

\*SURGICAL MANAGEMENT PREFERENCES STUDY: Interview (Patient)  
\*VENUE: Medium MR unit  
\*DATE:  
\*ID: Patient06  
\*INTERVIEWER: DJW

INT: OK, THANK YOU FOR AGREEING TO BE INTERVIEWED. I'D LIKE TO START OFF WITH QUESTION ONE, WHICH IS CAN YOU TELL ME A BIT ABOUT WHAT YOU KNEW OR UNDERSTOOD ABOUT BREAST CANCER BEFORE YOU REALISED THERE WAS SOMETHING WRONG WITH YOUR BREAST?

Patient: Well you realise my background gives me big knowledge of breast cancer, I'm in it all day, every day, all my patients have got breast cancer so I know more than, more than your average unfortunately.

INT: [???] [CHUCKLES] AND HAVE YOU GOT ANY FAMILY HISTORY ...

Patient: No.

INT: ... OF BREAST CANCER AT ALL? DO YOU KNOW ANY FRIENDS OR ...

Patient: No.

INT: ... WHO'VE GOT BREAST CANCER? OK. AND SO CAN YOU TELL ME HOW YOU WERE ORIGINALLY DIAGNOSED, DID YOU FIND IT THROUGH SCREENING OR DID YOU FIND ...

Patient: I was diagnosed because we moved, my husband's in the army so we move a lot, and we'd moved up to the village and the van came to the village and because I had joined the practice I was in the age group, so I was offered a mammogram, and it's only two years since my last one, so this was a sheer fluke.

INT: AH RIGHT, BECAUSE NORMALLY IT'S A THREE YEAR ...

Patient: Because you can't feel it, there's no palpable lump there.

INT: AH RIGHT, OK, YEAH.

Patient: And there it was on the mammogram.

INT: RIGHT, OK. AND THEN DID YOU GET YOUR LETTER, DID YOU GET YOUR RECALL?

Patient: I got my letter for recall, yeah.

INT: YEAH, SO WHAT WENT THROUGH YOUR MIND AT THAT POINT?

Patient: Well there's something wrong because they don't make mistakes, you don't have blips any more on mammograms, and if they recall you then they've very good for it.

INT: YEAH ...

Patient: And as I'd been on HRT years ... [chuckles] I was not totally surprised.

INT: YEAH, RIGHT, OK. ERM, SO CAN YOU TELL ME ABOUT THE TIME WHEN YOU FIRST REALISED THERE WAS SOMETHING WRONG UNTIL YOU WENT TO HEAR ABOUT YOUR RESULTS? SO WHEN YOU GOT YOUR LETTER YOU OBVIOUSLY GOT AN APPOINTMENT, WHAT, ABOUT A WEEK OR SO LATER, WAS IT?

Patient: No, I got an appointment for a repeat two weeks later which I couldn't do because my husband was away, because I'd had a previous inflammatory episode with a breast and I'd had that on my own and I said 'Never again' will I do that on my own.

INT: RIGHT.

Patient: So we waited and then Easter came, so we were actually, I think it was five weeks we had to, because of the appointment system there's no consultants at the clinic, and I wanted a consultant and I wanted it there and then, I wanted being sorted.

INT: YEAH.

Patient: So anyway half of that was my own choice.

INT: RIGHT.

Patient: Erm, so it was about five weeks before we've actually seen Mr Chadwick and had a repeat mammogram and ultrasound and core biopsy and [???].

INT: SO LIKE A ONE-STOP CLINIC SORT OF THING?

Patient: Well sort of, without the, without the result, yeah.

INT: RIGHT, OK. AND DID THEY GIVE YOU ANY INDICATION AT THAT POINT ABOUT, YOU KNOW, WHETHER IT WAS ACTUALLY CANCEROUS OR NOT?

Patient: No, I didn't encourage them till they'd got the core biopsies back, they didn't, I wouldn't expect them to.

INT: NO, OF COURSE, YEAH. AND THEN SO WAS IT A WEEK LATER WHEN YOU WENT BACK FOR YOUR RESULTS?

Patient: Er ... yeah, it was a week late. I'd gone on a Friday and went back on the following Thursday, yeah.

INT: SO CAN YOU TELL ME ABOUT THAT, WHEN YOU ACTUALLY WENT IN THERE TO, IN THE CONSULTATION TO HEAR YOUR RESULTS, CAN YOU TELL ME WHAT HAPPENED THERE?

Patient: Well, I was sitting there at the side watching these ladies coming out with their husbands in tears, and I was thinking, 'OK, that's two: is this gonna be third time lucky or third time unlucky?' [laughs] And I was on my own because my husband couldn't get away. And I went in and he looked at me and I said, 'Third time lucky?' and he said, 'No,' I said, 'OK, fine, let get on with it.' But that's, that's my approach to things. Erm, I think you know, you know, I knew inside all along it was wrong; I just knew it was cancerous, so I thought, 'Let's get it over and done with'. And I'm a sort of person, I go in and I try to take the stress off other people. I suppose it's part of the job, I don't know, but you do, you try to ease it a bit for other people so they don't find it ...

INT: YOU'RE PROBABLY AWARE OF THE TENSIONS AND LITTLE THINGS ...

Patient: Yeah, yeah.

INT: [???] FLYING AROUND ANYWAY, SO ...

Patient: Yeah, and you just try and make it a bit better for them. And that's what I do to myself as well, [???].

INT: SO OBVIOUSLY THEN HE CONFIRMED IT WAS CANCER ...?

Patient: Oh, yeah.

INT: ERM ... AND DID, OBVIOUSLY THEN YOU START TALKING ABOUT TREATMENT, SO HOW DID HE TALK ABOUT THE TREATMENT, WHAT DID HE SAY WHEN HE WAS TALKING ABOUT TREATMENT?

Patient: He gave me two options. He said, he said, obviously because I know too much about it, and because it was not palpable and it was, erm, 5mm, OK, and he said 'It's the size where you can have a choice.' He said, 'You can have a mastectomy to want to but,' he said, 'it's a bit like a sledge hammer cracking a nut,' which I agreed with because it's too, that's too disfiguring for something you can't feel, with no spread - because at that time, on the core biopsy, there was no spread - and we went for a wide excision and biopsy, and nodes.

INT: AND DID YOU MAKE THAT DECISION THERE AND THEN?

Patient: Yes.

INT: WAS THIS SOMETHING YOU'D BEEN THINKING ABOUT ...

Patient: Yeah.

INT: ... ABOUT WHAT YOU WOULD ACTUALLY HAVE ...

Patient: Yeah.

INT: ... IF IT WAS, YEAH?

Patient: Yeah, I had it all worked out. [chuckles] I'm a nightmare really.

INT: WELL, NO, I THINK, I MEAN, IT'S, YOUR BACKGROUND HAS OBVIOUSLY STOOD YOU IN VERY GOOD STEAD REALLY, HASN'T IT?

Patient: Well, this is it, it's got me through it.

INT: MM. I MEAN I WAS TALKING TO, SOME LADY I WAS TALKING TO YESTERDAY, I MEAN, THEY, YOU KNOW, THEY WERE FINE WHEN THEY FIRST MENTIONED, 'YOU AN HAVE A WIDE LOCAL EXCISION,' BUT AS SOON AS THEY WERE GIVEN A CHOICE THEY'D PERMANENT [?] DAYS OF TURMOIL, THEY JUST HADN'T GOT A ... BECAUSE THEY FELT UNQUALIFIED TO MAKE A DECISION, WHERE I MEAN YOU'RE QUITE THE OPPOSITE.

Patient: Yes, which was why I was quite surprised when you picked me up for an interview. [laughs] I thought, 'Oh, bless him, poor man.'

INT: WHEN YOU ORIGINALLY GOT YOUR LETTER AND YOU'D GONE FOR YOUR SECOND MAMMOGRAM AND YOUR TESTS, I MEAN, AND THEN YOU WENT FOR YOUR RESULTS, DURING, AT ANY POINT DID YOU SPEAK TO ANYONE ABOUT YOUR INITIAL THOUGHTS ABOUT WHAT IT MIGHT BE OR ...?

Patient: No, only here.

INT: OH, OK.

Patient: This is my support system here ...

INT: OH RIGHT, YOUR COLLEAGUE AT WORK, YEAH.

Patient: ... the team, yeah. They've known everything that's been going on right from the beginning and that's where I've got all my support from, which is fine. It suits me ...

INT: AH, ABSOLUTELY, IT'S ...

Patient: Yeah, it suits me. We trust each other so we know each other, we know each other very well, so that's good.

INT: YEAH. ERM, LET ME SEE, WHEN YOU WERE IN THE CONSULTING ROOM WITH MR CHADWICK, WHEN YOU HEARD ABOUT YOUR ACTUAL DIAGNOSIS AND HE CONFIRMED IT WAS CANCER, WAS THERE ANYBODY ELSE IN THE ROOM WITH YOU?

Patient: Yeah, who was there? Mary was there and she had, she had another, I think she must be an F grade development or something because she's been around all the breast care clinics but she hasn't had any input, so I think she's probably a development girl, but they were just sort over there by the couch.

INT: AND WHEN HE WAS DESCRIBING YOUR TREATMENT OPTIONS, DID HE USE ANY VISUAL AIDS, DIAGRAMS ...

Patient: He drew the [???] and stuff [chuckles]

INT: YEAH A LITTLE THING LIKE THAT ... [???] TISSUE ROUND.

Patient; Yeah, [???]

INT: ERM, WAS THIS ALL A BIT SURREAL FOR YOU, WAS IT, WERE YOU ...?

Patient: No, I was thinking of myself totally as a patient all the way through, as if I was one of my patients. That's been my whole approach to it. How would I say, what would I do with one of my patients? And that's what I've done for me.

INT: RIGHT, OK.

Patient: And it's worked, so, kept me sane anyway.

INT: HOW DO YOU FEEL YOU GOT ON WITH MR CHADWICK, THEN?

Patient: He's all right.

INT: YEAH, HE'S A NICE CHAP.

Patient: He's a nice bloke. He didn't do the surgery but he's a nice [???]

INT: OH, WAS IT MR HOLT DID IT?

Patient: Yeah. I nearly caused a riot on that one.

INT: RIGHT. [CHUCKLES] OK, LET'S SEE, WHAT WERE YOUR FEELINGS KNOWING THAT YOU ACTUALLY HAD BREAST CANCER, WHEN IT WAS FINALLY CONFIRMED?

Patient: Neither here nor there. One of the things that probably went through my mind, I thought, 'It bloody well serves you right for having HRT for ten years,' because I'd been fine on it and a couple of people had say to me, 'Oh, [???], it's a long time.' I said, 'Well people have been on it longer.' As long as you have your check-ups, you sort yourself out, there's no problem, which I had done: this is why whenever a check is sent for me I take it. I never turn down a check of any sort, because I think it would be stupid to do that. But

then that's me. I've got a sister who's never had a mammogram or a cervical smear in her life, and she's older than me.

INT: RIGHT.

Patient: [???] my sister. Mm, but, no, I just thought, 'Let's get on with it,' you know.

INT: AND DID YOU SEE ANY, DID YOU SPEND ANY TIME AFTERWARDS WITH THE BREAST CARE NURSE?

Patient: No, no.

INT: JUST NOT WORTH IT[?]

Patient: It wasn't even, I don't think it was even offered because I think Mary had probably felt, you know, 'She'll do it her own way,' ...

INT: YEAH, [???]SHE'S AWARE OF YOUR BACKGROUND.

Patient: ... if I want something I'll ring her up. She gave me her card with a phone number and if I wanted something I could ring her up, and that was it.

INT: RIGHT, YEAH, MM.

Patient: Which was all I needed.

INT: SO HOW SOON AFTER THAT CONSULTATION DID YOU HAVE YOUR SURGERY?

Patient: Er, it was about three weeks, ... 22nd, yes, 22nd that was the second consultation and it was the 10th May, so that was not quite three weeks, yeah, on a Monday.

INT: RIGHT. AND IN THE MEANTIME DID YOU HAVE FURTHER CONTACT WITH THE BREAST CARE NURSE, I MEAN DID YOU CALL THEM?

Patient: I rang her up for something once, can't remember what it was. Oh that's right, yeah, my husband wanted - because my husband's a consultant you see - and he wanted to know who these people were, Chadwick, he didn't know who Chadwick was because he's, he doesn't practise in this area. And we looked him up and he's not in the directory and he's not in the register either. So I rang up Mary and I said, 'Mary, can you give me some background on Mr Chadwick please because we can't find any information?' and [chuckles] she just went off on one. 'Well he's a very well...' I says, 'Yes, I'm sure he is and you know him very well,' I said, 'but we don't,' and I said, 'We can't find out any information about him.' 'Well he and Mr Holt ...' - that's the first time I'd heard Mr Holt's name - 'He and Mr Holt have been a team for a very long time, very well respective ...' and off she went. I said, 'Well that's fine, I'll my husband to go and have another look ...' but she was, and then the next time I saw her she was very apologetic, I think she was having a bad day. But, er, I said, 'Well, Mary,' I said, 'I won't be the only one who asks you, I'm sure,' but I said, 'He's not in the directory, he's not on the register and, if ...' at that time, as I thought, I said, 'If someone is going to stick a knife in me my husband would like to know what his background is,' because he's a surgeon and er ...

INT: OH RIGHT, OK.

Patient: Erm, so I, you know.

INT: IS HE A BREAST SURGEON OR JUST A GENERAL SURGEON?

Patient: No, no, he's, well he's not a sur-, he's actually not a surgeon now, he's changed stream, he's a consultant occupation physician now, but he used to be an orthopaedics, burns and plastics[?]. But, you know, 'Who's sticking a knife in my wife?' which is a reasonable question and, er, but it ended up Mr Holt anyway.

INT: RIGHT.

Patient: When I went in I was told, and I said, 'No, he's not,' and they said, 'Mr Holt's doing ...' I said, 'Mr Holt is not,' I said, 'I don't know, have a clue who Mr Holt is. I've never even shook Mr Holt's hand, so I'm certainly not going to let his hand hold a knife going into me.' I just stirred it up, I thought, 'No, this is not acceptable.' And by the time, I met Mr Holt in the anaesthetic room [chuckles] ...

INT: RIGHT.

Patient: We went, I hadn't had a pre-med thank God so I had all my faculties by me, I didn't even sign my consent till about half an hour before I actually went to theatre, you know, a typical bloody nurse's cock-up really, [chuckles] if you're a nurse it all goes down the pan. We accept that and we expect it to happen, so that's all right. But I thought, 'No, I'm gonna stick up for this one, I want to know who this bloke is.' Mr Holt was in the directory so we had already looked him up, but only because of Mary's comment that Mr Holt and Mr Chadwick were, it's the only reason we knew his name. But he's the one who did the surgery, so I wasn't impressed with that, but he was very pleasant, you know, we had a chat in recov-, in the anaesthetic room, he took his time to say hello and he said, 'We've been looking for you,' I said, 'Yes, I've been looking for you too.' So we evened things out in the end. [chuckles] He probably thought, 'God, where did this woman come from?' But, no, I mean, Joe Bloggs you see wouldn't do it, they just blindly accept what ... and I don't think patients should do that. I've never let my patient accept things blindly, I always say to them, 'You go in with your list, you work your way through your list, you don't leave till you're satisfied,' it's their right.

INT: RIGHT, OK.

Patient: [???

INT: ERM, LET ME SEE, WHERE ARE WE? SO YOU WENT IN FOR YOUR OPERATION AND THEN CAN YOU TELL ME WHAT HAPPENED WHEN YOU CAME ROUND AND SUBSEQUENTLY?

Patient: Erm, I came round, started to come round in the recovery room doing my exercises because I had brainwashed myself, 'You will come round doing your exercises while you really can't still feel it,' and that's what I was doing, I was doing my exercises. [chuckles] One of the girls came up and said, 'Annie, what you doing?' I said, 'I'm doing my ...' I can remember saying, 'I'm doing my exercises,' and my arm was going and I've never had any problem with moving my arm. You do it post-op when a patient is still half-out: we used to do it with orthopaedics. Get them moving while they're still half-cut and they don't feel it, and you get the movement back. So I've got full movement.

INT: OH, THAT'S EXCELLENT.

Patient: Yeah. That's the way I look at things.

INT: AND HOW DO YOU FEEL THAT YOU GOT ON WITH MR HOLT IN THE SHORT TIME THAT YOU GOT TO KNOW HIM?

Patient: What in the five minutes we chatted in the anaesthetic room?

INT: YEAH, YEAH. HE'S A NICE ENOUGH CHAP ANY ROAD.

Patient: He's very pleasant.

INT: YEAH.

Patient: He realised where I was coming from.

INT: MM. DO YOU FEEL THAT THE DOCTORS THERE, THE CONSULTANTS, THEY LISTENED TO YOU, THEY UNDERSTOOD YOUR NEEDS, YOUR CONCERNS, THINGS LIKE THAT?

Patient: I think Mr Chadwick was all right, you know, I mean I can't say about Holt because I had very little to do with him but, you know, the contact I had with Mr Chadwick, he's fine, yeah.

INT: AND THE BREAST CARE NURSES? DID YOU SEE MARY OR DID YOU SEE DONNA AS WELL?

Patient: Well Mary was there that first, at the outpatients, and Donna came up to the ward and gave me the, asked me if I'd do the trial and gave me the exercise sheet which I already had [chuckles] because that's the one I'd been doing the exercises with. So that's all I've seen on Donna. I mean she did ay she'd be at Mr [???'s outpatients, Dr [???' the following week, but she wasn't there, so I don't know if she's off, maybe she was off.

INT: RIGHT, OK. AND, LET ME SEE, DID ANY OF THEM SEEM TO HAVE A PARTICULAR TREATMENT IN MIND, A PREFERENCE FOR A PARTICULAR TYPE OF TREATMENT?

Patient: What, surgical?

INT: YEAH.

Patient: No.

INT: NO?

Patient: No. I wasn't pushed either way.

INT: NO, OK.

Patient: I don't know what he would do with anybody else, but with me he accepted the fact that I had a brain, I'd been looking at things and he took my background into account, and we talked about things as a couple of adults. So ...

INT: DID YOU AT ANY POINT IN BETWEEN HEARING YOUR DIAGNOSIS AND YOUR ACTUAL OPERATION, DID YOU CHANGE YOUR MIND AT ANY POINT ...?

Patient: No.

INT: ... HAD ANY SECOND THOUGHTS ABOUT WHAT YOU WANTED?

Patient: No.

INT: NO, OK.

Patient: Not at all.

INT: NOT AT ALL. WHERE ARE WE NOW, LET'S HAVE A LOOK, I THINK WE'RE PROBABLY ...  
ERM, AT ANY POINT DID YOU GO LOOKING FOR ANY FURTHER INFORMATION?

Patient: Oh yeah.

INT: YEAH? I MEAN YOU OBVIOUSLY, YOU LOOKED A BIT ABOUT MR CHADWICK AND MR HOLT  
IN THE DIRECTORIES AND WHAT-HAVE-YOU ...

Patient: And I looked up the exercises.

INT: YEAH, THE EXERCISES, YEAH. AND DID YOU GET ANYTHING ON THE INTERNET, VIDEO,  
MAGAZINES, BOOKS, ANYTHING LIKE THAT?

Patient: No, I just, I went on the internet, that's where I got the exercises  
from, because it's, 'Breakthrough' is a very good, very good site, and I looked  
up a bit about Tamoxafen, [???] and, because I needed to know that because I've  
had a DVT and I, something in the back of my head was telling me you can't have  
Tamoxafen and I didn't know why so I looked it up. But that was about all  
really.

INT: RIGHT, OK.

Patient: I think I've enough up there already, because you scare yourself with  
all this.

INT: [CHUCKLES] YEAH, THERE'S A LOT OF INFORMATION OUT THERE.

Patient: Yeah.

INT: DID YOU FEEL THAT YOU HAD THE AMOUNT OF CHOICE IN SURGERY THAT YOU WANTED?

Patient: Yes.

INT: MM, OK. AND WHAT DO YOU THINK WAS THE MOST IMPORTANT THING THAT YOU HEARD,  
TOLD, READ OR ANYTHING LIKE THAT THAT HELPED YOU COME TO THE DECISION THAT, WHAT  
TREATMENT YOU WERE GOING TO HAVE?

Patient: Probably my own experience, I should think.

INT: YEAH, MM.

Patient: Of knowing that it's non-palpable and there are no nodes palpable and  
therefore that's the best option to go for - if you've got to have it, it's the  
best one to have.

INT: MM. SO AFTER YOUR OPERATION, YOU COME ROUND, YOU'VE DONE ALL THE EXERCISES,  
HOW LONG WERE YOU IN HOSPITAL THEN?

Patient: I went home the next day, I was only in one night.

INT: YEAH, THAT'S OK. AND HOW SOON AFTER THAT DID YOU GO BACK TO SEE THE  
CONSULTANT?

Patient: Er, Mr P[???], Dr P[???] ten days. Had I gone back to work? Yes, I had  
gone back to work so that was just over two weeks. [???] No, I hadn't, I was  
still off sick, so that was the Thursday the second week I saw Dr P[???] and I  
went back to work the following Monday.

INT: DR P[???] I DON'T KNOW THIS ONE.

Patient: He's a radiologist, oncology radiologist, he's over at Weston Park.

INT: OH, OK. DID YOU EVER GO BACK TO SEE MR HOLT OR MR CHADWICK? NO, OK, SO ...

Patient: Oh I, to have my stitches out.

INT: OH RIGHT.

Patient: Yeah, yeah, I did. I'm getting confused in my dates now. Ten days I went back to see Mr Chadwick and he took my stick out and just checked it was all right, the stitches, checked it was all right. And it was the following week, so I had gone back to the work, the following week I went to see Dr [???], yeah.

INT: AND HOW WAS HE? WHAT ...

Patient: Dr P[???]?

INT: YEAH, HOW DID YOU GET ON WITH HIM?

Patient: Oh he's a gem, he treats you as if you're made of fine bone china. He cossets you. Er, no, he's just a nice man. I mean it's not my husband's field, but he spoke to us both on the same level as if, yeah, OK, his patient has [???] as a patient, but he spoke to us as if we knew what he was talking about, which was quite pleasant [???] he's a consultant. [chuckles] So, yes, he was all right, he was very nice.

INT: OH, THAT'S GOOD. ERM, LET ME SEE, WHERE ARE WE? YEAH. ERM, LOOKING BACK FROM WHEN YOU WERE FIRST DIAGNOSED UNTIL NOW, HOW DO YOU FEEL ABOUT, YOU KNOW, THE CARE THAT YOU'VE RECEIVED?

Patient: It's been OK. It's been absolutely OK. Erm, and Chesterfield was fine: it was clean, which is quite amazing, a hospital that's clean.

INT: IT DOES SEEM QUITE SORT OF COSY, SMALL UNIT. THEY DON'T SEE MANY CANCER IN THERE, UNDER A HUNDRED OR SOMETHING AT THE MOST.

Patient: In there?

INT: YEAH, THEY DON'T SEE MANY.

Patient: Do they not? I know, I know it was a surgical unit and where we were there were three of us who came in the same day, all for the breasts, and the other three were medical overflow. So, you know, it's a bit of a strange set-up really for a surgical unit, but I know they haven't got a breast unit there, so ...

INT: IT'S, [???] VERY SMALL.

Patient: Yeah.

INT: IT IS A VERY SMALL UNIT AND, BECAUSE I KNOW WE WERE WANTING 100-ODD QUESTIONNAIRES FOR THIS STUDY TO MAKE IT SIGNIFICANT FOR THESE THREE UNITS WE'RE DOING IN DEPTH, AND, YOU KNOW, WE LOOKED AT IT AND REALISED THAT SORT OF THEY ONLY SEE ABOUT 100-ODD CANCERS A YEAR, SO HOW MANY OF THEM RE GOING TO BE ELIGIBLE FOR CHOICE, AND HOW MANY OF THOSE ARE GOING TO WANT TO JOIN THE STUDY?

Patient: Yeah.

INT: YOU KNOW, AND HOW ARE WE GOING TO GET 100 QUESTIONNAIRES. SO OUR RECRUITMENT PERIOD IN THAT RESPECT WILL GO ON LONGER. WE'LL OBVIOUSLY WANT 20 INTERVIEWS THAT SHOULDN'T BE TOO HARD.

Patient: So where did you end up going? Where did you end up getting your patients from?

INT: FROM, THE CHESTERFIELD ...?

Patient: Did you get them all from Chesterfield?

INT: WELL, WE'RE IN THE PROCESS OF GETTING THEM, WE'RE ABOUT HALFWAY IN TERMS OF INTERVIEWS, WELL TEN NOW I THINK WE'VE GOT, HAVE SAID YES, AND IN TERMS OF QUESTIONNAIRES WE'VE PROBABLY GOT ABOUT 25, 30-ODD SOMETHING. WE'VE GOT A WAY TO GO TO GET TO 100. BUT I MEAN WE ACCEPT THAT, YOU KNOW, THE STUDY WON'T BE FINISHED UNTIL THE NEXT YEAR ANYWAY. SO LONG AS I CAN GET THE INTERVIEWS DONE BY THE END OF SEPTEMBER, WHICH I WHEN MY CONTRACT FINISHES, THAT'LL BE FINE. YEAH, THE INTER-, BECAUSE THE QUESTIONNAIRES ARE POSTAL, IT JUST TICKS ON, YOU KNOW, IT'S DATED, WE DATE IT WHEN IT COMES BACK. DID THE CARE IN ANY WAY NOT MEET YOUR EXPECTATIONS DO YOU THINK, YOU KNOW ...?

Patient: No, I mean they were fine. Erm ... having seen bad and seen good they probably came round about 7 or 8 I should think. They were really quite good, very caring, all of them were.

INT: YEAH, I'VE INTERVIEWED ALL THE STAFF THERE, THEY SEEM VERY NICE.

Patient: Yeah, yeah, they're very nice girls all of them.

INT: OH, HERE'S A NICE QUESTION FOR YOU, BEING PART OF THE SERVICE. IF YOU WERE TOLD YOU HAD THE POWER AND MONEY TO CHANGE ONE THING ABOUT THE SERVICES AT CHESTERFIELD, WHAT WOULD IT BE?

Patient: You'd get your results back on the same day as you have your core biopsy.

INT: YEAH.

Patient: One-stop, a true one-stop clinic. Because that's why I had, I was in Reading when I had this inflammatory thing and I had it all finished by 12 o'clock. I knew from 10 till 12 it was chaos, 12 o'clock I got my result, finished. So that, that is the ideal, a true one-stop clinic. Costs a lot of money, unfortunately. A lot of facilities, a lot of personnel, but that is, that is the ideal I think for, every woman who was there will tell you. Mind you they, they probably, some of them don't know you can actually do that, but that would be something, they'd sleep that night.

INT: YEAH. YEAH, BECAUSE, I KNOW SOME OF THEM I'VE INTERVIEWED HAVE SAID THAT SORT OF THEY THOUGHT THAT JUST GOING THERE AND GETTING ALL THE TESTS DONE IN ONE DAY WAS FANTASTIC, AND THEN HAVING TO WAIT A WEEK FOR THE RESULTS, THEY WERE STILL ANXIOUS.

Patient: Yeah, it's a long week.

INT: IT IS, I CAN IMAGINE, YEAH. YEAH. ERM, NOW THAT YOU'VE BEEN THROUGH THIS EXPERIENCE AS A PATIENT, WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW ABOUT, FIRST OF ALL, THEIR DIAGNOSIS?

Patient: ... Probably they need to be able to trust the person who's telling them because there is, there's always bad press about 'They told me it wasn't

and then it was, blah-blah.' They need to be able to have total confidence and trust in the person who is diagnosing them and in the system that is doing the diagnosis. And they need to have someone they can talk to who they can trust, who will give them the truth.

INT: AND WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW ABOUT THE OPERATIONS THEY CAN HAVE?

Patient: They need to know the whole truth, not just the preferences of the surgeon who's doing it, and if, they also need to know that if they want to they can have a second opinion: they don't need to go with that one person who is doing that consultation at that time, because a lot of people are still not aware that they can have a second opinion.

INT: MM, YEAH. AND I THINK THERE'S ONLY BEEN ONE THAT I'VE SPOKEN TO WHO GOT A SECOND OPINION AND SHE WAS [???] VERY, VERY FORTHRIGHT IN WHAT SHE WANTED AND KNEW SHE WANTED AND WASN'T THAT PREPARED TO ACCEPT WHAT THEY WERE OFFERING HER, GIVING HER AS A CHOICE. SO THAT'S IT REALLY, THEY DON'T REALLY SORT OF HEAR PEOPLE GOING FOR SECOND ...

Patient: No, it's not, it's not an accepted practice really, which, I mean I'm sure the Chesterfield crowd are very, they're very good and I was quite happy, but if I hadn't been happy I would have gone for a second opinion.

INT: MM, ABSOLUTELY.

Patient: Wouldn't have hesitated.

INT: IS THERE ANYTHING ELSE TO ADD TO WHAT WE'VE BEEN TALKING ABOUT TODAY? ANYTHING YOU THINK WE'VE MISSED, ANY IMPORTANT POINTS THAT HAVEN'T COME OUT YET?

Patient: I still think there needs to be more education for women, but you can take a horse to water and can't make them drink.

INT: MM, YEAH.

Patient: It's out there but a lot of them don't know where to look, and if they look they just sort of see it and they don't really take it in, because they're too scared to, they've had bad experiences. But there ought, I think there should be more tracing with family histories as well. A lot of women with a family history, if they're young and they go to the doctor with a lump, 'Oh no, can't be, too young,' and they just, the family history is almost pushed under the carpet, whereas they're often the ones who will have a dire prognosis.

INT: MM, YEAH, I WAS, INTERESTINGLY I WAS SPEAKING WITH A LADY YESTERDAY AND SHE WAS ADOPTED AND SHE WAS REALLY INTERESTED IN THAT AND HER FAMILY HISTORY AND OF COURSE THERE WAS PROBLEMS THERE.

Patient: But these days she'd be able to find it out, wouldn't she?

INT: I'M NOT QUITE SURE ABOUT THAT, TO BE HONEST.

Patient: Because it's a lot more open now to tracing.

INT: I THINK IF SHE PUSHED FAR ENOUGH SHE PROBABLY COULD, BUT MY FEELING WAS PERHAPS SHE DIDN'T. I THINK SHE ACCEPTED THINGS. SHE SEEMED LIKE TO ME THINGS, I THINK SHE'S QUITE A SORT OF ACTIVE PERSON IN MAKING DECISIONS BUT I THINK SHE'S ACTIVE IN A VERY HURRIED WAY. IT'S LIKE SHE'LL HEAR SOMETHING AND IF IT DOESN'T IMMEDIATELY AGREE WITH HER, 'OK, I'LL JUST [???]' SO I THINK THAT WAS [???] I

THINK IF SHE SORT OF WAS A BIT MORE TENACIOUS AND CHASED IT DOWN, THEN SHE PROBABLY WOULD.

Patient: Yeah, yeah.

INT: YEAH, SO, I DON'T KNOW. BUT IT WAS JUST INTERESTING WHEN YOU SAID THAT, THAT JUST REMINDED ME OF THAT PERSON. ERM, OK, I THINK THAT'S IT REALLY.

[End of interview]