

Work and Cancer

Best Practice Guide
for

Colleagues



Changing the conversation about work and cancer

About this Guide

This Guide is a part of a series of four Best Practice Guides:

1. Best Practice Guide for Line Managers
2. Best Practice Guide for Employees
3. Best Practice Guide for Working Carers
4. Best Practice Guide for Colleagues

All rights reserved

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, without the prior permission in writing of the creator to this Guide.

January 2020

Working With Cancer®

Registered Address:

36 Station Road

Thames Ditton

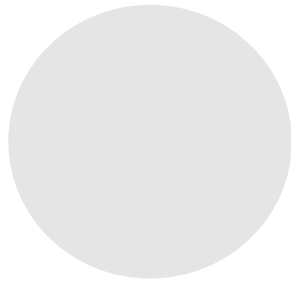
Surrey

KT7 0NS

Mob: 07919 147784

A Company Limited by Guarantee, registered in England & Wales
UK Company Number: 09092152

ABOUT WORKING WITH CANCER®

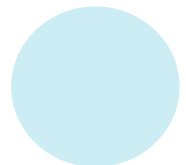


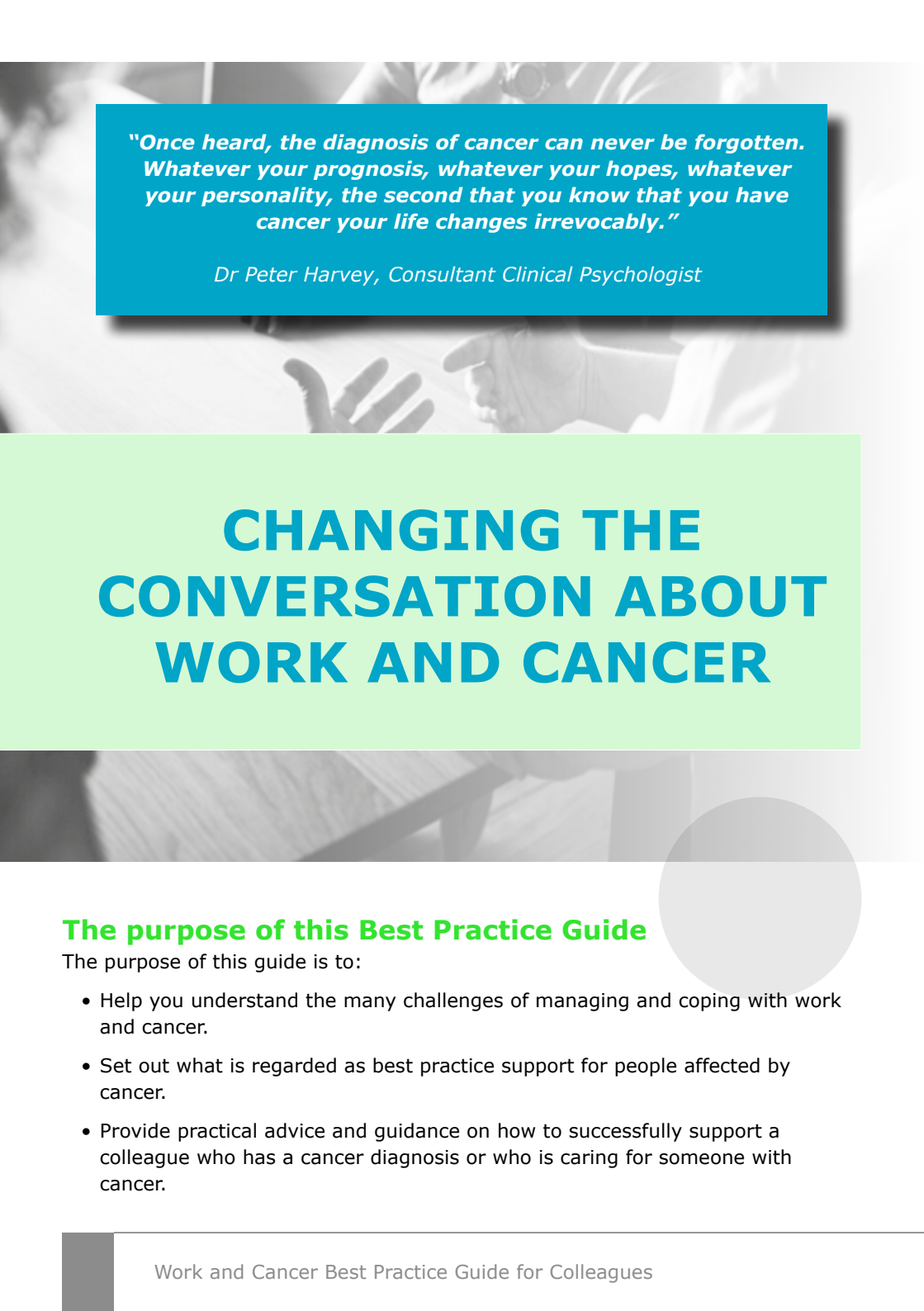
Founded in June 2014, Working With Cancer® is a Social Enterprise which advises employers, employees with cancer, and working carers about returning to work, remaining in work or finding employment at any stage during or after cancer treatment.

Working With Cancer® provides 3 main services:

Consultancy
Training
Coaching

Working throughout the UK, our associates are all cancer survivors or have been working carers, and are trained professionals with wide-ranging business experience and expertise.





"Once heard, the diagnosis of cancer can never be forgotten. Whatever your prognosis, whatever your hopes, whatever your personality, the second that you know that you have cancer your life changes irrevocably."

Dr Peter Harvey, Consultant Clinical Psychologist

CHANGING THE CONVERSATION ABOUT WORK AND CANCER

The purpose of this Best Practice Guide

The purpose of this guide is to:

- Help you understand the many challenges of managing and coping with work and cancer.
- Set out what is regarded as best practice support for people affected by cancer.
- Provide practical advice and guidance on how to successfully support a colleague who has a cancer diagnosis or who is caring for someone with cancer.

Cancer and work statistics

According to Cancer Research UK, 1 in 2 people in the UK born after 1960 will be diagnosed with some form of cancer during their lifetime.



The four most common cancers are lung, breast, bowel and prostate cancer. These four types of cancer account for around four in ten of all cancers diagnosed, and have been amongst the most commonly diagnosed worldwide since 1975.

In the UK 120,000 people of working age are diagnosed with cancer each year.

Although survival rates for patients with cancer vary significantly depending on the type and stage of their cancer, with the increasing effectiveness of cancer treatments and a steady improvement in survival rates, returning to work has become increasingly important for patients and for society as a whole.

Not surprisingly for those of working age, the majority want to continue to lead full lives and, if at all possible, return to work. However, although many are able to continue working, the average return to work rate is only 64% after 18 months, and those surviving cancer are 1.4 times more likely to be unemployed, and three times more likely to receive disability benefits.

It is also estimated that there are 1.5 million people in the UK caring for someone with cancer and that in any workplace at least 1 in 9 people are working whilst juggling their caring responsibilities. All the evidence suggests that carrying on working benefits a carer, their employer, the person they care for and the wider community as a whole.

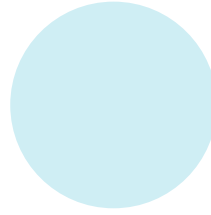
Working With Cancer® has created four guides that have been tailored to meet the needs of four different audiences:

1. Line managers
2. Employees diagnosed with cancer
3. Employees who are working carers
4. Colleagues

We would encourage you to read the guide most relevant to you and, if possible, all four guides in order to get a comprehensive picture of how to support any employee affected by cancer.

For more information about managing work and cancer please read on or visit the Working With Cancer® website:
www.workingwithcancer.co.uk

CONTENTS



	Summary and key messages	1
1:	Introduction for colleagues	3
	1.1 How you can make a difference	
2:	Cancer, treatment, side effects and impact on work	5
	2.1 What is cancer?	
	2.2 How is it treated?	
	2.3 Treatment side effects	
	2.4 The impact of side effects on (return to) work	
	2.5 The impact of physical side effects on work	
	2.6 The impact of emotional side effects on work	
	2.7 Cancer isn't over when treatment is over	
3:	Why work is important to cancer survivors	13
	3.1 How a cancer diagnosis and treatment may affect a colleague	
	3.2 Why many cancer survivors want to work	
4:	The Equality Act and making workplace adjustments	15
	4.1 The Equality Act 2010 and Disability Discrimination Act 1995 (DDA)	
	4.2 Workplace adjustments explained	
	4.3 Examples	
	4.4 Adjustments for working carers	
5:	Talking about cancer at work	19
	5.1 Why this can be difficult	
6:	When a colleague is diagnosed with cancer	21
	6.1 What to say	
	6.2 What not to say	

7:	When a colleague is having treatment for cancer	25
	7.1 What to say	
	7.2 What not to say	
8:	Supporting a colleague to return to work	29
	8.1 The typical journey back to 'normal'	
	8.2 How to support a colleague manage and cope with 'Day 1'	
	8.3 What to expect in the first few weeks and months and how you can help	
9:	Supporting a colleague with advanced cancer	33
	9.1 What is advanced cancer?	
	9.2 Treatment options for advanced cancer	
	9.3 The impact of living and working with advanced cancer	
	9.4 Your role as a colleague	
10:	If your manager has cancer	37
	10.1 How can you help?	
	10.2 Arrange a 'point of contact'	
11:	Supporting a colleague who is caring for someone with cancer	39
	11.1 What do we mean by the term 'carer'?	
	11.2 The impact of cancer on a working carer	
	11.3 Your role in supporting a carer	
12:	Seven key messages	43
13:	Checklist & Further Resources	45



SUMMARY AND KEY MESSAGES

Seven key messages:

- 1. Be a good listener and show empathy**
- 2. There is more to life than cancer**
- 3. Don't make assumptions**
- 4. Be guided by your colleague's needs**
- 5. Be prepared for setbacks**
- 6. Respect privacy**
- 7. Offer practical support**

Summary and key messages

It's natural that you will want to help a colleague return to work but knowing how can be challenging. After a cancer experience, their life will have changed significantly. Most people notice a shift in their priorities and have a different perspective about life and work.

From the moment of their diagnosis, through treatment and beyond, your colleague will need time to:

- Manage and recover physically and emotionally;
- Find ways to cope with often long-lasting side effects;
- Try to remain in or return to work, all at the same time.

As a colleague it isn't always easy to support someone going through that process. Much can depend on the relationship that you already have with your colleague. Whether it is someone who has become a friend, or someone you rarely get to speak to at work, showing your care, concern and support will be rewarding for both of you.

This guide provides you with information, to better prepare you to support a colleague. It offers practical advice about what to say and do, and what not to say and do, from the point of diagnosis, during treatment and after your colleague's return to work.

We have also included a section on how to support your manager if they have cancer, and on how to support a colleague who is a carer for someone with cancer.



You may also find it helpful to read our guide for employees with cancer. Learning more about the impact of the diagnosis and treatment on all aspects of their life, will help you to see things from their perspective.





1

INTRODUCTION FOR COLLEAGUES



1.1 How you can make a difference

Finding out that a colleague has cancer, particularly if you work very closely with them, can be a major shock, as often, they are friends as well as colleagues. The organisation's focus will, of course, be on supporting the affected employee. This is as it should be, but the impact on us as colleagues, and the team, shouldn't be underestimated. You are likely to experience a range of different emotions, which may depend on the stage of your colleague's cancer, their cancer treatment and how closely you work with them. These include feelings of sadness, concern, anxiety, uncertainty, and sometimes confusion.

In the following chapters, you will find many examples of how you can support your colleague before and during their return to work. You can make a pivotal, meaningful and long-lasting difference to your colleague by putting the advice contained in this guide into effect.





2

WHAT CANCER IS, HOW IT IS TREATED, COMMON SIDE EFFECTS AND IMPACT ON (RETURN TO) WORK

In this chapter, you'll learn more about what cancer is, how it is treated, its side effects and how this can impact return to work. Having a better understanding of cancer and the impact of its treatment on the working life of a colleague with cancer, or a carer, will enable you to offer better support.

2.1 What is cancer?

Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body.

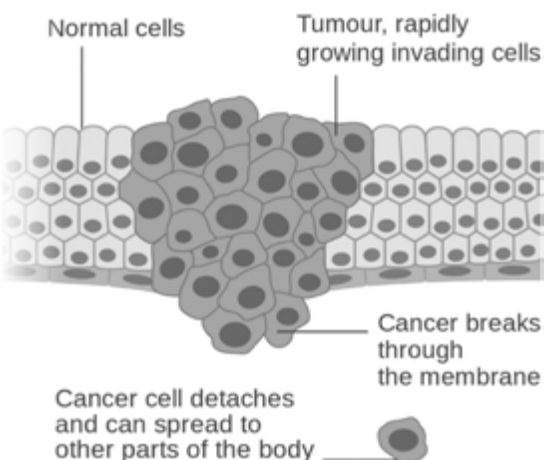
Possible signs and symptoms include a lump, abnormal bleeding, a prolonged cough, unexplained weight loss and a change in bowel movements.

While these symptoms may indicate cancer, they can also have other causes.

There are more than 200 different types of cancer, and each is diagnosed and treated in a particular way.

The 4 most common types of cancer are:

- breast cancer,
- prostate cancer,
- lung cancer,
- bowel cancer.



2.2 How is cancer treated?

Many treatment options for cancer exist. The primary ones include:

Surgery: surgery is the primary method of treatment for most isolated, solid cancers and can involve removing a tumour, an entire organ or just the affected organ and surrounding tissue.

Chemotherapy: chemotherapy is a treatment where medication is used to kill cancer cells. The drugs disrupt the way cancer cells grow and divide but they also affect normal cells. Chemotherapy may be used if cancer has spread or there's a risk it will.

Radiation therapy: uses X Rays and similar rays to treat the disease, to destroy or shrink tumours and to destroy cells adjoining the tumour to prevent its spread.

Hormone therapy: some hormones accelerate the growth of some cancers; a hormonal treatment uses medicines to block or lower the amount of hormones in the body to slow down or stop the growth of these cancers (e.g. breast and prostate cancer).

Immunotherapy: also called biological therapy, this treatment method is still new and is a type of cancer treatment that boosts the body's natural defences

to fight cancer. It works by helping the immune system to recognise and attack cancer cells.

Clinical trials: often used as a last resort but can be very successful (e.g. using modified Herpes virus to control skin cancer).

Most often, a mix of the above treatments is used to treat cancer. The treatments used will depend on the type, location and grade of cancer, as well as the patient's general health and preferences.

2.3 Treatment side effects

The most common side effects of cancer treatment are:

Surgery: pain after surgery and permanent missing body tissue. When lymph glands are removed it can also lead to lymphoedema causing swelling in the body's tissues.

Chemotherapy: as well as killing cancer cells, chemotherapy can damage healthy, fast-growing cells in the body, such as blood cells, skin cells and cells in the stomach. This can cause a range of unpleasant side effects, such as:

- fatigue
- feeling sick and vomiting
- hair loss
- increased risk of picking up infections
- a sore mouth
- dry, sore or itchy skin
- diarrhoea or constipation
- infertility

- numbness and tingling in the hands and feet (neuropathy)
- chemo-brain (symptoms are being unusually disorganised, short term memory loss, mental foggy, difficulty concentrating and taking longer to finish routine tasks).

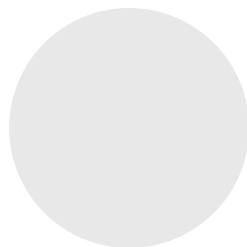
Radiation therapy: fatigue, sore and red skin.

Hormone therapy: this can cause a range of unpleasant side effects such as:

- tiredness
- menopausal symptoms
- hair thinning
- muscle and bone thinning
- weight gain
- memory problems
- headaches, moods swings
- a decrease of libido
- depression
- infertility

Immunotherapy: fatigue, diarrhoea, fever.

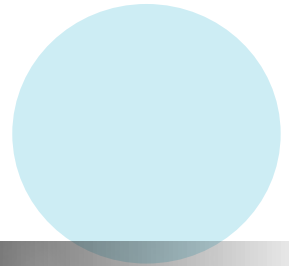
Clinical trials: these new treatments often have unknown side effects.



2.4 The impact of side effects on (return to) work

Whether people have finished their cancer treatment, or they are still undergoing it, it's very likely that they will experience side effects. Some people have side effects which last for months or, in some cases, years after the treatment has finished. These include both physical and emotional side effects.

Most side effects fade with time, but to a varying extent will need to be accommodated at work with reasonable adjustments.



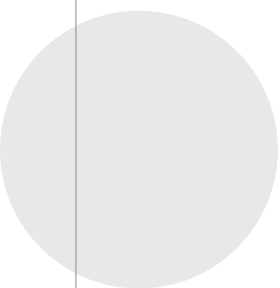
The impact of physical and emotional side effects depends on:

- The type of treatment
- Length and amount of treatment
- How people respond to treatment (physically and emotionally)
- The general health of the person
- The amount of support received during treatment

2.5 Impact of physical side effects on work

Many physical side effects are 'invisible' and it is wrong to assume that if an individual looks, well they must therefore K be well enough to do their normal work. Understanding the physical side effects of cancer treatment is important, with the most common side effects being:

Symptom	Short description	Examples of impact on work
Fatigue	Extreme tiredness that affects between 70 to 80% of people undergoing treatment and/or after treatment. Fatigue makes you feel like you can't do things at your normal pace and it might not go away even after rest. People may also feel breathless and dizzy and struggle to do relatively simple tasks. It can last for weeks, months or years after the end of treatment.	<ul style="list-style-type: none">• Can make it difficult to work the usual number of hours• Can affect concentration• Can limit the amount / level of responsibility at work• Can limit the amount of physical work and delay recovery
Pain or limited movement	Wounds from surgery may take some time to heal, so may cause pain or a loss of flexibility and/or strength as a result. This can be temporary or permanent.	<ul style="list-style-type: none">• Can limit the amount of physical work• Can limit the amount of travel.
Risk of infection	Chemotherapy can cause a drop in the white blood cell count, which could put an individual at risk of infection. These effects usually begin around 7 to 10 days after each treatment and return to normal between 21 and 28 days.	<ul style="list-style-type: none">• Alternative transport to work when commuting by public transport• The need for a contained desk space, avoiding an open-plan work environment
Changes in appearance	Common changes are hair-loss, changes to skin or nails, weight loss or gain. There may also be scars due to surgery. Keep in mind however that in many cases appearance improves over time as the body heals. The treatment of head and neck cancers can be particularly noticeable.	<ul style="list-style-type: none">• Can cause embarrassment and loss of confidence and reluctance to be around others/attend meetings.



Symptom	Short description	Examples of impact on work
Neuropathy	Numbness or tingling of the hands and/or the feet, caused by some chemotherapy drugs. This is most likely temporary but can sometimes last for years or even be permanent.	<ul style="list-style-type: none"> • Can make it difficult to operate a keyboard or machines at work • Can make it difficult to drive a car or lorries
Lymphoedema	Lymphoedema is a long-term (chronic) condition that causes swelling in the body's tissues. It usually develops in the arms or legs. Sometimes sections of the lymphatic system have to be (partly) removed during surgery for cancer e.g. when the cancer has spread to these lymph nodes. It is often a (life-long) risk after breast cancer surgery when the lymph nodes in the armpit have been removed.	<ul style="list-style-type: none"> • Can cause embarrassment and loss of confidence • The need for time-off to see a special lymphoedema masseur on a regular basis • Avoid working with sharp objects • The need to wear a support sleeve or extra protection such as gloves
Risk of bleeding	After undergoing cancer treatment, people may find their platelet cells are low and this increases the likelihood of bleeding and/or bruising.	<ul style="list-style-type: none"> • Not able to contribute to activities that could cause a cut or bruise • Physical activity limited
Needing to eat little and/or often	The individual may need to snack regularly to keep energy levels up during or after cancer treatment. They may need to bring snacks to work.	<ul style="list-style-type: none"> • Regular breaks for little snacks
Using the toilet more often	This is a common side effect especially during and after treatment of the bladder, prostate or bowel.	<ul style="list-style-type: none"> • Can limit travel to and from work • May need to be positioned closer to toilet facilities in the office • May need extra breaks

2.6 Impact of emotional side effects on work

Research shows that it is common for people to experience the emotional impact of cancer particularly after treatment has finished. The emotional processing of a cancer experience often happens at the same time they are considering returning to work. Internal struggles and shifts in priorities often make it difficult to make decisions about work. This may result in some hesitation to move forward with returning to work and may be interpreted by others as a loss of interest in working.

The emotional impact of cancer isn't always visible and, as with the physical impact, the assumption that the person 'looks OK and therefore must be OK' is easily made. Understanding the emotional and psychological impact of cancer treatment is important, with the most common side effects being:



Symptom	Short description	Examples of impact on work
Living with uncertainty	45% of those diagnosed with cancer become fearful that their cancer will return (fear of recurrence) where every little ache or pain can cause panic.	<ul style="list-style-type: none">• Panic attacks at work• Hyperventilation• Withdrawal from work and colleagues• Becoming anxious or stressed just prior to medical follow-up appointments• May need time off prior to these and/or afterwards to cope with this anxiety
Loss of confidence	Most experience a 'loss of self' compared to how they felt before their diagnosis. Cancer changes the way people experience their physical and emotional abilities, and the outlook on their work and life.	<ul style="list-style-type: none">• Common tasks at work which were done with ease and confidence pre-diagnosis can now become more challenging

Symptom	Short description	Examples of impact on work
Cognitive problems	Often called a 'chemo-brain' as a result of chemotherapy, causing difficulty in concentrating and in remembering information. <i>NB: This is a physical side effect which is exacerbated by stress i.e. it is both physical and emotional.</i>	<ul style="list-style-type: none"> • Difficulty in following instructions, in planning work, in making decisions and in learning new tasks • Generally, feeling 'slow' in thinking
Depression	Affects up to 25% of cancer patients, regardless of the point in their cancer journey (compared to 7% of the general population).	<ul style="list-style-type: none"> • Can cause loss of interest and engagement with work, life and colleagues
A shift in priorities	A critical illness often makes people more aware of their mortality. It is common for people to become more focused on how they spend their time, which includes how much they work and what kind of work they do. Some may feel they would like to spend more time with their family and want to cut back on work. Others may want to focus more on engaging in meaningful work. Research has identified this as a "change of priorities," and it has been found to both motivate and deter some cancer patients in returning or staying at work.	<ul style="list-style-type: none"> • Loss of interest in work • Questioning work-load and/or work responsibilities • Quitting their job • In need of a career change

2.7 Cancer isn't over when treatment is over

It's normal for people to feel low and experience grief, guilt, helplessness; to feel 'lost in limbo', and find it hard to make decisions. It can be difficult to put one's finger on a specific cause as it's often a mix of things; the treatment itself and the emotional response to a life-threatening diagnosis. Also, it can be challenging to find a way forward after treatment, including finding a 'new normal' in both work and life.

Many of the side effects described above can be treated or mitigated, although the physical side effects of e.g. chemotherapy and radiotherapy can last for a long time after treatment has finished. Overcoming the emotional side effects of a cancer diagnosis and treatment usually takes longer. It's important to be aware that these 'invisible' side effects are common and to be aware of them.



3

WHY WORK IS IMPORTANT TO CANCER SURVIVORS

- **A sense of identity:** many people define themselves in relation to their work and their job. It's about who they are.
- **Self-esteem:** for many people their work is a source of pride and gives them a sense of achievement.
- **Sense of purpose:** a job gives an individual a sense of purpose, of doing something that matters, a reason to get up in the morning.
- **Structure:** a job gives the day structure which is not apparent when an individual is unwell and at home.
- **Social interaction:** work is a source of friends and often long term friendships. It helps us all feel a part of wider society.
- **Financial independence:** being able to earn an income, to be independent or support the family is a critical element of all our lives.
- **Physical and emotional recovery:** there is increasing evidence that being able to work may, in many circumstances, support an individual's psychological and emotional recovery.

3.1 How a cancer diagnosis and treatment may affect a colleague

The impact of cancer on an individual and on their work can vary significantly depending on a number of factors, for example, the type of cancer, its stage, and the treatment required.

But in addition to this we are all unique with different physiologies, and we will have different emotional reactions when faced with personal trauma which are sometimes more troubling and long lasting.

Because of this it is unwise to make assumptions and have expectations about how someone will cope with cancer and its side effects, and unhelpful to make comparisons with others who may have had the same diagnosis and treatment.

You will find that some colleagues:

- Want to continue working during their treatment as it helps them take their mind off their illness. It helps them feel that everything is 'normal' and that they are in control of their situation.
- Can work successfully during treatment, but many can't and may be disappointed at their inability to continue working during treatment.
- Don't want to continue working as they prefer to focus on getting well and may want to keep their contact with work to a minimum.
- May want to continue working

because they need the income and feel they can't afford to take sick leave. Or they may worry that taking too much sick leave will damage their career prospects.

- May continue working through treatment or come back to work too soon because they feel guilty about asking the team to pick up their work. Or they may feel that only they can do their job to the required standard and fear letting go.
- Want to continue working even with a terminal diagnosis. In our experience some are able to do this, with adjustments at work, up until a few weeks before their death.





4

THE EQUALITY ACT (2010) AND MAKING WORKPLACE ADJUSTMENTS

4.1 The Equality Act 2010 and Disability Discrimination Act 1995 (DDA)

In the UK everyone with a cancer diagnosis is classed as disabled under the Equality Act 2010 (or in Northern Ireland, the Disability Discrimination Act 1995 (DDA) (as amended)) and protected against discrimination in the workplace because of cancer. The protection is lifelong regardless of whether treatment is continuing or completed, or whether the individual is in remission or not.

This legislation covers all areas of employment including the pre-employment recruitment process and post-employment references. It also covers the harassment and victimisation of people with cancer by their employer or colleagues.

Working carers are also protected against direct discrimination, harassment and victimisation by their employer or colleagues.



4.2 Workplace adjustments explained

Within the UK and Northern Ireland employers have a legal duty to make 'reasonable adjustments' (also called 'workplace adjustments') to the workplace and working practices, so as not to place an individual at a 'substantial disadvantage' because they have or have had cancer.

It is generally acknowledged that making adjustments is an essential part of securing an employee's successful return to work and that they should be offered to an employee from the point of their diagnosis, as well as being an integral part of any return to work plan.

If you are working closely with someone with cancer it may be helpful to understand what adjustments have been agreed.

4.3 Examples

Sometimes just a few small relatively inexpensive changes, for example, in working hours or duties might be necessary to help an employee remain in or return to work.

Here are some **examples**:

- **Allowing a phased return to work which gives them time to gradually increase their hours and duties over a period of 3 to 6 months, sometimes longer.**
- **Removing particularly onerous aspects of their work such as foreign or frequent travel.**
- **Changing hours of work to allow for a shorter working day or allowing them to work more flexible hours.**
- **Allowing extra breaks to cope with fatigue or providing a quiet room where they can have a short rest.**
- **Allowing the individual to work from home for part of the week.**
- **Allowing time off to attend medical or health related appointments.**
- **Making changes to the working environment e.g. changes to their desk or chair or computer software to cope with the side effects of treatment.**
- **In cases of impaired mobility, providing a car parking space and easy access to a lavatory.**
- **Allowing extra time to complete tasks and adjust objectives/ targets to help an employee cope with 'chemo-brain'.**

4.4 Adjustments for working carers

Although working carers are not entitled to reasonable adjustments as is the case for those with cancer, they do have the right to request:

- Flexible working
- Time off in emergencies
- And other forms of leave, for example, Parental Leave (if they have a child), Compassionate Leave, Career Breaks, Sabbaticals etc.



5

TALKING ABOUT CANCER AT WORK

5.1 Why this may be difficult

It's not easy talking about cancer with family and friends let alone with colleagues at work. You may feel awkward and not know what to say, or when or how.

Your colleague with cancer may be a 'private person', someone a lot older or younger, or a different gender, or from a different cultural or ethnic background. Don't be afraid of doing or saying the wrong thing— especially if you're eager to help your colleague. For example, you can make things easier by admitting your awkwardness. Try saying: "I don't know if this is the right thing to say [or do], but...." Your colleague's response should guide how you respond in turn.

Over the weeks and months to come, the conversation will change depending on the stage your colleague is at in their treatment - at the point of diagnosis, in active treatment, starting to return to work, or during the first weeks and months that they are back at work. It's the type and frequency of your conversations that will change.

In the following chapters we describe the different conversations you might have with your colleague at each stage.



6

WHEN A COLLEAGUE IS DIAGNOSED WITH CANCER

Most people simply don't know what to say when a colleague is diagnosed with cancer. Not being able to find the right words is a common response. What will you or should you say? If it's the first time you've had a colleague diagnosed with cancer, it's probably even more difficult.

A lot depends on how close you are to that colleague. Whatever relationship you have with them, it's natural to feel awkward, sad or even angry, and to experience fear and sometimes disbelief, particularly if they look well.

Below are some practical suggestions on how to put your concern into words.



"When I heard that my colleague S. was diagnosed with cancer, I felt shocked and didn't know what to say.

At the same time, I was worried about meeting the deadline for our project where she had a key role and I immediately felt guilty for thinking this."

- Project team member -

6.1 What to say?

- ***"I don't know what to say, but I do want you to know I will be thinking about you and that I am here for you."***

This is a way to express your awkwardness and lets your colleague know that if they feel like talking, you are happy to listen. This may be enough to say for the moment. Always be guided by your colleague in how much they want to talk about their cancer.

- ***"I am sorry this is happening to you."***

This is short and genuine.

- ***"I'm thinking about you."***

A very short and simple way of letting your colleague know that you care about them.

- ***"Is it OK to keep in touch?"***

Depending on the relationship with your colleague you might want to stay in touch while they are off sick. This could be done by, email, text messages, or other social media channels - whatever works for your colleague and you. A text message might seem impersonal but it's less disturbing and your colleague can decide when is the right moment to respond.





6.2 What not to say?

- ***"It will all be OK."***

By saying this you are ignoring the stress and worries they have at this stage. It's better to try one of the phrases in 6.1 above.

- ***"I know how you feel."***

Actually, you don't, as every individual experiences cancer in their own unique way, even if it's the same type of cancer.

- ***"Have you tried"***

Providing well-meaning advice is, in most cases, actually not helpful.

- ***"Any idea what caused it?"***

Certain types of cancer are linked to alcohol and smoking. You might question your colleague's lifestyle but keep these thoughts to yourself as they are likely to, again, be unhelpful.



7

WHEN A COLLEAGUE IS HAVING TREATMENT FOR CANCER

"I had to look away when she came to visit us at the office. She looked really pale, was wearing a headscarf and had lost weight. I hardly recognised the person I knew and found it very upsetting to see her in that state."

- A colleague -

Cancer treatment can easily take several months, sometimes longer depending on the type and stage of cancer being treated. Some people will try to continue to work during treatment, some won't, and some will try to work but may have to give up when treatment becomes too demanding.

Be guided by your colleague as to how much and how often they want to stay in touch. You may want to see whether it would be helpful to have one person as a central point of contact to channel communication. That way your colleague can feel supported and connected, without being overwhelmed.



7.1 What to do?

- If you know what your colleague's responsibilities are and feel that you as a team could help out with them, you could discuss this with your colleague and then offer to discuss this with the team and your manager. However, if they decline your offer, you should respect their wishes.
- Sending a simple card or other token of support, is likely to be well received and appreciated. If treatment is going to take several months, you might want to do this a few times. Keeping in touch will help your colleague adjust back to work.





7.2 What not to do?

- Visit a colleague at home or in hospital without asking their permission to do so, potentially ignoring their desire for privacy.
- Similarly, never visit your colleague if you are ill yourself or feeling unwell. While many people try to keep working with just a cold, for a cancer patient undergoing treatment and whose immune system may be low, picking up a cold or virus can have a serious impact.



8

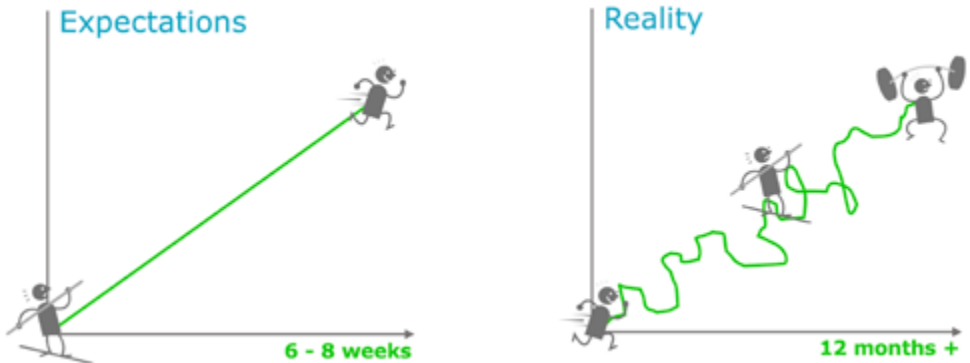
SUPPORTING A COLLEAGUE TO RETURN TO WORK

"My colleague looked really well, so I found it difficult to learn that he was struggling to do his normal job as he used to.

He wasn't focused, was often tired and just seemed less engaged with work and with all of us than before his illness."

- A colleague -

8.1 The typical journey back to 'normal'



Returning to work is a process, not an event. Whether people have finished their cancer treatment, or they are still undergoing it, it's very likely that they will experience side effects that will impact their (return to) work for a significant period of time.

As this diagram shows, the **'typical journey back to normal'** is not linear and typically takes many months, sometimes years.

8.2 How to support a colleague manage and cope with 'Day 1'

Simple things that can make a big difference to a successful first day back at work are:

- Making sure that the rest of the team, as well as you, are expecting your colleague and ready to say hello.
- Making sure that your colleague's desk is clean, ready and welcoming (a simple 'welcome' card can be really appreciated).
- Showing empathy.
- Making sure that their login to the system is (still) working.
- Being aware of any changes that have taken place during their absence (different systems, procedures, phone system, organisation structure) and helping to gradually introduce your colleague to these changes.
- Taking time to sit down with your colleague if needed, or requested by your colleague or line manager, to explain things to them.
- Offering to have coffee or lunch together or to go out for a short stroll outside the office.

8.3 What to expect in the first few weeks and months and how you can help

During the long-term absence of your colleague while undergoing cancer treatment, the direct team, or a temporary replacement, will usually absorb your colleague's workload and responsibilities.

When your colleague starts their phased return to work, it will often be based on temporarily reduced hours and responsibilities. This is because your colleague is still recovering from cancer treatment and will often be coping with lingering or new side effects while trying to manager work at the same time.

As the infographic in this chapter shows it's hard to predict your colleague's recovery, so be prepared to stay flexible and be consistent in your support and in sharing the workload and responsibilities for as long as is needed. Your line manager will play a key role in this process (see also the Guide for Line Managers).

Having cancer may also have changed your colleague's work-life priorities, or you may notice that they may not be physically well enough to sit behind their desk all day, spend long periods operating a computer screen or attend meetings. It is understandable to hope that things will return to normal as soon as possible and this is not a time to be impatient. Give them your time and support and see how things go.





Some examples of how to help:

- **Offer to have coffee or lunch or take a stroll with your colleague. Don't press the point if they seem reluctant but leave the offer there for them to take up at another time.**
- **The end of active treatment is usually followed-up by regular check-ups which often cause anxiety which can be severe. Understanding that your colleague might be more distressed around 'check-up time', and showing interest and empathy, can be very supportive.**
- **As time goes by, your colleague will probably need, and want, to spend less time talking about their cancer. The delicate balance between 'talking about cancer' and 'talking about work' will gradually shift towards more conversations being about work.**

Remember that your colleague may want to 'get back to normal' and to put their experience into context and move on. Work will help them to achieve this.



9

LIVING AND WORKING WITH ADVANCED CANCER

9.1 What is advanced cancer?

Advanced cancer is defined as cancer that is unlikely to be cured. Healthcare professionals may also use the terms secondary, metastatic, terminal or progressive cancer to describe it. Advanced cancer may be primary or secondary cancer:

- Primary cancer refers to the first mass of cancer cells (tumour) in an organ or tissue. The tumour is confined to its original site, such as the bowel. This is called cancer in situ, carcinoma in situ or localised cancer.
- If cancer cells from the primary site move through the body's bloodstream or lymph vessels to a new site, they can multiply and form other malignant tumours (metastases). This is known as secondary or metastatic cancer. Secondary cancer keeps the name of the original, primary cancer. For example, bowel cancer that has spread to the liver is still called metastatic bowel cancer, even when the person has symptoms caused by cancer in the liver.

Some people's cancer may be advanced when they are first diagnosed. For others, the cancer may spread or come back (recur) after initial treatment.

Although medical treatments may not be able to cure advanced cancer, some treatments may still be able to slow its growth or spread, sometimes for months or even years. Palliative care can also help manage cancer symptoms, which may include pain, and can reduce side effects from cancer treatments. At any stage of advanced cancer, a range of other palliative care services can enhance quality of life.

9.2 Treatment options for advanced cancer

The treatment options for advanced cancer will depend on the purpose of treatment – whether it's to try to cure the cancer, keep the cancer from spreading, or to control symptoms. The most common treatments include chemotherapy, radiotherapy, surgery, targeted therapy, hormone therapy, immunotherapy, or a combination of these.

Sometimes, treatment is available through clinical trials.

Treatments can be used for different reasons, so it would be useful if you could make the time to understand the aim of each treatment.

As the cancer progresses, the aim may change from trying to cure the cancer, to controlling the cancer, to relieving symptoms and improving quality of life.

9.3 The impact of living and working with advanced cancer

Coping with feelings and emotions

Most people living with advanced cancer experience a wide range of feelings and emotions as they come to accept the diagnosis. Living with the uncertainty that comes with advanced cancer can be physically and emotionally demanding.

They are likely to feel a range of strong emotions feeling shocked and frightened, or angry about their sudden change of circumstances. Many people find that these feelings become easier to manage with time, as they start making decisions and plans.

Life after diagnosis

Knowing that their cancer might not be curable can give an individual the chance to decide what's important to them and how they want to live their life. Concentrating on what they can enjoy and achieve can be satisfying.

But during this time, many people can also carry on with their day-to-day lives – including continuing to work – as it provides a sense of normality as well as continuing financial security.



9.4 Your role as a colleague

If this is your first experience of working with a colleague with this type of diagnosis, the issues set out in the previous chapters apply in terms of how you can best support them (e.g. what (not) to say/do), except that this type of diagnosis is more distressing and potentially more difficult to deal with.

Your colleague might need significant time off work to get to grips with their changed circumstances and to attend hospital for advanced and continuing treatment/s but that does not mean they cannot continue to work or do not want to continue working for all the reasons given in the earlier chapters of this Guide.

Be guided by your colleague's needs and try to be supportive, flexible and adaptable.

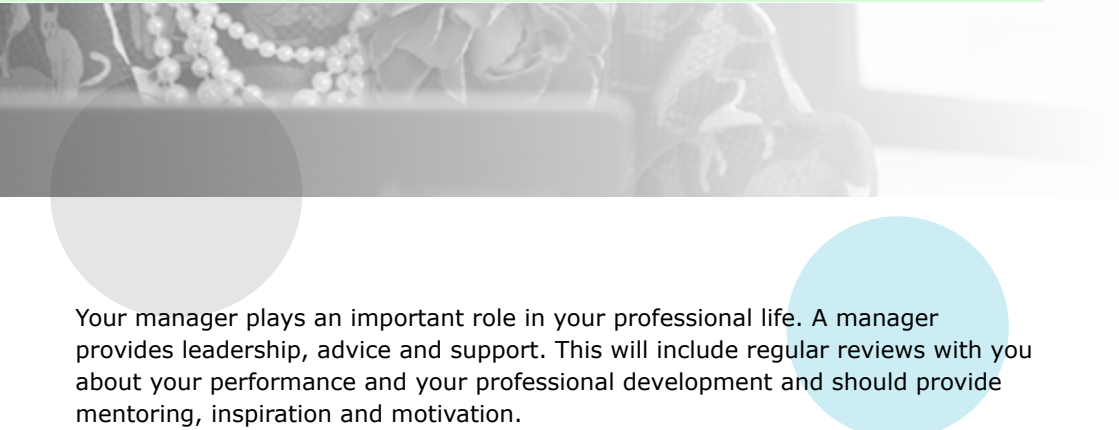
Having a colleague in this situation might have an impact on you as well. Make sure that you take good care of yourself and if the situation becomes overwhelming, please talk to your manager about it and, if needed, ask for support for yourself.





10

IF YOUR MANAGER HAS CANCER



Your manager plays an important role in your professional life. A manager provides leadership, advice and support. This will include regular reviews with you about your performance and your professional development and should provide mentoring, inspiration and motivation.

If your manager is diagnosed with cancer it might have a major impact on you and on your team. People tend to look to their manager for a sense of security. When a manager becomes ill, roles tend to swap around and colleagues begin to take care of their manager, taking on more work or just listening and offering comfort and sympathy.

During treatment it's common for emotions to start to surface. You might feel let down because things aren't the same, or you might experience guilt about, for example, asking for time off when workloads are already strained.

How you cope with the situation strongly depends on how your manager deals with it too. If your manager is open about their cancer and their need for support, it's usually easier for everyone to provide that support. But we are all different, so even if your manager is a very private person, there are ways you can help.



10.1 How can you help?

Informing yourself about cancer, its treatment and possible side effects may help you understand and anticipate problems better.

Find out from your manager how they want to keep in touch and how often.

Find out what and how your line manager wants you to communicate about their health situation and respect their privacy in terms of telling others. This could be a simple "He's/She's on (medical) leave" or something more detailed.

Respect your manager's professional and privacy boundaries and always ask permission before offering your support.

You can create a to-do list that might include deadlines and priorities. This will help both you and your manager to feel in control and that work is being actively managed. You could also ask your manager who you might go to for help if they are not able to do this.

Try to take away any work-related

pressure where possible so that your manager can focus on their treatment and recovery. There are limitations to what you can do, and your manager's manager will play a key role in keeping things going while your manager is off sick.

10.2 Arrange one key contact person

Depending on the size of your team, ask your manager or HR if it would be helpful to nominate a key contact person. This is someone who will keep you and the rest of the team informed about your manager's progress, and update your manager about work related topics (but only if they want this).

This will help to reduce the stream of emails and phone calls and avoids miscommunication and misunderstanding.

A grayscale background image showing a person's hands resting on a wooden table. The person is wearing a watch on their left wrist. The image is partially obscured by a large green number '11' and a light green rectangular box containing text.

11

SUPPORTING A COLLEAGUE WHO IS CARING FOR SOMEONE WITH CANCER

11.1 What do we mean by the term 'carer'?

An employee is a carer if they provide unpaid support to someone who could not manage without this help. They might be caring for:

- A mother, father, son, daughter, spouse or civil partner
- Anyone who lives with them, other than a tenant, lodger, boarder or employee
- Someone who relies on them for help if they become ill or needs care arrangements to be made for them.

There is evidence that once an employee spends more than 5 hours a week caring, it impacts their work, health and often earnings potential. It is estimated that there are currently 100 million informal care givers in Europe and up to a third of these may be supporting someone with cancer. Women make up as much as two thirds of those who are working carers in Europe.

Being a carer can be a very rewarding experience and some people get a lot of satisfaction from being able to look after a family member when they are not well. Becoming a carer may also bring people together, as family and friends become more closely involved. But becoming a carer can also be a very demanding, stressful and challenging experience. Each situation will be different depending on the type of cancer diagnosed, the treatment regime, the prognosis as well as the response of other family members and friends. Equally important is the way the person diagnosed with cancer is able to handle their own emotions as well as the physical impact of treatment.



11.2 The impact of cancer on a working carer

If your colleague is caring for someone with cancer, they will be dealing with a great deal of stress and anxiety. A cancer diagnosis may be sudden or unexpected or be made after weeks, sometimes, months of worrying tests.

Many carers will feel torn between caring duties and fulfilling their work responsibilities. They may also:

- **Be deeply worried about the financial consequences of not working.**
- **Feel guilty or lose confidence if they are unable to do their job as normal.**
- **Be losing sleep and be less able to concentrate on their job.**
- **Be worrying about the impact of taking time off work on their career and future prospects and use annual leave or sick leave to mask the fact that they have a caring role.**
- **It may affect their health and worsen an existing condition – so they may need time off to look after their own health.**

carer and an employee, alongside being able to take care of themselves and possibly other family members can be a challenging but not an impossible task.

Balancing these different roles is made all the more difficult because of the changing needs of the person they are caring for as they go through cancer treatment. This uncertainty is at its most acute in the first months after diagnosis and treatment, but they may well be facing many months or indeed years of changing caring responsibilities.

The carer will need to evaluate the different tasks that they will need to perform. These may include:

- **Gathering and absorbing an enormous range of new and sometimes complex information about the type of cancer and the treatment options.**
- **Daily personal care, healthcare and emotional care for the person with cancer.**
- **Additional household tasks of cleaning and cooking.**
- **Attending medical appointments and engaging regularly with the health care team.**
- **Supporting children and other family members.**

Getting a balance between being a

11.3 Your role in supporting a carer

There are a number of ways you can support a carer. A lot depends on how close you are to that colleague but as is the case in supporting someone with cancer it is important to:

- **Express your sympathy and demonstrate your support by offering practical help. For example, are you able to cover their work whilst they are supporting their loved one or friend?**
- **Respect their need for privacy at a difficult and stressful time in their life.**
- **Be aware that every carer's circumstances will be different. You should listen and be sensitive to their needs.**



12

SEVEN KEY MESSAGES

Be a good listener and show empathy 1

Let your colleague know that you have the time to listen. Show you are giving them your full attention by using body language like making eye contact. Check that you understand what they are saying by repeating back what you've heard and by coming back to the conversation later, if appropriate.

There is more to life than cancer 2

Just because a person has cancer doesn't mean that they are no longer interested in what is happening in the news and in the office. Try to find a balance between talking about cancer and other things and be guided by your colleague on this balance.

Be prepared for setbacks

3

Don't expect a colleague to pick up where they left off as they may not necessarily want or be able to come back to what they were doing before their illness. Recovering from cancer treatment is often an emotional process. Realising that things won't be the same 'as before' can be frustrating and test your colleague's confidence.

Don't make assumptions

4

For example, that if your colleague looks well, they are well. Appearances can be very deceptive.

Offer practical support

5

For example, if the commute to work is too demanding when your colleague returns to work, can you offer them a lift (if possible and appropriate)? If it's difficult to remember certain work instructions, would it help to write them down for them? If they suffer from fatigue and then don't leave work at the agreed time, can you gently remind them that it's time to go home? Always try to see things from their perspective and where you can, offer practical support which meets their needs.

Be guided by your colleague's needs

6

You may have to ask for some basic information about your colleague's (temporary) (dis)abilities so you can offer the right support. Try not to offer your colleague advice that hasn't been requested.

Respect privacy

7

Some people are very open about their cancer and want to share their experience openly with other colleagues. Others are more private and prefer not to discuss it at all. It is best to be guided by the person with cancer by asking whether they want to discuss their experience and respecting their answer.

13

CHECKLIST & FURTHER RESOURCES

Checklist for Colleagues

In addition to developing this Best Practice Guide we have provided a comprehensive checklist of questions for you to consider.

Is there any more that you or others can or should do to obtain or provide advice, guidance or support?

There are also three more Guides in this series that you may want to get hold of;

- Best Practice Guide for Line Managers
- Best Practice Guide for Employees
- Best Practice Guide for Working Carers

There is also space at the back of this guide where you can write your own notes.

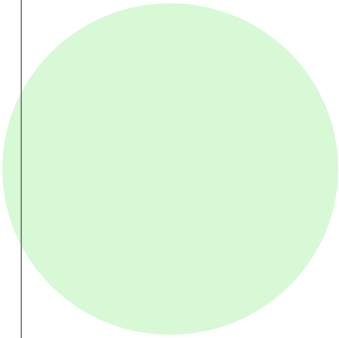


Supporting a colleague with cancer

1. DIAGNOSIS	2. DURING TREATMENT
<p>How far do you feel you want/need to understand and be involved in your colleague's diagnosis and situation?</p> <p>Are you aware of the provisions of the Equality Act 2010 (Disability Discrimination Act, 1995 in Northern Ireland), and how they apply to employees with cancer and to working carers. Do you know about reasonable adjustments and other ways of supporting colleagues affected by cancer?</p> <p>Do you know what (not) to do/say to your colleague at this stage?</p> <p>What information does your colleague want to share with your and/or their immediate colleagues and how and when do they want to do this?</p> <p>How does your colleague feel about working for the time being?</p> <p>What practical support can you offer and how might you do this?</p>	<p>In what way and how often would your colleague like to keep in touch during treatment and about what topics?</p> <p>How can you make sure that there are clear instructions about workload and who is doing what?</p> <p>Do you know what (not) to do/say to your colleague at this stage?</p> <p>How can you prevent taking over too much work from your colleague?</p> <p>What practical support can you offer and how might you do this?</p>

Are you aware of services within your organisation that can help you support your colleague?

Supporting a colleague with cancer

3. BEFORE RETURNING TO WORK	4. AFTER RETURNING TO WORK
<p>What information does your colleague wish to communicate to other colleagues in the team about their return to work and how and when do they want to do this?</p> <p>How can you contribute to your colleague's first day back at work?</p> <p>Do you know what (not) to do/say to your colleague at this stage?</p> <p>What practical support can you offer and how might you do this (e.g. especially on their first day back at work)?</p> 	<p>How can you help to keep communication lines open with your colleague about their cancer?</p> <p>How can you find out what support you colleague needs during their return to work?</p> <p>What are the various ways you can support your colleague during their return to work?</p> <p>How can you make sure that there are clear instruction about workload and who's doing what? Will this be changing over time?</p> <p>Do you know what (not) to do/say to your colleague at this stage?</p> <p>How can you make sure that you understand/recognise the impact of cancer treatment on your colleague's work?</p> <p>What practical support can you offer and how might you do this?</p>

Supporting a colleague who is your manager

1. DIAGNOSIS	2. DURING TREATMENT
<p>How far do you feel you want/need to understand and be involved in your manager’s diagnosis and situation?</p> <p>Do you know what (not) to do/say to your manager at this stage?</p> <p>What information does your manager want to share with you/your immediate colleagues and how and when does your manager want to do this?</p> <p>What practical support can you offer and how might you do this?</p>	<p>In what way and how often would your manager like to keep in touch during treatment, about what topics and with whom in your team?</p> <p>How can you make sure that there are clear instructions on workload and who is doing what?</p> <p>Do you know what (not) to do/say to your manager at this stage?</p> <p>What practical support can you offer and how might you do this?</p>

Are you aware of the services that might support you?

Supporting a colleague who is carer

1. DIAGNOSIS	2. DURING TREATMENT
<p>How far do you feel you want/need to understand and be involved in supporting your colleague as a carer?</p> <p>Do you know what (not) to do/say to your colleague at this stage?</p>	<p>In what way and how often would your colleague like to keep in touch during treatment and about what topics?</p> <p>What are the various ways you can support your colleague in their caring role whilst at work?</p> <p>Do you know what (not) to do/say to your colleague at this stage?</p>

Supporting a colleague who is your manager

3. BEFORE RETURNING TO WORK	4. AFTER RETURNING TO WORK
<p>What information does your manager wish to communicate to colleagues in the team about their return to work and how and when do they want to do this?</p> <p>How can you contribute to your manager’s first day back at work?</p> <p>Do you know what (not) to do/say to your manager at this stage?</p> <p>What practical support can you offer and how might you do this (e.g. especially on their first day back at work)?</p>	<p>How can you help to keep communication lines open with your colleague about their cancer?</p> <p>What are the various ways you can support your manager during their return to work?</p> <p>Do you know what (not) to do/say to your manager at this stage?</p> <p>How can you make sure that you understand/recognise the impact of cancer treatment on your manager’s work?</p> <p>What practical support can you offer and how might you do this?</p>

Supporting a colleague who is a carer

3. BEFORE RETURNING TO WORK	4. AFTER RETURNING TO WORK
<p>What information does your colleague wish to communicate to other colleagues about their situation and their role as a carer?</p> <p>Do you know what (not) to do/say to your colleague at this stage?</p>	<p>How can you help to keep communication lines open with your colleague?</p> <p>Do you know what (not) to do/say to your colleague at this stage?</p>

FURTHER RESOURCES

Resources	Contact details
HR Advisor	
Employee Assistance Programme	
Employee Support Group	
Working With Cancer®	
Other organisations	

NOTES



**If you have any feedback about this Best Practice Guide,
please [get in touch with us](#).**

**For further information and resources
please visit our website at:**

www.workingwithcancer.co.uk



Working With Cancer®

Website: www.workingwithcancer.co.uk
Email: admin@workingwithcancer.co.uk
Tel: 07910 83558
Twitter: [@WorkWithCancer](https://twitter.com/WorkWithCancer)
LinkedIn: www.linkedin.com/company/working-with-cancer

