got to have more tests, you can't just go by that one test.
Helen	And of course, Cancer Research UK, they are improving research all the time. If that information is accessed with BSL users I don't know. So, for example, smear tests only diagnose for cervical cancer, not ovarian cancer, so we need to get that message out there and some people who have bowel cancer, it's not just one bowel cancer, there are several types. The same with ovarian cancer, there are several types. It depends whether it affects the inside or outside of the ovaries, so there are various causes.
Abigail	I wonder about teaching children actually, school age children; you know, boys should learn about the different tests that you can have. Girls should learn how to check themselves. That kind of information needs to be improved. Also the genetic coding as well, people need to understand more about that. And if there's not much information out there, people don't realise the need for that information.
Helen	The problem with cancer is that people who think they might have it are too frightened to go and get it checked out. But they must go. They need to be able to explain the details of the symptoms. If they're suffering from something, they should go. Things can turn very quickly and have a detrimental effect on your life. I think, you know, you know you have better chances in terms of treatment, your choices of treatment can be broader. The longer you leave it, the more detrimental it will become.
Clark	Well actually, it's been a really fascinating conversation and I'm very, very grateful for your personal experiences and contribution. Please do watch **Hope**. It's available online on the **BSL Zone**. Do watch it or look at it through our BSL Zone app on your phone. [TRAILER IS SHOWN]
Clark	So that was a bit of the trailer there that we saw of the programme. We have another question which is from Lisa Swain again, asking whether you or your family, Abigail, were offered any counselling?
Helen	I didn't have counselling. I know friends, my family, sisters, I mean I used them really to talk to. My family were a great support, my family, my friends, my husband, they were all fantastic. My close friends. I mean, a few people, they travelled far to come and visit me. I had one particular individual who was in my life who was also visiting me all the time in hospital. I have to say they were all fantastic. But private counselling? No.
Abigail	No, my mother didn't get anything and that was 8 years ago. I think perhaps counselling services have improved in that time, but certainly then there was nothing. There are still barriers though, even today.

Clark	I wasn’t offered anything and it’s family and friends who supported me. You may know of Richard Magill. He went through some palliative care which included counselling and he had a difficult time and he had family members interpreting for him and as a result, funds were raised after his death, to be used for Deaf people to be able to get access to interpreter services if they were in a similar position to his. I think we’re at the end of our time. Thank you very, very much for watching. Please, if you are concerned about anything, contact your doctor to get advice and correct information. Thank you to our guests today. Appreciate your stories and cheerio.