Episode 14: Liz O'Riordan: Under The Knife – Life Lessons From The Operating Theatre

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SPEAKERS

Liz, Joyce

Joyce 00:00

Welcome to my new podcast. Why didn't anyone tell me this? With my guests, we are discussing health issues with an emphasis on reproductive health and well being answering questions you may have about your health, and debunking some of the many myths about our health. And today it's an absolute pleasure to be introducing Liz O'Riordan. And under the knife live lessons from the operating theatre. Liz is an international speaker, broadcaster and award winning co author of The Complete Guide to breast cancer, how to feel empowered and take control. In 2015, age just 40 She was diagnosed with stage three breast cancer whilst working as a consultant breast surgeon, or recurrence in 2018, forced her to retire as a surgeon. And her memoir under the knife is released on July the sixth this year. And it's been a great pleasure of mine that I've read that so we're going to be talking about that book today. during chemotherapy, Liz started an award winning blog about her experiences, and now talks all over the world about how to improve patient care. In 2020, she launched her podcast, don't ignore the elephant, which we'll also talk about. During the podcast, she talks about the things no one else does, like sex, death, and body image. Liz is passionate about promoting the benefits of exercise for cancer patients. Hello, Liz.

Liz 01:32

Hi, Joyce, I'm so excited to talk to you today.

Joyce 01:35

I know we have been talking for so long on social media and various other ways. And it's an absolute pleasure and we are going to meet in person I know can't wait can't wait. It's gonna be very, very emotional. So please, let's start with your latest book under the knife. It's a book that is raw and honest and brutal and funny. I laughed out loud several times. You talk about your mistakes and your triumphs of when you were training as a doctor. Yeah. And you explain what it's like to be a doctor and to do a procedure for the first time I really felt I was in there with you, and also how your dad inspired you. So tell us why you decided to write under the knife.

Liz 02:16

I've I've loved writing, I hated writing at school, I hated creative writing because I couldn't think of stories. I'm like a copier, I can't No imagination. But I got into writing and blogging. And I realized I really enjoy explaining things to people. And there was something that I wanted to get off my chest. I'd spoken about cancer and my sex life in the Mail on Sunday. But I'd never spoken about my mental health. As a doctor, I was terrified patients would find out that I'd had extreme depression, they might think I was a crazy woman, they wouldn't want to see me. But now I'd retired I thought I want to talk about this. So other doctors and nurses know they're not alone. And we can help get rid of that stigma around mental health. And I started writing during lockdown. And I went on an Arvon course a virtual course with a group of people, I still talk to you today who were all writing my memoirs. And it just started flowing. And I thought, I really think my story can help people because I've had quite a lot of shit happen in my life. bullying at school harassment, working as a woman in a man's world getting depression twice, getting cancer twice, and I'm still here, and I'm still trying to be positive. And it was just that feeling of a bit of therapy, I need to write this down. But I really think I can help other people.

Joyce 03:31
And you really have I, I've, I've learned a lot from your book, and those that are experiencing any sorts of cancer or depression, and we'll come back to those things will really benefit from hearing your stories. It's a really great memoir. And you talk very openly about how hard it is to train as a doctor. And I worked with many doctors and I don't even I'd appreciated how much their training has involved. So tell us more about your training, especially quite a few times you you've mentioned about how hard it was to fit in with the lads. You know, it's a very male dominated world.

Liz 04:08
I think I wanted the general public to realize how long it takes to train to be a doctor and what being a doctor involves. I remember doing a study when I was a junior doctor asking people in outpatient clinics, how long it took to train to become a consultant. And the average answer was five or six years. Now we spent five years at medical school and with my PhD it took 20 years for me from going to university to become a doctor. People don't realize the stresses you are under the life decisions you are making. We often very little support and I wanted to get them into a world so when they can maybe understand people are complaining about the doctor to do this. We are humans. And I I loved surgery from the very first moment I went into an operating theatre I knew I had to wear pajamas. I wanted to know what was going on at the table. It was it was so amazing. We fix things. But surgery was and still is a man's world I did not work for another female boss for 16 years, I was often the only woman in the department. And I was naive. I hadn't. I wasn't dating. I was very naive, very awkward, very bashful. And I suddenly had to fit into this male world with a sexual innuendo and all the jokes. And this is before the days of iPhones, where you'd be with your boss in the coffee room. I don't think you can remember this. And the first day, what's your CV? What speciality Do you want to do next day? Do you like football? Cricket? Sport? No, what Earth am I going to talk to you about for the next five hours between cases. And at the time, we got jobs based on who you knew, if your boss liked you, they would put in a good word, it was all word of mouth. It wasn't really formal interviews. So you, you you, you absorbed a lot of harassment and bullying and didn't say anything, because you needed the next job. And you just put up like it's normal. And I just wanted to try and get that word out. But it's not right. And there are things we should do about it. But also share the highs. A lot of medicine is really really funny. The stuff that we got up to the stuff that you remember, it's caught, you would say in a nightclub now, but just just letting people into our world and understanding what goes on behind the scenes.

Joyce 06:17
Yeah, it's, we all see a doctor. And I think it's really important. And I think you've really clearly explained this, of what they've been through to get there to be with you and explaining something, it may be that you've got flu or something simple with your GP, but they have done a lot of work to get them and they have Yeah, and it's

Liz 06:37
the emotion for me, the emotional toll of telling someone they've got cancer, I didn't get it until I was a consultant in charge of that person. And suddenly, oh, my God, that emotion is real, or the first time that you see a dead body and card CPR doesn't work. And like you're 22 you don't get trained how to deal with it, you just kind of absorb it all. And it was just just suddenly of letting people into our world.

Joyce 07:01
Yeah, and you've have threaded throughout your book, a very honest account of your depression. And also very honestly, suicidal thoughts. Tell us a little bit more about that.

Liz 07:12
Yeah, so I think my, my depression started when I was about 18, or 19. I think it was actually premenstrual, I would get really, really down the day before my period came on. But it got worse. And I'd have black days where I'd at medical school, I'd tell my friends I had a migraine lying through my teeth until the black clouds went and you suddenly wake up thinking, Oh, I feel alright, today I can get out of bed. But it was hard to do that work. And it was almost you put on the mask, when I was happiest at work was when I was at my most mentally fragile because I have to pretend I'm fine. So I can get through the day and then come home and screen call. And I've been on antidepressants for quite a while but the drugs I was on were actually making me manic. And I'd have days especially post on call extreme spending, being crazy, doing dangerous things being really irresponsible and then swinging back down into the lows. And I had to go to see a psychiatrist because a friend was worried about me. And they thought I might have bipolar disorder. I was it was it was a combination of alcohol and the antidepressants, and it was really, really, really scary. And I weaned myself off the antidepressants I was on. But when I became a consultant, it's lonely as a consultant. Because you can't see people. So you know, it was lonely because I was tucked away in the towers of the gynecology block as a consultant. So I didn't see people there's no one to talk to in the mess at lunchtime. And I was telling 10 women a day they had cancer. And that stress of feeling that emotion just really got to me. And I was thinking of what can I do to not go to work, so I don't have to go through this again. And my husband had no idea that I was having suicidal thoughts. And it was really, really scary.

Joyce 08:54
Yeah, it's like, Thank you for sharing that. And I think when you when it started for you is when these things weren't really talked about, but today it it's on the table, and people do talk about it a lot more. So it's really important.

Liz 09:09
And I think especially if the back of COVID and the burnout that the doctors had doing awful I was seeing horrific things. We are we are I think we are hopefully better. Now it's standing up and saying I have mental health. I blame myself I thought it was my fault. And that shame of being off sick with depression. You're told to go outside and enjoy yourself. But you think What if someone sees me smiling, I meant to be off sick with

depression. It's really hard. And it's that guilt of you know, I've got a husband, I've got a job I don't want for anything. Why am I really really sad when there are other people who are struggling and that guilt of your colleagues having to cover for you and you think no I should just carry on and it's it's having that awareness to say I am a patient as well and I have to look after myself so I can look after my patients in the future.

Joyce 09:55
I see what you mean about going outside and smiling but I have Well, we both will probably talk about this later. But we both coldwater swim or wild Swiss, and it's great for our mental health, but I've got friends who have been off work. And some people, I work flexibly. So we sometimes go for a swim during the week. And they've said, but what if someone sees me I'm exactly, you're sick, but but you're going to swim because it's going to help your mental health. So it's, you know, but we have to do these things. And you know, what you've said about the ups and downs of being a doctor. On our master's courses, we have a lot of clinicians come and speak to the students and lecture them on on their speciality. And I always say to my students, we have to really consider what that clinician has dealt with that day that they're coming to give you a lecture. And we really don't know what they did, and what patient they had to speak to, just before they came to give you a lecture. So we have to give them some slack. Because some time yeah, sometimes they might be, you know, not not happy as maybe the person before you, but that's before them. But they, they weren't dealing with some life or death situation. So they may have

Liz 11:09
had a complaint come through or an angry relative on the phone. We judge people on that the minute we see them. It's a bit like the old, a difficult colleague, as a colleague, and difficulty is the cliche, you trot out interviews, but actually none of us really know what is going on with anybody. I've been equally at fault to blame someone I've got they're being really annoying, but I haven't stopped to say, are you alright? Is there anything I can do to help?

Joyce 11:34
Yeah, that's the story, I always give that one of our top consultants one, he always got wonderful responses, feedback from the students. And one year he didn't. And I said, I never asked him, but I'm pretty sure that year, he'd had a really tough day and dealt with some really difficult patients. So and that's just an example I gave, you know, just bear with them. But as you said, in your book, doctors do not normally have the illness that they are trained to treat, I thought, such a powerful statement. I think you thought as well. And I would have thought I mean, I mean, I can't compare to what you went through. But I worked in fertility treatment for years and was the scientist in the lab. And then I had fertility treatment. And I, you know, I saw some threads that were very similar, but between what we went through but mine was not, I can't really compare it to what you went through. And you would have thought that this would be an advantage that you can now emphasize, emphasize empathize with the patients. But you said that this was a real issue and very triggering for you. So tell it tell us more about how you felt about that and dealt with that.

Liz 12:38
I think part of me thought I should be an expert, because I've spent my life training to treat this disease. But I've never, I've never had chemotherapy. I've never seen a radiotherapy suite. I've never had a solid X injection. I've never listened to patients actually ask patients, how bad are the side effects? And how do you cope? But I had a year I had 18 months off and I went back to work before my local recurrence. And it was suddenly I didn't see another patient in the flesh during my treatment. And I'm suddenly with people who are

going through the same thing as me. And we all want to share. We were terrible at butting in Oh, but I was like you want that commonality. But I'm the doctor. And I'm the one that has to potentially break bad news or tell them it's come back. And I want to say yes, cancer is shit and you're gonna feel awful. I got told off, you've got to be positive. But I know what they're going through. And part of me wanted to give them a hug and say, Yes, I can get you through this. And I know what this is like, but they're just hearing they've got cancer, I have to back off. And seeing women my age come back with metastatic disease made me think could this be me? I knew too much. And it was hard for my team because they didn't want to be treading on eggshells. Everyone knew I'd got breast cancer. So could you see this patient, this might be a bit triggering for you, they have to be able to say, the next one's for you are you're just going to do your job and I had to somehow find a way of dealing with it. And I only shared a little bit when I saw patients at the year follow up. And if they were struggling with tamoxifen or struggling, I now know how it can impact your sex life. Your your, all those sides of you. So I'd say how is how are things with her husband have sex. I know tamoxifen can be bad because I've been on it this can help and I felt at that year point that I could share that I'd been there. But there's no ethics there's no rules regarding this you kind of trust your gut and you get it wrong and some people don't want to know and then they want to ask you a load of questions. It's like no, I'm, I'm the doctor. And that's why I worked under my maiden name. But I tweeted under my married name hoping that patients would know it was me. And now I just kind of used my married name the same but it's really hard when you are ill and patients find out and how much do you share?

Joyce 14:50
Yeah, it's a it's a real evolved. Well, I've certainly been there with the fertility issues I had as well. And I felt quite quite angry with myself when I read your book, I bet both of your books, I'd always had this illusion over the last 10 years or so that breast cancer was one of the medical successes, we'd got this great high survival rate many women surviving after the treatment. But as you said, I had never considered what they were going through the chemo, the range of therapy, everything that you that you mentioned and the surgery and reading what you went through. It did make me angry that I was more aware of this. So can you share

Liz 15:39
it? That's interesting. Yeah, I can. And actually, Trish felt that my co author, breast cancer is a good success story. It really is. More and more women are surviving. And even women with metastatic cancer. Some of them are now surviving for 10 1214 years like Chris Langa, we've made huge leaps and bounds, surgery has changed. It's no longer mastectomy or lumpectomy, we are reconstructing breasts, we're saving breasts, it is brilliant. And most women do not need chemotherapy. Most women have surgery as a day case in and out on the same day with radiotherapy. And then they have the hormone blockers for life, which can be hard with the side effects. But for most women, the treatment is over in a month. And they'll go on to live for a long, long, long time. We know it can come back in a third of women, but that's generally in the first couple of years or 2030 years later. And there are more and more drugs being developed. I think it's a huge success story. But when you are one of the unfortunate few who have got more aggressive disease, who do need chemotherapy, who then need chemotherapy after your surgery again, that's when it's two or three years out of your life. And that's when it's really, really hard. And I think that's the same for a lot of cancers. You know, bowel cancer, brain cancer, the treatment itself can be hard, but because there's so much money put into research, I think it really is a success story. But I had no idea how hard chemo was I just saw patients at the end. And I struggled and I was 14 and fit. And I think most people assume that chemo was going to stop there cancer coming back. But actually we give it if there's a five to 6% benefit of helping, which means 95

women will have chemo won't see any benefit from it. And we don't know who it is to give it to. And it's it's really interesting talk about statistics and decisions that you make with patients and it must be the same in the fertility world. What are the chances of it working do spend that time that money that energy? Is it worth it?

Joyce 17:29
It's so difficult, it's even if it's 1%? Are you the 1%?

Liz 17:34
No one knows no one I now kind of think if my cancer is 5050, whether my cancer comes back properly, the third time it happens or it doesn't. It's I can do everything I can to live as healthy as I can and it could still happen. And that's almost helped me think right. It's out of my control.

Joyce 17:50
Yeah, it is out of our control. So let's talk a little bit about the menopause.

Liz 17:56
Oh, come on now.

Joyce 17:58
There we go. Here we go. So let's first talk about UVA. So your treatment obviously threw you into the menopause. Can you tell us a little bit about what happened?

Liz 18:08
I can so I was 40 and I had chemotherapy. And I thought I'd wet the bed because I felt water trickling down my inner bunchy confi. And I thought, Oh, that's a night sweat. Oh, okay, this is fun. And I started getting hot flashes and I describe it like reverse orgasm. And I remember sitting in the chemo suite telling the nurse who was sat next to me it's like they start at your feet. And they work all the way up and you really don't want them to happen. And the 70 year old guy in the chair behind me just burst out laughing. I thought I'm never going to sleep again. I was night night sweats on the hour every hour the whole days off and on and the layering. And I think because when you have a medically induced menopause, it is instant. There's no three or four years of a gradual buildup. It's like Bang. And then after chemotherapy and surgery had a break that I started on Tamoxifen and Zoladex. And I hated the Zoladex because it was like a little surge every month but this was like okay. I didn't know whether my brain didn't work because of chemo or the menopause. I still can't do anagrams and cryptic crosswords. Layering, I tried acupuncture, I tried hypnotherapy, nothing really helped. And no one knew how to help me and I didn't realize there were all these drugs that could help and I'm a breast surgeon and I had no idea what was available. It was only when Richard Simcock and incredible oncologists DM me on Twitter and said Liz, did you know that you can try antidepressants and clonidine Thank you God. But the thing that really got me was how it impacted my sex life. I used to tell patients you have a couple of hot flushes and a bit of a dry vagina. You'll be fine in six months and I'm embarrassed to say that's all I knew. But when your vagina feels like it's lined with sandpaper, and your libido goes and you don't get turned on when you watch fleabag anymore that I really missed. I couldn't flirt. I'd lost my hair. I lost my breast. It was just like I feel like a shriveled up 18 year old and no one was talking about it and I had never talked about it with patients It's and then when my cancer came back, it turns out I wasn't fully menopausal. So I had my ovaries out because I had to go into an aromatase inhibitor and I like, I

have no sex hormones. And it was really hard explaining it to my partner dammit, I still love you, but nothing works anymore. And that's why I've gone down this crusade of talking about lubricants and dilators that how to help women regain some form of penetrative sex life, if that's what they want. But I it is devastating. And it is instant. And the thing I hate is that when HRT is being pushed as the panacea to cure everything, rightly or wrongly, you've got women like me, who can't take it to think well, what about us? We're being ostracized. It's so it's really hard, really hard.

Joyce 20:48
So yes, this narrative of the menopause, I think we're all pleased that it's, it's out there, and it's on the table. And it's, it's now talking with Marika begun in one of the earlier podcasts about sexy science, you know, things come in fashion, and everyone's talking about it. Everyone wants to research on it. And menopause, I would say is sexy science at the moment. Everyone wants to work on it.

Liz 21:11
Yes, it's the wave of celebrities have suddenly reached their 50s. And suddenly, they're all talking about it, because it's happening to them.

Joyce 21:19
Which in some ways is great that it's on the table. Yeah,

Liz 21:23
definitely.

Joyce 21:24
Let's talk about some of the myths. So there are lots of myths. And I know you've you've been on social media, but lots of them. So bring up HRT again. There's some that are saying it's okay. If you've had any form of cancer to take HRT. How do you feel about that?

Liz 21:44
This this is all based on a book written by one American oncologist, one American ecologist against the world called estrogen matters where he says estrogen is safe because we used to treat breast cancer with it in the 50s. And I've gone and looked at all the studies that he quotes to say HRT is safe after breast cancer, most of them were done in the 60s and the 70s. We didn't have we didn't know it was affected by estrogen. We didn't routinely test estrogen receptors they are it's shoddy, shoddy shoddy science. There are some trials that show it can increase the risk of recurrence similar for me, if your cancer is ER positive, that means that estrogen makes the cells grow and divide. Now, once you've had surgery, we hope that there aren't any cancer cells left, but we assume there are cells just asleep floating in your blood, that can wake up 510 20 years later. And if you are giving yourself and all the treatment to stop it coming back a drugs that stop you making estrogen. And when someone says have HRT estrogen is actually fine. In my head, you are increasing the risk of waking up those cells and feeding them and making the grow and increasing the risk of a recurrence, that cannot be cured, that will lead to an early death. And what we're not hearing, which we should be doing is educating GPS and anyone looking after cancer patients, all the alternatives to help with menopausal symptoms. It is a last resort in every single international guideline, because it just makes sense. And people who haven't lived with breast cancer are kind of saying yes, it's fine, you should do this. And it really, it scares me. Because we don't know what's going to happen to these women with cancer who

are taking HRT in the future? And are they actually being told it could increase your breast cancer coming back? And if it does, it will kill you? And are we helping women live with that decision? That potential guilt they may feel? What do you think?

Joyce 23:33
Yeah, no, it's what annoys me is that we are all having to waste a lot of energy and time. As you say, looking at original papers from the 60s and 70s. I did the same when I wrote my book. And all its it was rubbish science back then. And you really need to park all of that. But I had to read them to and spend energy to debunk myths. And we've got exactly, you know, and it's frustrating, because you and I want to educate the public about their health. Yeah. So wasting that time. It's very frustrating when we could be educated and much more about what we really do. No, you don't know everything, as you said that some studies just haven't been done yet. But we've got to go with what we have. And we don't want people making their life more of an issue, doing something that may harm them and may even kill them. So yes, it's frustrating.

Liz 24:30
Exactly. And I think H HRT is a great drug for women who want to take it but for me, it's about informed consent. If a woman who's had cancer is not told this could increase the risk of it coming back and you will die if it comes back earlier than you should they're not being told that it's not true informed consent, and women are being misinformed. And to me that is really dangerous medicine. And I'm not convinced that is happening in clinics across the country.

Joyce 24:59
Yeah, so You and I have both become part of a new group or collective called Men Oh, clarity. And we have we have, we're out there to debunk the myths, and to make sure that women know what we do know and what we don't know. So anyone can check out many men no clarity, you'll find the website and various bits of work that people are doing. So well, let's let's stop talking about the metaphor. So let's move on to us your jar of joy, which I thought Yeah. And you went on to do a tech talk about your job.

Liz 25:35
So I am, I did, I got asked to do a TED talk in Stuttgart. They wanted some women to speak and I had to work out what a German audience would want to hear. And that's what I learned how to talk properly. Because in every conference, you go to people just roll out the same talk that they give to every audience, just reading of bullet points. And tad is all about why did the audience care? And I had to work out why a load of German strangers would want to listen to me talking, which, and that's how I write every talk, I think, what does the audience need to know I change of every single person, I think it's so important. But my jar of joy came back from the late Kay Granger, who mentioned something like this. And when my cancer had come back, when I found out a grand during chemo, I was in a very, very black hole. And I'd read about gratitude journals and finding three things every day or thankful for it's too much hard work. I can't be asked to do it. But I thought there are always little things that happen. And what if I was to put them in a jar and I'd see them build up. And I thought, right, I'm just gonna do this. It doesn't have to be every day. It's just when something happens. And my husband did the first one bloody man. He put in a pair of trousers he had worn in 20 in 10 years, and I'm exaggerating 10 months, and he found a fiver in the back pocket that's going and then he let our puppy sit on the sofa that yes, that's mine. And often, it's just things like going to the cinema or seeing the birds on the feeder, and just seeing it fill up. It reminds me there is always good stuff happening. Even in

your worst moments, there is something that can make you smile that you can be grateful for. And it just helps keep me going.

Joyce 27:13
I love it. I'm doing a lot about happiness and well being. And that's what I want to write a book about. Next. And I think it's just so important for people to think about everyday, there are little things that make us happy. And we need to think about so jar of joy, highly recommended lysis jar.

Liz 27:32
And I've had people do them in schools where the kids come in and say what happened to the weekend and actually in doctors offices, you know, I didn't have to wait half an hour to find a parking space that's going in, and just just seeing this anonymous bowl of happiness just it's a really nice thing. So what's made you smile this? What would you put in my jar of joy? Oh?

Joyce 27:56
Well, I had I had a wonderful day yesterday with teaching about all the new technology that's coming out there. But then last night, we had a wonderful reproduction salon, which is run by my dear friend Lucy Vander will bill and I don't know how she gets funding for these amazing parties. So we had a wonderful evening, the whole evening, everything about the evening, I could have filled a jar of joy with it. So yeah,

Liz 28:28
thank you going in.

Joyce 28:30
That's, that's go again. What about you this week, if you had a good week,

Liz 28:36
I was in Dublin talking to student doctors at the Royal College of Physicians of Ireland and I managed to swim twice at the 40 foot and just the glistening see the sun seven o'clock in the morning. It's incredible. Swimming is very cold though.

Joyce 28:49
It's an easy way to feel your jaw and your wrist. I'm doing three this week and you'd like and two beaches. So they're going in the jaw. So let's talk about the complete guide to breast cancer that you wrote with Trish, both of you, doctors who, as you said had breast cancer and I I found it so essential, I think for anyone with breast cancer, well, what a resource. But I think also for people who we all know someone who's had breast cancer. So I think it's a really good book for anyone to read if you're supporting someone through breast cancer. And I think it's really empowering you, you Let's go through some of the nitty gritty of the book. So you talk about the three ways we can detect breast cancer can can you explain those?

Liz 29:40
Yeah, sure. So most people will find breast cancer when they notice a change in their breasts and hands up. I never checked my breasts because it was never going to happen to me. I'll be honest, I've got a video showing you how to do it properly by looking in the mirror by feeling your breasts properly by checking your

armpits and most people will notice a change that will make them go to the GP The second way it can be detected is through your screening mammograms. And I know there's a whole lot of controversy the minute they start at 40, should they start at 50. There are people who think they're dangerous and we shouldn't have them. I think it's really important to pick up breast cancers at an early stage so women can avoid mastectomy as they can avoid chemotherapy, they have a better chance of living for longer, but it is a personal decision. But mammograms can pick up cancer to small stage. And then very rarely, we get people who come in, they've either broken their arm or they've hurt the hip or they've got other symptoms. And the scan shows actually, it's breast cancer that is spread.

Joyce 30:33
Well, I have a little breast cancer story. It was not a breast cancer, but it's a visit to a breast cancer clinic story. I came out in a very stressful time of my life about 10 years ago, and I split with my children's father, I came out with lots of cysts on my breasts. And so I had lots of biopsies and investigations. And on one day in the clinic, I was with my kids. And they just just told me that there was it was clear. But then I got a phone call from the vet that one of my cats had been run over. Oh, I know. It was terrible. But that was one of the worst days ever. And so I'm sitting there crying my eyes out with my kids. And the doctors kept can't do this. If we've just told you it's okay, why are you crying? I was terrible then. And then my poor kids we had I wanted to teach about life, and death. And we'd been at the breast cancer clinic all day. And then we had to go to the vet to see our dead cat. It was just oh, I want a horrible day. That was a terrible, it's not a good day, that's not going in the job anyway, well. So if let's move on. If breast cancer is suspected, then obviously a diagnosis is needed. So visit to the breast cancer clinic. And as you've said, we are very good. The turnaround time. I mean, I've been a few times I've got very odd breasts and weird nipples and things. So I've been quite certain that they are amazing. They're very quick, and they're very supportive. And you know, it's not this long NHS waiting there. So tell us about how we get a definite diagnosis.

Liz 32:09
So if you have a change on your breast, most GPS will now refer everybody to the breast clinic. The fear of missing out. It is very, very uncommon in young women. But because your women are talking about it on Instagram, it does seem like every a woman has breast cancer, but it is still rare one in 2000 women in their 20s get breast cancer. But if you notice a change, your GP will send you up to the breast clinic and there are two clinics you can go to one is a I'm fairly certain this isn't cancer, can you just check which should be a six to eight week wait, but if they think it might be cancer, it's a two week wait. And breast, breast surgeons don't really have waiting lists for clinics. Because people suddenly have a breast lump. They don't have something that's been going on for months and months and months. So you are seeing very, very quickly. And what used to happen is you'd see the doctor then you'd go back and be called for a scan at another time. And then you'd be come back now we do all in one go. So you're gonna spend all morning all afternoon and a breast clinic, you'll be seen by a doctor or nurse who will examine you. And then if you need to have an ultrasound or a mammogram, that will all happen at the same time. And if there is something there, they want to take a biopsy of they will do that at the same time. And then you normally get the results a week later. So it can be really really quick and too quick for some people. And I always tell people to take someone with you if you go back to get results, even if it's good news, because it's horrible sat in that waiting room imagining the worst seeing people come and go. And I didn't get how bad it could be to be in a waiting room until I was patient in a waiting room waiting to be called and you're trying to look at the the the eyes of the nurses looking at you. Do they feel sad for me? Or do they feel happy? It's a really weird place to be. But 99% of the time, your GP will send you up to the clinic, and you'll get it checked out and you'll have

an answer there or then a 90% of the people I see in clinic did not have breast cancer. Often it's just lumps and bumps or cysts or just general lumpiness.

Joyce 33:56
Feeling a bit emotional at the moment. I did go to quite a few of my clinics on my own. And I can remember a lot of crying. Good news or bad news just it is very, very emotional. So it's really good advice. Do not go on your own.

Liz 34:13
Because you're my mind I first found assist. My husband had gone sailing around the Northwest Passage at the top of the Arctic. We just got engaged and I felt a lump turned out to be assessed but I thought I'd be dead in a year I'll lose my hair, he won't want to marry me what's the point having on the sofa and sat in that room by yourself imagining the worst with a phone looking at metastatic cancer blogs. We all do it. It's really, really hard. So if you can take someone with you, or knitting to distract you something to help.

Joyce 34:42
Don't just be on your phone for disaster. Now, we are both very keen exercises and you've talked in both your books about the importance of exercise, exercising, and you completed some amazing, amazing challenges when you were in between treatment. So please tell us more about exercising and the challenges that you did.

Liz 35:05
So I it's funny, I'm the girl that did no sport at school I hated it. My maiden name is ball but I can't hit throw a catch one to save my life. But I was a cycling widow. And I thought if I don't get a bike I will never see my husband. And after a couple of years I got into triathlons because I used to do swimming at school and I just on my first triathlon when I was diagnosed, and back in 2015, no one told me to exercise, but I wanted to it's the thing that I really enjoyed and I found women on Twitter with metastatic cancer who was cycling and rowing and kayaking and going to the gym I thought right if they can do it, I can. So I went to the gym and my good weeks and I did a sprint pool pool based triathlon halfway through chemo boulders acute took me forever, but that sense of achievement, I was just less when I did that I wasn't a cancer patient. And I carried on slowly exercising through chemo and radiotherapy and three months after finishing. Radiotherapy, I did a crazy ride race ride in the Dolomites, which I'm doing in a couple of weeks where we cycle up the mountains. It's just glorious. My husband dragged me around. And then a year after treatment, I did a half Ironman Triathlon again just finished just got onto the cut off time I had to ignore all my previous Strava times. But again, it's just lists when I'm exercising. And then in lockdown, I realized there's so much evidence now to say that sorry, resistance training is really important. I never went to the gym but I tell people they should so I started training using dumbbells and resistance bands and showed you can transform your body at any age, but it is hard work.

Joyce 36:37
Yeah, it's so important and we talked with the we're both wild swimmers as well. And being out in nature is so good for our well being as well, isn't it?

Liz 36:49

Yeah, it's I love being outside walking the dog listening to the birds. And I'm very lucky and stuff that we've got clean rivers, there is something about with a group of women and men in a river, you've got swans going past you've got the wagtails overhead, the sun shining, it's just it's just you can't think about anything else. But just being happy being smart. I love it. It's really freeing. And Intuit, Joyce,

Joyce 37:12
oh, well, well, mine. My, my second guest on my podcast ever was Jessica Hepburn. And Jessica and I have known each other for many, many years. And I've always been a swim I've always swam. I'm not very good. I'm not very good at sports either. But I've always done lots of sports and lots of fitness. And I was always the one whenever we were near water, I've always wanted to live near water. And whenever we were I was always jumping in and always with my whole life did lots of river swimming when when we're at uni and things. And then Jessica, her story is she had years of infertility and wasn't successful. So to overcome that she wanted to push her herself mentally and physically to do some challenges. And she's climbed Everest, but she swam the channel. And she wrote a beautiful book 21 Miles about her train we've

Liz 38:03
read it was about her. Yeah, she's it's an amazing book, what she's,

Joyce 38:07
she's a very, very good friend. And we, we were out one day having lunch. And I went home that night. It was in December or December a few years ago, before COVID. And I went back home and said I need to go swimming, and I need to do it now. So I went to a lake in December a couple of days after seeing Jessica. And it was four degrees. And it was stupid. But I've never I've never turned back now I go at least once a week. And I say when COVID hit. I say it got me through COVID For sure. I live on my own with three teenage boys. I think I would have gone more insane. If I hadn't have had that time, as you said with friends that the swimming community is amazing. And we had a podcast also with Heather Massey, Who's the woman who I read her and Mike Tipton. I read all of their stuff and listen to all their podcasts and webinars before I took the plunge. I had read them before I'd actually seen Jessica and then that day, it was the cherry on the cake. So yeah, I've had Heather on giving some really good advice. And I really would encourage any person to you know, just have a go. now's a great time weather's warm, get to having that sun on your face.

Liz 39:26
places I want to do it to find people to talk to in the day, because I'm bored and lonely. And I found the blue text group on Facebook. And there's often a blue text group in every town city all over the UK. And they're so welcoming, and it's a great place to find people to tell you what to do and where to go and make sure you do it safely. But it's just amazing. Plus the tea and cake afterwards is fun. The half an hour goes on the side of the river.

Joyce 39:51
You have to do that because you mustn't just go and get in your car. So we have to gossip. No. We have to go and I'm like, Yeah, and I'm actually admin for the Cambridgeshire and Peterborough, Bluetooths group, so I'm very involved with this is correct, but they're great. They're great. Let's talk about your podcast, don't ignore the elephant in the room. I've listened to a few though really great. And you are talking about, as you say stuff that no one else will tell us a little bit more about it.

Liz 40:19
I just felt it was another way of reaching another audience to share the stuff that I wanted to get out in the open. The things that no one talked to me about, like sex after cancer or talking about death and dying. And I just really enjoy chatting to people, I'm no see. And it's been great to know that even if just one or two people email to say thank you or listen to this, and it's really, really helped as a doctor. When I had to retire, I lost my sense of purpose, and writing and talking as a way of helping people. And I love the fact that you can get these topics out in the open. We shouldn't be embarrassed about talking about anything. And it's, it's been a great, it's hard work. I had no idea how hard work launching a podcast would be and finding the guests and scripting. But I love that research takes me back to my PhD days. And yeah, it's just, it's a great way of just talking about things no one else does. Really?

Joyce 41:12
No, I totally agree. And for

Liz 41:13
me, it should be no.

Joyce 41:18
For me, it makes me read their books as well.

Liz 41:22
Yes, it's again, you know, as an author, you you tend to go the route of podcasts guest saying, can you read my book, but actually, there's so much more underneath it? Why do people write them? What's inspired them to do this? And for me, it's also about trying to get the little people on. I don't want to be big name celebrities. I just want to get real people talking as well to share their stories and get their voices heard.

Joyce 41:44
Yeah, I'm picking interesting people, people who I think are, I've got an interesting story to tell. That's that's the number one for me. Yeah. So you, you do a lot on social media, as I do as well. And it's not easy. And being a clinician or scientists in this area. There's very, there's really quite few of us that do it. And I'm always trying to encourage people. But I think some of my colleagues think I'm a bit crazy to do it. highs and lows, what do you think about highs and lows and the motivation, you've had to keep going.

Liz 42:24
I started tweeting was mainly triathlons and baking. And then I got cancer. And I decided to tell Twitter, I had cancer because I couldn't keep it a secret for nine months. And I was going to be recognized in the hospital, because I was losing my hair. And the blog took off. And then I got more followers than my husband and I he became the husband of the more famous wife and it kind of grew a life of its own. And part of me hates it, I would love to be able to put my phone away and never do any of it again. But I'm an author, it's a brand you have to do this. And I think that the highs are you say something, you do a video you write a comment and you get someone saying, Thank you. This has meant the world I understand it. It's a bit of ego stroking as well. But someone say thank you, you've helped someone that that to me is everything, plus the connections you make. I've made amazing friends and made amazing connections just by asking people could you do this? Could you do that I love that everybody generally is nice and friendly. And it's a great

thing to do. I think the public are now looking on Instagram and YouTube for health information. It's I think it's really important that you need to be out there and helping drive the common sense narrative. Because I think as you said, with the menopause thing, it's very hard to get traction when we are boring, common sense. You know, exercise, eat, well sleep better. We're not selling sexy supplements, because they don't work. But it's the more voices that come through, the more you hope people will listen to us. The lows are the time it can take away from my family and friends, the hours you spend scripting and podcasts and planning and editing and then you get hooked into reading messages at 1011 o'clock at night when I should be talking to my husband or doing something else. It can be all consuming. And I haven't had a lot of nasty messages. I did have death threats a few years ago from a well known influencer, who was saying that bras cause breast cancer mammograms are dangerous. And she sent all her trolls off to me. And that's hard. And you learn to develop a thick skin. And I've learned not to reply to negative comments, because especially on Twitter, because it's in the public forum. Anyone can read it. And I think you kind of go through that learning curve of oh my god, I shouldn't have said that. They're not strangers. I don't owe them anything. And it's kind of learning that it's a fake world, and how to balance that. But the highest stuff I've got from it. It's been far more than the lows. What has been your highest choice? Why do you keep doing it?

Joyce 44:41
I'd like to listen to what people say. So sometimes I will be challenging at the moment. I've got a tweet out about words we should be using to teach teenagers about reproductive health. So I've got some people suggesting that we should mention try As the non binary at all, and I've got the same literally the next day, same week, I had someone say that my resource that I'd written was not inclusive because it said female and male. And it's a shame, say people with wombs and people with a penis. So I decided that this is great exam. I just put it out there. I said, I've had these two comments in one day. What do you think? What's Yeah, I think one of the lows for me is that sometimes people misinterpret even though I tried to be really clear, they don't read things properly. So they know they put words in my mouth, and they assume that I'm, I've got one view or another view when I don't, so that you find annoying. But when you get those sorts of posts, you could just take them down, but I do want to hear them. So for me, the highs are, it's a, it's a really good platform to educate the public. And we normally can get that message across. And as you say, having having a positive response from someone. So at the event I was at yesterday. These are people in working reproduction. But I would say I had at least 10 people come up to me and say, I love what you do. So Oh, yeah, that's great. So it makes that makes the that actually almost all of them said, I follow everything you write, I really love what you do. So then, because

Liz 46:32
I find it really strange, you put stuff out there, but you don't really know how many people are seeing it or reading it or watching it. So when someone does say thank you, it's like, oh,

Joyce 46:44
yeah, so with the podcasts, actually, it makes it it makes it worth it. But we've done a study on we've done, we've done the first one on Twitter, and we looked at posts with different hashtags to do with fertility. And we looked at how many followers people had, and then the you can look at some of the statistics about what people you know how many people viewed a video or how many impressions a post had. And it's really, really, really interesting. It's made me look at it a little bit more in a bit more detail about okay, when I said that, okay, only 400 People looked at it, but then you said, I mean, I've looked at some of yours, you know, you can say something, and then 10,000 people

Liz 47:28
I know it's like, and then I put up a video about baby hedgehogs and he gets 3000 views in a minute. It's bonkers. But I should probably touch on my own infertility through breast cancer. Yes. Because I got married late. I was 36. And I before I met my husband, I'd been single for 10 years, I kind of assumed I was the crazy cat lady. I had two cats. I was a single surgeon. And my husband had a daughter from his first marriage who was 10 years younger than me. And we weren't sure whether we should have kids. My first year of married life was spent working in the Marsden and I have spent the weekends living with his in laws, the weeks and then I'd come back for two days and go back. So it wasn't great. And we still hadn't decided and then I was suddenly being told I needed chemotherapy. And the fatalities discussion was literally 30 minutes. 30 seconds is one of the side effects. So you'll lose your hair. Do you have children? No. Do you want them? We've not decided, well, it's a big cancer, we don't take the risk of egg preservation. So are you happy to go on with chemo? And it was and we were both there with a colleague that we knew that we'd worked with, it's like, okay, fine, move on to constipation. And it was suddenly having to make a decision and accept I would never have children in a public room and my own surgeon hadn't prepared me for it. And I don't blame her for that there was so much going on. She was my boss telling me I got cancer and I probably never told women with young cancer to think about whether they wanted children before they saw the oncologist and it was only at that moment that I realized I actually did really want children. Now I knew I couldn't have them. And I think that grief that a lot of cancer patients feel for the things they've lost is really hard and I got one book day on Facebook and they're like, I don't have kids to make costumes for and I don't have kids to bake and yes I can be great be a great granny and Auntie I actually quite like having a lion that feeling that cancer took them from me is something I still struggle with

Joyce 49:26
infertility is something that it never leaves people and even for me that you know I have got kids from it. I still it has never left me whether whether you've been through treatment or not, it's a it's a really tricky one as you say those things that you you didn't have it's it's a it's a very complicated feeling. And yeah, thank thank you for sharing that. It's really, really important to think about all these things that you that we have to these hurdles we have with life and it's not plain sailing For for many of us at that time, let's move on to some of the health myths that you and I have been trying to debunk. So I was there. I mean, there are many, and we've talked about a few already. Are there any others that you'd like to mention?

Liz 50:19
I think wandering around at the minute is that underwire bras cause breast cancer, which just It's bonkers. It comes back from a book written in the 60s by two. I think anthropologists who looked at a load of women and thought the women who wore brows are more likely to get breast cancer therefore underwire bras cause breast cancer. And that's like saying, People who smoke drink coffee. And people who smoke get lung cancer, therefore coffee causes lung cancer. And they the reasoning behind it is that the underwire bra compresses the lymph drainage of the breast, and therefore toxins build up that whole pseudoscience bullshit where toxins? Well, it's bollocks because the underwear sits beneath your bra. And the lymph fluid or the rest drains outwards towards the impart in towards your armpit. And toxins don't live in the lymph system. And if they were they don't cause cancer. But you get some person to say it and suddenly no browser dangerous. It's like no, can we just can we just back down a minute, please? Yeah,

Joyce 51:20

I must say so many

Liz 51:21
people asking me to debunk things the turmeric, turmeric enemas and mercury fillings and a deodorant safe. And mammograms cause breast cancer and yeah, it's this and it's again, the voice of common sense of reason isn't boring, and it's not sexy, and it's not exciting. How do you make it stick? What are your favorite Miss Joyce?

Joyce 51:43
Oh, there were there were just too many too. Too many. Lots around fertility. And yeah, the list goes on and on. But I did want to say about bras I must say I have posted because I do hate wearing I have got quite big breasts so but I do. I do often go out in the car when I don't think I need to get out without a bra. I know is the thing that yeah, I take off the minute I come home and only Yeah, so I love Lockdown. Lockdown was great. I can I have got one on. But I yeah, I often don't wear one. And I even when I was younger. Yeah, it's

Liz 52:22
Yeah. And I think I spend most of my time in breast clinic as a surgeon telling women that bras didn't fit them properly, because they were actually causing breast pain. And actually, I used to think I was a 34 A and my bras always uncomfortable, take them off, and I got measured properly. And it turned out I was a 30 D And that feeling of oh my god, I'm a D that's huge. But it's because your boobs go all the way around the back, your breasts are much wider than you think. And the minute I had a wider cup and an arrow back, it felt like I wasn't wearing anything. But most of us get measured to 18 and that is my bra size and your your your weight may go up by a whole dress size in your period. And then it comes back down again we change weight bras are expensive. I don't want to throw my eyebrows out because it costs a lot of money, especially if you have large breasts. And the reason they're uncomfortable is because they don't fit and it's not just this drives me mad. You can you can be 3060 and m&s and then you get one from John Lewis but they're different. The width between the middle and it's it's really hard to get fitted and have one that fits you properly. Yeah, but you don't need to wear them It won't do any harm if you wear them or not. But they may head south for winter sooner than later.

Joyce 53:30
Minor South anyway. They never used to be when I was younger but anyway anyway, it's fun. Pregnancy it Yeah, yeah, we digress. My sons but yeah, the good advice. Women should definitely wear a good fitting bra. Um, for sports. You know, I I thought because sports

Liz 53:47
bras cause breast cancer did I see it? It's a tick tock video. I've got a video coming. There's a there's a woman on Tik Tok who's got like seven 8 million views she well sports bras all the while because she's slim with large breasts and she went to a doctor with pain and she says her doctor told her that sports bras compress the breast and stop lymph fluid draining and toxins build up so you shouldn't wear them. And then she said you should flick your breasts to get rid of the buildup of the lymph fluid. What this is breast flicking is not a thing. sports bras are fine. Finding one that fits you is really hard. But oh my goodness.

Joyce 54:23

Oh my goodness, I really recommend i We had a great talk by someone that is doing research on sports bras and they showed a woman running with a good bra and a poor bra. And that was a life changer for me. I then decided to go and buy expensive sports bras and just felt so much more comfortable doing star jumps and running and things like that. So yes, you'll move independently

Liz 54:49
of each other in a figure of eight or up or down. And if your breasts weigh a kilo each and they're not fully supported, it's gonna hurt it's going to be uncomfortable. You're not going to want to do sport

Joyce 55:00
Yes, for sure. And um, what about the saying, Why didn't anyone tell me this? So in the fertility field, the list of what people didn't know, which we're trying to change with school education is very long, but what about in your field? What didn't people know? And they wish they knew

Liz 55:19
I was gonna go personally, I think, Why didn't anyone tell me that surgery wasn't the be all and end all. Because as a surgeon, my job my life was job exam, encore job exam, unquote, no hobbies, no friends, no social life, it was all about the work and the patients. And then when that all got taken away from me, I suddenly realize there is more to life than surgery. And my job doesn't define me. And if it's suddenly taken away, what is left? But I think if it came to breast cancer, why didn't anyone tell me to actually listen to my patients? Or ask my patients what the treatment is like? And what help do they need? Because they want to the hardest bit is of cancer patients, when the doctor says goodbye, see you in five years, and you're left to struggle with the mental side effects, the physical side effects, the recurrence, that all that all that stuff. And that wasn't part of my job. That was someone else. And I wish they said, listen to patients at conferences, listen to those stories and find out what it's like to live with the disease you are treating.

Joyce 56:22
That that's really powerful. And that's certainly what when I'm doing after working in infertility for years, and the last six, seven years, I've been listening to patients listening to the public, we're just about to set up a public consultation group to write some information leaflets, they're, they're the ones we need to be addressing. And the saying I am often writing is we shouldn't sit in our ivory tower and decide what our patients or the public want, we should ask them.

Liz 56:53
And I think that's why social media can help. Like I say, it's a bit like TripAdvisor. As a doctor, my decisions were based on the rare times someone sent me flowers or the rare complaints. You don't hear from the majority of people who think you're doing a good job, but can't be asked to write and tell you. And I think that's often the same with social media. People who are angry, have a point to prove shout the loudest. And it's hard to hear the voice of the people in the middle and especially all different cultures and backgrounds. I'm very aware most of my followers are probably white and middle class, and how can you represent the whole community when they are not active on social media? And that's a real challenge when we want to make sure that everybody is treated the same. And I don't know what the

Joyce 57:33

real challenge is. We've definitely yeah, we've done some work. I had to work harder trying to. Yeah, but I did pay downs, but it's certainly difficult. So last few questions. Very personal now. So what motivates you?

Liz 57:52
I don't know. I've lost my mojo with the minutes. No, it's helping people. At the end of the day, I just want to help people slash animals slash bird slash lost and lonely things. And that that gives me joy. It makes me feel whole.

Joyce 58:09
We haven't talked about hedgehogs.

Liz 58:11
No, we haven't. So I, I found a baby hedgehog out in the garden about three or four years ago. And I knew they shouldn't be out in the day. And I couldn't find a hedgehog shelter. And I was finally third page of Google find this tiny place near me, I'll take it in. And it was run by a couple in the 70s called Anand Chris, who I talked about in my book, and they had over 100 headshots in their lean two and their garage. And I thought, could you read your 70s? And you will they need cleaning out twice a day, every day you do this for love? This is your job, your pension is what the earth you're doing. And I said, when I when my cancer came back, and I retired, I thought, can I come and help? Because I'm free. And it is the highlight of my week. I clean out Headshop poo and Hedgehog pee and I get to cuddle them and see their little babies. But it's that sense of giving something of myself wanting absolutely nothing in return. And I have my head of restaurants when I'm on holiday and my dad I come on top of the water in the food and it's just weeds and a calf to protect his species. And it's just my little way of giving something back. And check out this is social media. Give them milk and don't give them mealworms Oh, it's bad for them. Yes. Good. Yeah, they'll be cute videos of hedgehogs on my social feed.

Joyce 59:19
Yeah, social media. Liz is cute photos of weather, hedgehogs and this will probably lead into the next question about what makes you happy. And where is your happy place? So besides the hedgehogs

Liz 59:31
Oh, I'm happy when I'm with people I love my dad and my husband and my dog cuddling the dog because he always listens. He never talks back. my happy place is sitting watching birds on the feeder and hearing the birdsong and knowing that eating my nuts and I'm the best bird mother and seeing the ducklings in the garden. Its nature it's being outside and just it's when I can switch off the bees and the butterflies on the plants in the garden. All of that

Joyce 1:00:01
So my cat earlier in the meeting before you has bought in a dead bird, oh, I'm angry and I have to now. And ironically, sometimes now they're bringing in blue tickets. You know? I love you cat because

Liz 1:00:19
I have to turn off any nature program and there's a fear of an animal dying. I can't. I can't watch it.

Joyce 1:00:27
I can't. I can't watch them. This new one. You know, the British Isles. I watched the first one I watched it was murder. I just, I couldn't watch. I can't watch them. I know I can't but not being murdered. Oh, Tommy,

Liz 1:00:42
the baby bear doesn't. I can't I haven't watched Bambi or Dumbo. Yeah. Can't do any of that stuff.

Joyce 1:00:50
No. So after talking to you, I've got to go and clear up the dead bird. So yeah, that's not going Oh, boy. I know. So the very final question. Is your advice to your younger self.

Liz 1:01:06
Oh, respect yourself. Stand up for yourself. And it's okay to say no.

Joyce 1:01:16
Wonderful, wonderful on those wise words. Liz. It's been absolutely fabulous. Can't wait to meet you in a few weeks and your memoir is out. Is it July the would you

Liz 1:01:28
like to six under the knife available wherever you want to buy your books? Let me know what you think. Brilliant. Brilliant. Thank you so much for chatting. Joyce, and I haven't even talked about your book, which I loved which is brilliant. So more of that later.

Joyce 1:01:41
There's more of that on my podcast. So Liz, thank you very much and look forward to seeing you soon.

Liz 1:01:47
Thanks, Joyce.