Talking to Kids About Cancer
A guide for people with cancer, their families and friends

Cancer Council Helpline
13 11 20
www.cancercouncil.com.au
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Talking to Kids About Cancer is reviewed approximately every three years. Check the publication date to ensure this copy of the book is up to date. To obtain a more recent copy, phone Cancer Council Helpline 13 11 20.

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We are grateful to the many parents, partners and children whose real-life stories have added to the richness and relevance of this book.

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Note to reader
Always consult your doctor before beginning any health treatment. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for your doctor’s or health professional’s advice. However, you may wish to discuss issues raised in this booklet with them. All care is taken to ensure that the information in this booklet is accurate at the time of publication.

Cancer Council NSW
Cancer Council is the leading cancer charity in NSW. It plays a unique and important role in the fight against cancer through undertaking high-quality research, advocating on cancer issues, providing information and services to the public and people with cancer, and raising funds for cancer programs. To make a donation to help defeat cancer, phone 1300 780 113 or visit the Cancer Council’s website at www.cancercouncil.com.au.

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Who this book is for

Talking to Kids about Cancer is for anyone who needs to explain a diagnosis of cancer to children. We can’t tell you exactly what to say, but we hope this book gives you a starting point. These conversations can be difficult and overwhelming. However, chats that are handled sensitively and honestly can be reassuring for young people directly affected by the diagnosis.

This resource covers information to help you talk to children throughout the cancer journey, from breaking the news about a cancer diagnosis to coping with life after treatment. It has many family stories (with names changed for confidentiality) and examples of what a parent or caregiver might want to say. These are just ideas and you will need to vary what you say according to your children’s ages and their individual characteristics – you know your children best and their ability to understand things.

We have used the terms ‘kids’ and ‘children’ interchangeably and the term ‘teenagers’ rather than ‘adolescents’ in this book, as this is how families tend to speak.

How this book was developed

Cancer Council NSW, Cansupport and the Pam McLean Cancer Communications Centre worked together to produce the original version of this book, When a Parent Has Cancer: how to talk to your kids. That publication and this revision are based on medical evidence and input from psychiatrists, oncologists, psychologists, social workers and counsellors who help families deal with the challenges of cancer, as well as people who have cancer.

How to use this book

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. Some sections of the book may be particularly confronting, such as Chapter 6, When cancer won’t go away. This issue won’t be relevant to everyone, so you don’t have to read this chapter if you don’t wish to.

You can use this book as a resource to ensure your children hear a consistent message about cancer and how it is affecting your family. Pass it on to grandparents, teachers, school counsellors and neighbours – anyone who is talking with your children.
1. **Why talk to kids about cancer?**
   An overview of the reasons why it is important to include children in discussions about cancer.

2. **Helping children adjust**
   Covers children's needs and behaviour according to their stage of development, how children tend to react to bad news and ways you can support them. Also includes tips for when a child has cancer.

3. **Talking about the diagnosis**
   Information about processing the news about a cancer diagnosis yourself and then sharing the news with children. Includes suggestions for possible answers to typical questions.

4. **Talking about treatment**
   Ways to understand and discuss cancer treatment and how it may affect the person with cancer and the entire family. Includes tips for supporting the family and maintaining routines as much as possible.

5. **After treatment**
   How adults and children may react when cancer treatment is over. Suggestions for continuing open communication, responding to children's expectations, and re-establishing new or old family routines.
6 When cancer won’t go away ...............................................41
How adults and children may respond if cancer advances. Ways to talk about ongoing cancer and the possibility of death. Suggestions for making the most of somebody’s time left and resources that can help children come to terms with loss.

7 Getting professional help ....................................................49
Suggestions for finding professional help to assist you and your family through the cancer journey. Includes information for parents whose children have emotional or behavioural problems that may be related to the cancer diagnosis.

8 Support services, resources and information ...................53
Contact details for support organisations, as well as useful websites and recommended reading lists for children and adults.

9 Glossary ................................................................................59
Information on how to define common cancer-related words for young children, older children and teenagers.
Children with cancer

Childhood cancer is rare but if it happens in your family or to someone you know, it can turn life upside down. You’ll face many challenges, including talking to the child with cancer and their siblings or friends.

Much of the information in this book is relevant when talking to kids about a child who has cancer. The charts on pages 13–16 and the glossary on page 56 will be useful. There is also some information on page 12 about talking to children about another child who has cancer.

The impact childhood cancer has on a family is often different to the challenges faced when an adult has cancer. For specific help with family communication in this situation, speak to the nurses and social workers at the hospital who are experienced in helping family members talk to and support each other when a child has cancer.

Spend time together as a family. Special times together will often open up questions for kids.

Mother of three children, aged 18, 16 and 10

Sometimes I felt alone when my dad was sick. None of my friends really understood what we were going through at home, or that the problem could go on for so long.

Adele, aged 16

When my husband was sick, my son would be quite rambunctious at school. I talked to his teacher to warn her about his reaction.

Patricia, parent with a spouse who has cancer

Let the kids know how much you appreciate the little things they do – e.g. ‘I love the way you make my tea. It’s important for me to drink lots of fluids.’ Give them ways of helping and looking after you so they can share in your treatment and help make you better.

Mother of three children, aged 18, 16 and 10

One of my children was dragged kicking and screaming to the hospital visit, which lasted all of one minute. It was of little benefit to anyone. You need to assess children individually.

Mother of two children, aged four and one

On our orientation camp in Year 7, one girl announced that her mother had just died of cancer. Nobody knew what to say. I never appreciated what she must have been going through until years later.

Rebecca, aged 32

It’s important to keep checking in with your children even after treatment is complete. My son asked one night, weeks after chemotherapy and radiotherapy was complete, ‘So mum, are you going to die?’ He had held onto this fear for a long time. He explained that I looked physically strong enough to now cope with answering this question.

Mother of two children, aged 13 and nine
Summary

Talking about cancer can seem overwhelming. Your first reaction may be to keep the news from your children or to delay telling them. Research shows that being open and honest with children is the best way to help them cope with the cancer diagnosis of someone close to them.

Sharing the news will help children not feel left out, excluded or imagine the situation is worse than it really is.

It may be helpful to start with questions to find out your kids’ level of understanding about cancer and where they’ve got their information from. This will help you clear up any of their misunderstandings and gauge how much to tell them.

Try not to overload children with too many details. Give small amounts of information, wait and then ask if they have any questions. If they don’t, leave it at that. They may ask more questions later. If there are questions you are nervous about answering, it can help to practice a response.

Assure them they will always be looked after, even if you can’t always do it yourself. Don’t be afraid to express your feelings or cry. This lets kids know it’s okay to be emotional, and that you don’t always know what to do or say.

Continue normal routines as much as you can. If your kids make an effort to help at home, welcome their offer but don’t take it for granted.

Stop and listen to your children so you know how they really feel. Encourage them to tell you if they are upset and why. Let them know they don’t have to worry alone. Talk about your kids’ own activities as well, and reassure them that it’s still okay to have fun.
Secrecy can make things worse
Some parents avoid talking about cancer because they want to protect their children. However, research shows that children who are told about a loved one’s illness – particularly a parent’s – cope better than children who are kept in the dark. Secrets can be difficult to keep. It can add to your stress – you may worry about whether you should tell, or feel guilty if you don’t say something. You may need to change your routine without your children knowing, which can be hard.

You can’t fool kids
Children are observant. No matter how hard you try to hide a cancer diagnosis, most children will suspect something is wrong. Even if it’s not a parent with the cancer but a close relative, such as a grandparent, this can cause stress that kids may pick up on.

They will notice changes at home, such as your sadness, whispered conversations, closed doors, an increase in the number of phone calls or visitors, and possibly less attention being shown to them. These signs may be more obvious to older children and teenagers, but even young children can sense a change.

If your kids suspect there’s a serious problem and you haven’t told them about it, they may make up their own explanation. Their ideas are often worse than the real situation.

They have a right to know
Children can feel deeply hurt if they suspect or discover they have been excluded from something important to them and their family. Sharing information shows you trust and value them, which can enhance their self-esteem. The diagnosis may also be a chance for your kids to develop emotionally. They may learn about living with uncertainty and how to cope when life doesn’t go to plan. This helps build their resilience.

They might find out from someone else
Ideally, children should hear about a cancer diagnosis from their parents or someone delegated by their parents, particularly if it is the parent, a relative or close friend with cancer.

If, as a parent, you tell friends and relatives about cancer in the family, but you don’t tell your children, there is a chance your kids will hear about the cancer from someone else or overhear a conversation. Overhearing the news can give your children the wrong idea. They may think the topic is too
terrible for you to talk about, or that they are not important enough to be included in family discussions.

Kids may also misunderstand information and think a situation is much worse than it is. They may feel afraid to ask questions. They might worry in silence or spread incorrect information to other children in the family.

**Kids can cope**

When kids are in a family affected by cancer, it can be tough on them and you may wonder how they will get through it. But there is evidence that, with good support, children can cope. Research shows that a key factor in helping kids get through difficult times is a close relationship with an adult who values and supports them, and accepts them for who they are. That adult can be a parent, a grandparent, a favourite aunt or uncle or a family friend. Whatever the connection, an adult who provides support can help a child through tough times.

**Children need a chance to talk**

Talking to your children about cancer gives them the chance to tell you how they feel and lets them know it is okay to ask questions. Sometimes kids will open up to adults who are not their parents. They may feel guilty about burdening a sick parent or taking up the healthy parent’s time, so they will confide in someone else like a teacher or step-parent. As a parent, it is important to encourage your kids to talk about their thoughts and feelings with you or someone else who is trustworthy.

**You are the expert**

With careful thought and preparation, you can use your knowledge of your children to talk with them about cancer. This book aims to help you use that knowledge – firstly to tell your kids about the cancer, and then to keep talking throughout the cancer journey. Sometimes it may take a few attempts before you find the best way for your family.

**When you can’t talk about cancer**

While some people are able to be open about cancer, others find it hard to discuss the illness, particularly with children. Some parents don’t want to tell their children at all and try hard to hide the diagnosis.

People have their own reasons for not telling children, including cultural differences, family circumstances and the death of a close relative from cancer. Sometimes you may not know how serious the cancer is and you want to wait to find out more before telling your kids.
The person with cancer may be expected to make a quick recovery with few side effects. In this case, you might think it’s not worth mentioning the diagnosis to your children.

If you’re not sure whether to talk to your children about cancer, you can call Cancer Council Helpline 13 11 20 to discuss your options.

**Family stories**

**Bronwyn** did not tell her children she had breast cancer, despite having a mastectomy and needing a wig. Her own mother had died from breast cancer, so Bronwyn refused to tell her children, as she feared they would worry she would also die.

Ron, whose wife had cancer, had two daughters, Kelly and Marie. Kelly was sporty, and Ron found the best time to talk to her about how she was feeling was when they played basketball. For Marie, the best time to chat was storytime before bed.

“"I didn’t tell her straightaway because I didn’t want her to worry over Christmas. I didn’t want this Christmas to be any different to all the other lovely Christmases we’ve had.""

*Father of a 16-year-old*
Summary

- Children’s understanding of illness can depend on how old they are. However, age is only a general guide to what they may understand as every child is different and some younger children may understand things more easily than older children.

- Children may have lots of different emotional reactions. They may feel angry, sad or guilty.

- It’s common for children to have physical symptoms, such as bed-wetting or change in eating or sleeping patterns.

- Many children need reassuring regularly that the diagnosis of cancer is not their fault.

- Babies and toddlers won’t understand what’s happening, however, they will be aware of changes to their routines and who’s looking after them.

- Young children don’t really understand illness but pick up on tensions, changes in adult’s emotions and physical changes. They react to being separated from you and to changes in their routine.

- School age children may have a more developed understanding of cancer. They may have fears they don’t talk about but you may see changes in behaviour, school work or friendships.

- Teenagers usually understand what’s going on in terms of the cancer but may find it hard to talk to you or show how they feel.
Children’s reactions and needs at different ages

Children’s understanding of illness and the implications of bad news varies depending on their age and family experiences. These charts give an overview of children’s different needs, which can be helpful when working out what to say to children and how you might respond to lessen the impact of the news on them.

<table>
<thead>
<tr>
<th>Understanding of disease</th>
<th>Possible reactions</th>
<th>Suggested approaches</th>
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<tbody>
<tr>
<td>• They have little awareness of illness.</td>
<td>• newborns and infants: unsettled, especially if weaned suddenly</td>
<td>• Maintain routines. Ask any caregivers to follow your baby’s or toddler’s established schedules as much as possible. Tell them that their teachers (and other trusted adults) are aware of their parent’s wishes.</td>
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<tr>
<td>• Infants are aware of feelings that parents show, including anxiety.</td>
<td>• newborns and infants: may want to breastfeed more frequently for emotional comfort</td>
<td></td>
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<tr>
<td>• They are aware of periods of separation from parents.</td>
<td>• fussy and cranky</td>
<td>• Give plenty of physical contact (e.g. hugging, holding, extra breastfeeds) to help them feel secure.</td>
</tr>
<tr>
<td>• They can get upset when the physical presence of a loving parent is missing.</td>
<td>• clingy</td>
<td>• Ask family members and friends to help with household tasks and care.</td>
</tr>
<tr>
<td>• Toddlers may react to physical changes in their parent or relative or the presence of side effects (e.g. vomiting).</td>
<td>• change in sleeping or eating habits</td>
<td>• Observe play for clues to their adjustment.</td>
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<td></td>
<td>• colic</td>
<td>• Use relaxation tapes, music or baby massage.</td>
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<td></td>
<td>• toddlers: tantrums, more negativity (saying ‘no’))</td>
<td>• Express your feelings and fears with others.</td>
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<tr>
<td></td>
<td>• return to, or more frequent, thumb-sucking, bed-wetting, baby talk, etc</td>
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### Younger children, 3–5 years

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<tr>
<th>Understanding of disease</th>
<th>Possible reactions</th>
<th>Suggested approaches</th>
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<tbody>
<tr>
<td>They have a basic understanding of illness.</td>
<td>thumb-sucking</td>
<td>Provide brief and simple explanations about cancer. Repeat or paraphrase when necessary.</td>
</tr>
<tr>
<td>Children may believe that they caused the illness, e.g. by being naughty or thinking bad thoughts. This is called magical thinking.</td>
<td>fear of the dark, monsters, animals, strangers and the unknown</td>
<td>Talk about cancer using picture books, dolls or stuffed animals.</td>
</tr>
<tr>
<td>Children are egocentric and think everything is related to them – Did I cause it? Can I catch it? Who will look after me?</td>
<td>nightmares</td>
<td>Read a story about nightmares or other problems.</td>
</tr>
<tr>
<td>Children may think cancer is contagious.</td>
<td>sleepwalking or sleeptalking</td>
<td>Assure them that they have not caused the illness by their behaviour or thoughts, nor will they catch cancer.</td>
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<tr>
<td></td>
<td>stuttering or baby talk</td>
<td>Explain what children can expect; describe how schedules may change.</td>
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<tr>
<td></td>
<td>hyperactivity or apathy</td>
<td>Reassure them that they will be taken care of and will not be forgotten.</td>
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<tr>
<td></td>
<td>fear of separation from significant others, especially at bedtime and going to preschool</td>
<td>Encourage them to have fun.</td>
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<tr>
<td></td>
<td>aggression (e.g. hitting or biting), saying hurtful things or rejecting the parent with the cancer diagnosis</td>
<td>Listen and be alert to their feelings, which they may express through speech or play.</td>
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<td></td>
<td>repeated questions about the same topic, even if it has been discussed several times</td>
<td>Continue usual discipline and limit setting.</td>
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<tr>
<td></td>
<td></td>
<td>Let children get physical activity every day to use up excess energy, get rid of anxiety and to provide a positive outlet for any aggression.</td>
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## Older children, 6–12 years

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<th>Understanding of disease</th>
<th>Possible reactions</th>
<th>Suggested approaches</th>
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</thead>
<tbody>
<tr>
<td>• Able to understand more complex explanations of cancer and basic information about cancer cells.</td>
<td>• irritable</td>
<td>• Listen and be alert to their feelings, which they may express through speech or play.</td>
</tr>
<tr>
<td>• Some children may have heard about cancer but may not know how it starts. They may fill gaps in their knowledge with simple cause-and-effect logic.</td>
<td>• sadness, crying</td>
<td>• Use books to explain the diagnosis, treatment and side effects.</td>
</tr>
<tr>
<td>• They may feel responsible for causing illness because of bad behaviour.</td>
<td>• anxiety, guilt, envy</td>
<td>• Use sport, art or music to help children express their feelings and cope with them.</td>
</tr>
<tr>
<td>• Younger children may be starting to understand that people, including parents, can die. Older children tend to understand the finality of death and its impact. If a child has been exposed to illness or death at a young age, they may have a more mature understanding of dying.</td>
<td>• physical complaints: headaches, stomach-aches</td>
<td>• Assure them that they did not cause the cancer by their behaviours or thoughts, and that it is not contagious.</td>
</tr>
<tr>
<td>• They’re aware of differences between themselves and others (e.g. if you wear a pressure garment or have lost your hair).</td>
<td>• sudden worry about the health of the well parent</td>
<td>• Reassure them about their care and schedules. Let them know that it’s okay to have fun.</td>
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<tr>
<td></td>
<td>• separation anxiety when going to school or away to camp</td>
<td>• Let them know that their other parent and relatives are healthy.</td>
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<td></td>
<td>• regressive behaviour</td>
<td>• Give them age-appropriate tasks to do around the house.</td>
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<tr>
<td></td>
<td>• hostile reactions like yelling or fighting, including towards the sick parent</td>
<td>• Let them know you care about their feelings.</td>
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<td></td>
<td>• poor concentration, daydreaming, lack of attention</td>
<td>• Tell them that you won’t keep secrets and will always tell them what is happening.</td>
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<tr>
<td></td>
<td>• poor marks</td>
<td>• Help them understand that what their schoolmates say may not always be right. Encourage them to always check the details of what they hear from others.</td>
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<tr>
<td></td>
<td>• withdrawal from family and friends</td>
<td>• Discuss the issue of dying if your children bring up the topic.</td>
</tr>
<tr>
<td></td>
<td>• difficulty adapting to changes</td>
<td>• See also ideas for younger children.</td>
</tr>
<tr>
<td></td>
<td>• fear of performance, punishment or new situations</td>
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<tr>
<td></td>
<td>• sensitivity to shame and embarrassment</td>
<td></td>
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<tr>
<td></td>
<td>• trying to be extra good, with the risk that their distress and anxiety is not identified by parents – this is more common in girls</td>
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</table>
### Teenagers, 13–18 years

<table>
<thead>
<tr>
<th>Understanding of disease</th>
<th>Possible reactions</th>
<th>Suggested approaches</th>
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</thead>
<tbody>
<tr>
<td>• They are capable of abstract thinking: they can think about things they have not experienced themselves.</td>
<td>• want to be more independent and treated like an adult</td>
<td>• Encourage them to talk about their feelings, but realise they may find it easier to confide in friends, teachers or other trusted people.</td>
</tr>
<tr>
<td>• They are starting to think more like adults and may want lots of information about the diagnosis.</td>
<td>• anger and rebellion</td>
<td>• Provide plenty of physical and verbal expressions of love.</td>
</tr>
<tr>
<td>• They are able to understand that people are fragile.</td>
<td>• critical of how adults react to or handle the situation</td>
<td>• Talk about role changes in the family.</td>
</tr>
<tr>
<td>• They are able to understand complex relationships between events.</td>
<td>• depression or anxiety</td>
<td>• Provide privacy as needed.</td>
</tr>
<tr>
<td>• They are able to understand cause and effect, that is, relating to symptoms and illness or between action and outcome.</td>
<td>• worry about being different</td>
<td>• Encourage them to maintain activities and friendships. Talk about finding a balance between going out and staying at home.</td>
</tr>
<tr>
<td>• They are more likely to deny fear and worry to avoid discussion. They may talk to friends about what is happening, and act as though their friends are more important than their family.</td>
<td>• poor judgment and risk-taking behaviour (e.g. binge drinking, smoking, staying out late, unsafe sex)</td>
<td>• Set appropriate limits.</td>
</tr>
<tr>
<td></td>
<td>• withdrawal</td>
<td>• If there are problems, provide opportunities for counselling.</td>
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<tr>
<td></td>
<td>• apathy</td>
<td>• Don’t rely on them to take on too many extra responsibilities.</td>
</tr>
<tr>
<td></td>
<td>• physical symptoms from stress (e.g. stomach-aches, headaches)</td>
<td>• Provide resources for learning more about cancer and getting support.</td>
</tr>
<tr>
<td></td>
<td>• more likely to turn feelings inward (so adults are less likely to see reactions)</td>
<td>• Make agreements that you don’t always want to talk about cancer – you still want to talk about homework, sport, friends, boyfriends/girlfriends, their part-time job, etc.</td>
</tr>
<tr>
<td></td>
<td>• regression: some lapse into previous behaviours, such as watching children’s TV shows or being very insecure and dependent on parents</td>
<td>• See also ideas for children, 6–12 years.</td>
</tr>
<tr>
<td></td>
<td>• worry that they will also get the cancer, particularly if they’re a daughter of a woman with breast cancer</td>
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When a child has cancer

Your child may have a peer who has been diagnosed with cancer. While children often have some exposure to cancer, usually it’s an adult in their life who is affected (e.g. a relative or teacher). It can be confusing and frightening for a child to learn that children can be diagnosed with cancer too. There are many ways you can help your child cope with another child’s cancer diagnosis.

Causes of cancer

Let your child know that childhood cancers are not lifestyle-related (e.g. sun exposure or caused by smoking), nor does a child get cancer because of naughty behaviour or a minor accident like a bump on the head. There’s nothing anyone did to cause the cancer.

It’s not contagious

Children need to feel safe around the child with cancer. Tell them that cancer can’t be passed on to other people. If the sick child is in isolation, this is to protect them from infection, not to protect everyone else.

Things will change

Explain that things will change for the friend or relative. They may not have as much energy to play or may be absent from school a lot. They may have physical changes (e.g. hair loss, wheelchair). Ask your child to focus on what hasn’t changed – their personality and friendship.

Maintain the relationship

If possible, give your child the opportunity to maintain their friendship with the child with cancer. They probably won’t see each other as often and they may not interact in the same way, but both children will benefit.

Visit the hospital

Take your child to visit their friend or relative in hospital if you can. It is confusing and daunting for your child if the person with cancer disappears from their life after diagnosis. They may imagine the worst.

Keep in touch

Take time to help your child keep in contact with their friend. You could make a get well card, write a letter, make a decoration for their hospital room or design a board game. For older children, phone, email and web contact help them maintain their links to the child having cancer treatment.

Encourage feelings

Allow your child the opportunity to have fears and grieve. They need to feel that they can approach you when they want to discuss what they’re going through. Being honest with each other about fears and feelings can positively affect your relationship with your child and help your child’s wellbeing and ability to cope.
3 Talking about the diagnosis

Summary

• Talk through your issues with other adults if you need to.
• Ask for help from relatives, friends or colleagues so your practical and emotional needs are better supported.
• Work out the best time to talk to your children.
• Decide who you want to be there with you.
• Tell your children what has happened.
• Leave kids with feelings of hope that even though you or they may be upset now, there will be better times.
• Assure them they will continue to be loved and cared for.
Looking after yourself

Telling your kids about a cancer diagnosis can be confronting and difficult. It’s important not to attempt it while you’re in shock and still grappling with your own feelings. You may have trouble helping your kids deal with the news if you’re struggling yourself. You may be facing emotional and physical challenges and you will have to make many decisions, but you don’t have to do this on your own.

Talking to other adults before discussing the situation with children can help you to articulate your own feelings and get used to the news yourself.

It may also help to write a list of things that other people can do for you. Family and friends are often keen to help out, but usually need guidance on what to do. A friend can coordinate offers of help.

See page 25 for more information. There are also many support services for people who are newly diagnosed with cancer – see pages 53–58.

When should I tell my children?

You might be unsure of the best time to tell your children; often there may be no right time. You may wonder if you should you tell them soon after you’ve been told yourself, or wait until you have all the facts. It may be hard for you to decide how much information to reveal, particularly if you are waiting on test results.

Keeping a secret while you’re waiting for results can be stressful, and your children will probably sense that something is wrong. Try to tell the kids as soon as you feel able. It may be more manageable if you tell your children a little at a time. If you don’t know how serious things are or what treatment is required, say so. Assure your children that as soon as you know more details you will tell them. For example, “Daddy is in hospital to have some tests, we’re not sure yet what’s wrong, but when we do know we will tell you.”

It’s also a good idea to tell children if:

• you think they may have overheard a conversation
• they are scared by adults crying
• they are shocked or confused by physical or emotional changes in the person who has cancer
• you observe major changes in your child’s behaviours
• the person with cancer has symptoms that may need explanation, such as frequent vomiting, weight loss or hair loss.
Where should I tell my children?
You will know the best place and time that suits your children to hear important family news. It’s a good idea to find some time when you won’t be interrupted or have to rush off without answering questions, but it can be intimidating to sit the family down for a formal discussion. Many people find that bringing up the subject casually while doing something else – like walking the dog or cleaning up after dinner – can help reduce the tension.

Talking to children before bedtime or before an important event may not be a good idea. Ideally, you should tell them at a time and in a place where they are most likely to listen and take it in.

Who should tell my children?
Choosing the person who tells is another concern. In general, it is easier if the information comes from someone who is close to your child. Ideally, that will be the parent who has cancer, or the other parent or both of you together. However this is not always possible. Other options include:

Other adults – An adult familiar to your child, such as a grandparent, aunt or uncle, or friend may be able to tell your kids or be there when you do. This may be particularly important if you are a single parent.

Health professional – You can break the news with the support of a doctor, nurse or social worker.

Practise what you want to say – Parents often doubt their ability to find the right words and to answer tricky questions their children ask. Take the time to consider how to approach the subject. Role-playing the conversation with your partner, friend, relative or the oncology social worker at the hospital can help you. It means you’ve spoken the words and perhaps dealt with some of the anxiety attached to those words before you talk with your kids. You can also practise in front of a mirror. This helps set the words in your mind.

Even if you plan what to say and you think you might know how your kids will respond, be prepared to answer questions. You may not have all the answers but it’s okay to say you don’t know or that you’ll find out.

If you end up blurting out the bad news or your child reacts differently to how you expected, don’t worry. You have many conversations ahead of you and your children are unlikely to be affected by one discussion that doesn’t go according to plan.
**What should I tell my children?**

The following checklist is a guide to the kinds of information you might discuss in your initial conversations about cancer.

The suggestions on pages 10–13 can help you tailor the information, depending on the children’s ages and reactions.

**Tell them the basics in words they can understand**
- You can break the news with a few short sentences explaining what you know so far and what will happen next.
- To help explain cancer terms, you can use the glossary (see pages 60–62), read books about cancer written for children (see page 58) or get hints from websites (see page 57).

**Find out what they already know**
- Ask your children what they know about cancer and then deal with any misinformation or myths (e.g. you can catch cancer or naughty behaviour caused the cancer).
- Ask them what they want to know. Children get information from various sources, such as school, TV programs, the internet and they may have their own ideas of what having cancer means.
- Only answer questions that the kids ask.
- Don’t assume they have the same fears as you.
- Give small bits of information at a time. You may need to keep repeating the information to ensure they understand the information you have given them.

**Be honest and open**
- Let them know if you don’t know the answer to a question. Say you’ll try to find out the answer from the doctor and let them know as soon as possible. Make sure you follow this through.

**Tell them what to expect**
- Your children may want to know what treatment will mean for them. If you are in hospital, who will drop them off at school, make them dinner, take them to after-school activities? Reassure them there will be a plan and that you will let them know about it.

“When Mum rang up to tell me she had cancer, my daughters knew something was wrong by the tone of my voice. I had to explain what was happening to Nanna as soon as I got off the phone, even though I had hardly processed the news myself.” — Mother of two girls, aged 14 and 16
Ask them if they want to tell anyone
• They may want to tell their friends, the teacher, the whole class – or no-one.

• You may want their teacher to know, even if your child doesn’t want to tell anyone. See page 26 for information about talking to the school.

Balance hope with reality
• Tell kids that although cancer can be serious and going through treatment can be hard, most people get better. You – or the person with cancer – are going to do everything possible to get well.

Offer a listening ear
• Your children may say very little and not ask questions when you first tell them. Some kids need time to absorb the information, but it doesn’t mean they don’t understand.

• Let them know they can come back to you at any time with questions, worries and scary feelings.

Don’t make promises you can’t keep
• If there’s a chance you can’t keep a promise, it’s best not to make it. Rather than saying, “I’ll definitely be at the swimming carnival”, say something like, “I hope I can come to the carnival, but if I can’t, it’ll be great to see the photos. Maybe we can get someone to film your races”.

Show your love and emotion
• Tell your children that you love them, and assure them they will always be looked after.

• Show your children you love them by hugging them, comforting them and making them feel valuable.

• It’s alright to cry; this gives kids the message that it’s okay to show feelings. But try not to overwhelm or frighten them by your reactions.

“…When my ex-wife got breast cancer, I talked to my little girl about how the treatment caused changes, like Mummy would get very tired and her hair would fall out, but we expected her to be okay.”

Father of a four-year-old
What words should I use?
It’s often hard to find the right words to start or continue a conversation. These ideas may help you work out what you want to say. Although grouped by age, you may find that suggestions in a younger or older age bracket are more suitable. See page 23 for tips on how to answer specific questions.

Newborns, infants and toddlers
Obviously babies don’t need explanations, but the older toddlers get, the more they understand basic ideas about themselves and their family.

About cancer:
“Mummy is sick and needs to go to hospital to get better.”

To explain changes and reassure them:
“Mummy has to stay in bed a lot and isn’t able to play, but she still loves you.”

“Daddy and Mummy need to go away for a couple of nights, so Grandma is going to come and stay at home with you.”

Younger children, 3–5 years
Preschool children can understand very basic explanations about many things, including illness, family routines and cause and effects.

About cancer:
“I have an illness called cancer. The doctor is giving me medicine to help me get better. The medicine might make me feel sick or tired some days, but I might feel fine on other days.”

To address misunderstandings:
“Sometimes girls and boys worry that they thought or did something to cause cancer. No-one can make people get cancer, and we can’t wish it away either.”

“How do you think Daddy got cancer?”

To explain changes and reassure them:
“Mummy needs to go to the hospital every day for a few weeks, so Daddy will be taking you to preschool/school instead. He’s looking forward to doing that.”

“Pop is sick so we won’t see him for a while, but he loves you very much.”

“I love your pictures, so maybe you can draw me some to take to hospital.”
Younger school-age children, 6–9 years

Young children can understand basic explanations about many things, including illness and family routines. They need reassurance to correct misunderstandings so they continue to feel loved, safe and cared for.

About cancer:

“I have an illness called cancer. It means some lumps are growing inside my body that shouldn't be there, and they're making me sick. I am going to have an operation in hospital to have the lumps taken out. Then I'll have some more medicine to make sure they don't grow back.”

“The doctors say that Dad has a problem with his blood. That's why he's been very tired lately. The illness is called… Dad's going to have treatment to make him well again.”

“Lots of people get cancer. We don't know why it happens. Most people get better and we expect I will get better too.”

To address misunderstandings:

“We can still have lots of kisses and cuddles – you cannot catch cancer from me or from anyone.”

“Cancer is a disease of the body that can be in different places for different people.”

“Even though your school friends say that cancer is really bad and I will get very sick, they don't know everything about this cancer. I will tell you what I know about my cancer.”

To explain changes and reassure them:

“The doctors will take good care of me. I will have treatment soon, which I’ll tell you about when it starts.”

“Even though things might change a bit at home, you’ll still be able to go to tennis lessons while Dad is having treatment.”

“Mum is going to be busy helping Grandma after she comes out of hospital. There’s ways we can all help out, but mostly things won't change for you.”

“You don't have to tell your friends about me having cancer if you don't want to, but I would like to let your teachers know so they understand what's happening at home.”
Older school-age children and teenagers, 10–18 years

In upper primary and high school, children have a more complex understanding of illness and issues affecting them and their families. Teenagers are starting to think more like adults. Explanations about the cancer can be more detailed. Children of this age not only need reassurance about their own wellbeing, but also about the person with cancer.

**About cancer:**

“We’ve had some bad news. I’ve got cancer. We don’t know what we’re dealing with yet, but I’m going to have surgery so that the doctors can have a look and find out.”

“You know that Mum has been sick a lot lately. The doctors told us today that the tests show she has cancer. The good news is that she has an excellent chance of beating it.”

**To address misunderstandings:**

“There are lots of different types of cancer and they’re all treated differently. Even though Uncle Bob had cancer, it might not be the same for me.”

“The doctor doesn’t know why I got cancer. It doesn’t mean that you’ll get cancer too. It’s not contagious (you can’t catch it) and the cancer I have is not genetic (it doesn’t run in families).”

“Even though Grandma has cancer, the doctors say she’ll probably be okay because she was diagnosed early.”

**To explain changes and reassure them:**

“Things will be different at home when Dad’s having treatment but we’ll be able to visit him at the hospital often.”

“After my operation, there’s a few things I won’t be able to do for a while, like lifting things and driving. So you’ll all have to pitch in at home, and Dad will leave work early to take you to your after-school activities.”

“What happens, you will always be cared for and loved. We will tell you what’s going on as soon as we are told.”

“If you think of any questions or have any worries, you can come and talk to me. It’s okay if you want to talk to someone else too.”

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**CanTeen**

CanTeen is an organisation that helps 12–24-year-olds who either have cancer themselves or whose parent or sibling has cancer. It offers resources, workshops, counselling, outings, camps and online forums for adolescents to help them cope with the emotional, physical and social impacts of cancer.

Call **1800 639 614** for more details or to order a copy of one of the titles in the *Now What?* series – various books for dealing with a parent’s cancer. See also [www.canteen.org.au](http://www.canteen.org.au) and [www.nowwhat.org.au](http://www.nowwhat.org.au).
Answering key questions

Q. Are you going to die?
This is the question that most parents fear, but often it doesn’t mean what you think. For example, younger children may really mean “Who is going to look after me?”. Older children may be wondering, Can we still go on our holiday?”. Try to explore the question by asking, “Do you have something in particular you’re worried about?” or “What were you thinking about?”. Some children think that cancer is a death sentence, so it’s good to explain that many people are cured through surgery and medicine, and that new treatments are being found all the time.

A. “Some people do die from the type of cancer I have, but I’m going to do everything that my doctor suggests to get better.”

“We don’t expect that to happen, but I’ll probably be sick for a while. Sometimes it makes me sad, and I wonder if you get sad too.”

Q. Was it my fault?
Some children may ask you directly if they are to blame for the cancer, while others worry in silence, so it’s best to discuss the issue.

A. “It’s no-one’s fault I have cancer. Scientists don’t know exactly why some people get cancer, but they do know that it isn’t anything you did or said that made me sick.”

“Don’t ever think that you caused this cancer or that your behaviour can make the cancer better or worse.”

Q. Can I catch cancer?
A common misconception for many children (and some adults) is that cancer is contagious. This belief may be reinforced because when patients have chemotherapy they need to avoid contact with other people who are sick. This is to protect the person with cancer from picking up infections.

A. “You can’t catch cancer like you can catch a cold by being around someone who has it so it’s okay to be close to me even though I’m sick.”

“Cancer can spread through the body of a person with cancer, but it can’t spread to another person.”

Mother of three children, aged 18, 16 and 10

It helps to focus on what is happening now, what is actually known – not all the possibilities. One step at a time. It is important to reassure children that you are not going to die immediately, that cancer is not a death sentence and that everything will be done to ensure that you live. Children often have unusual ideas about this.
Q. Who will look after me?
When a problem arises in the family, it’s important for children to know what will happen to them and how it will affect their lives: who will look after them, who will pick them up from school, and how roles will change. Try to give them as much detail as possible about changes so they know what to expect. For older children, it’s valuable to ask them what arrangements they’d prefer.

A. “We will try to keep things as normal as possible, but there may be times when I have to ask Dad/Mum/Grandpa to help out.”

Q. Do I have to tell other people about it?
Your children may not know who to tell about the cancer or what to say. They may not want to say anything at all. It helps to explore their feelings about talking to others. If you’re planning on informing teachers, or the school counsellor or principal, tell your kids. Teenagers may be reluctant for the school to know, so ask them who to tell and how much to say.

A. “You can tell your friends or teachers, if you want to, but you don’t have to. Many people find it helps to talk about the things on their mind.”

“What comes into your mind when you think about talking to other people about cancer?”

“I think it’s a good idea if the school knows what’s happening, but you can let me know who you think we should talk to and how much we should tell them.”

Q. Is there anything I can do to help?
Answering this question can be a delicate balance. It’s great to allow the kids to help out and contribute, but it’s important that they don’t feel overwhelmed with responsibility. Some parents may feel hurt if their children don’t ask how they can help, but it’s common for children not to think to offer.

A. “Yes, there are lots of things you can do to help. We will work out what those things can be, and what will make things easier for everyone. Is there something in particular you would like to do?”

“Some help around the house would be good, but it’s important that you keep up with your school work and you have some time for fun.”
Involving others
You don’t have to tackle the task of talking to children about cancer on your own. There are many ways to lessen the burden and to ensure kids hear a consistent message from people who are involved in their lives.

- **Tell key adults** – Share the diagnosis with other people who talk with your kids (grandparents, friends, the nanny, babysitters) and tell them what you plan to say to your children, so that you all communicate the same message.

- **Talk to other people who have cancer** – Often the best support and ideas come from people who’ve already been there. You’ll realise you’re not alone and you may find out the way they handled things (see page 54).

- **Ask a professional** – Get some tips from the oncology social worker, psychologist or other health professionals at the hospital (see page 51).

Coping with kids’ reactions

**Crying** – If your children cry, let them know it’s okay to do so and it’s a natural reaction. Holding them will help them feel secure.

**Fear** – Some children will become fearful and worry endlessly. It can be hurtful if they start to fear the person who has cancer. Explain that the person with cancer is still the same person, despite having bad cells in their body and possibly looking a bit different. Try to connect this to changes the child can relate to – a sick pet that got better or a tree that changes colour during the year.

Children may also fear that they’re going to be abandoned by their sick or their well parent. Reassure them that they will always be cared for. Help your child deal with their concerns by giving them a chance to talk about their fears.

**Anger** – It is natural for children to feel angry about the diagnosis as it is likely to change their routine. Older children may appear angry and uncooperative if asked to help out more. Younger children may be annoyed if they are asked to play quietly. Both may be upset if a planned outing has to be postponed or cancelled.

**No reaction** – Sometimes a child will appear not to have heard the news or does not react. You may be confused or hurt by this, especially if it took some courage to talk. This reaction isn’t unusual – often the child is protecting themselves and needs some time to digest the information. Remind them that they can talk to you anytime about it. You may need to talk again if the situation changes or if their behaviour is different since you first told them.
Involving the school or preschool

Many parents or carers wonder if they should tell the school. If things are tough at home, school can be a place where kids can be themselves with their friends and carry on life as normal.

Here are some ways to involve the school that you may like to consider:

• Tell the principal and your child’s teachers. They may know of other people in the school community who have or have had cancer and this may affect your child’s perception of the illness (e.g. a parent or a child at the school may have died of cancer).

• Tell relevant staff what your child has been told about the cancer and what they understand cancer to mean so they can respond consistently.

• Ask the school to keep an eye on your child and to let you know of any changes, such as bullying. However, request that teachers don’t probe – some well-meaning members of staff might misinterpret your kid’s behaviour and unintentionally make them feel uncomfortable (e.g. the teacher may ask if they’re okay when they’re happily sitting on their own).

• Sometimes other children can be thoughtless in their comments. Check with the teachers and your kid to see how other children are reacting so that negative behaviour can be addressed appropriately.

• Ask a parent of one of your child’s friends to help you keep track of school notes, excursions, homework and events. When life is disrupted at home, kids may feel doubly hurt if they miss out on something at school because a note goes missing.

• Ask the principal whether the school could organise for Camp Quality to come and do a puppet show. Camp Quality is a not-for-profit organisation that educates both primary and high-school children about cancer and its challenges. For more details, see the website www.campquality.org.au.

Family stories

Gemma, aged 8, asked her mother, Gayle, not to pick her up from school because Gayle was wearing a wig. Children at school had teased Gemma about the way her mother looked. Gayle confronted the issue directly. After asking permission from Gemma, the school and her classmates’ parents, Gayle visited the class and spoke about the cancer, the treatment side effects, and why she wore the wig. Once the children understood, the teasing immediately stopped and the children started to support Gemma.
**Summary**

- Explain cancer treatment to your children as simply as possible.
- Don’t be afraid to be creative or have fun when describing cancer and its treatment.
- Let kids know how treatment works and how it may change the person with cancer.
- Encourage your kids to ask questions and express any fears or worries about treatment.
- Allow all children to help out around the house – this not only benefits you but also lets them feel valuable and helpful.
- Maintain limits as much as possible for your children’s stability and for your own benefit.
- Enjoy time just with the family.
- Realise that children and adults alike may become emotional or overreact occasionally. Use this as a chance to find out more about what they’re feeling.
- Reassure your family that treatment will eventually be over and there are hopefully better days ahead.

- Try to establish a stable home life for your children, even if it is different to how things were before. Try to maintain your kids’ normal activities.
Understanding treatment

It can help to understand the treatments available and their effects. Don’t be afraid to ask the doctor to explain anything you don’t understand. The nurses, hospital social worker and Cancer Council Helpline 13 11 20 are also good sources of information. Once you have a good understanding of the treatment, you will probably find it easier to explain it to your kids and answer their questions.

What do children need to know?

The treatment plan

Children often need information to prepare them for what is happening to the person with cancer. An understanding of the treatment, why and how it is done, and the side effects, if any, can help them cope. What they’ll need to know will depend on their age.

- Let the children be your guide as to how much they already know and how much they want to know about treatment.

- Start with questions such as “Have you heard the word ‘chemotherapy’?” or “Do you know what radiotherapy is?” Then explain the basic facts of treatment using language they can understand (see the glossary on page 59).

- Check if your kids have any questions, and make it clear they can come back to you throughout the treatment if they have other queries or concerns, or are feeling overloaded after your first discussion.

- Keep them up to date with how long treatment will take and how long you might be in hospital.

- Explain who will be taking care of the person with cancer and the different ways they will help.

What will happen to them?

Routines can help children feel safe and secure. If you have to change a normal routine during treatment, tell them what the change will be, why it’s occurring and how it will affect them. They will probably want to know who will look after them, such as who will take them to school or sport. Tell them where you’ll be, such as at the hospital or resting at home, and that it’s okay to ask who will be doing the cooking or giving them lifts.
Creative ways to explain cancer

**Choose resources**
For younger children, children’s books and comics can be great ways to explain the basics of treatment. For older children, CanTeen’s publications may be helpful. See Chapter 8 for details of books and other resources.

**Make up stories and play games**
Try explaining cancer treatment using stories or dolls, or by playing games. You could make up a story about the battle of the good cells and the bad cells, using surgery, radiotherapy, chemotherapy and other treatments as the weapons.

**Tap into stories that kids love**
Think of the good and bad forces in *Harry Potter* or *Dr Who*. You could build a Lego game to show how, in the battle to defeat the bad cells, some good cells get hurt too (causing side effects). Kids who love Wii, Nintendo DS or PlayStation games will quickly get the idea about chemotherapy zapping the bad cells. Once you get your kids started, their imagination will do the rest.

**Use art and music**
Art and music are another way to talk about cancer treatment. Ask your kids to draw what they think cancer is or how different treatments work. Their artwork can show a lot about what they understand or the experience of having a parent with cancer. Listening to different types of music together or getting kids to make up their own music could help with their understanding of the different treatments (e.g. using percussion to represent destroying the cancer cells, or listening to a lullaby to represent falling asleep before an operation).

**Keep a journal**
Keeping a journal or diary can help older primary school children and teenagers express their feelings. Others may want to write a story about your diagnosis and treatment.

**Offer them a tour**
Before treatment starts, you may be able to take your children for a tour of the treatment centre or hospital ward. Check with staff whether this can be arranged. This experience will mean your children get a clearer idea about what happens during treatment, they can picture where you will be, and meet who is caring for you. Older children are often particularly interested in how the treatment technology works.
Hospital and treatment centre visits

Cancer treatment can involve short but frequent visits to the hospital as an outpatient (day treatment) or an inpatient (staying overnight). You might worry that your children will get anxious if they see the person with cancer in hospital or having treatment. For parents with cancer, it can be worse if kids are separated from you and can’t picture where you are.

Ask your kids if they want to go to the hospital or treatment centre. If they’d prefer not to, don’t force the issue. If they are keen to visit, and you can make it happen, have a plan to help the visit go smoothly.

- Before they enter the room, tell them what they may notice: the equipment, different smells and noises (e.g. buzzers, beeps, etc), and how different patients may look (e.g. tubes, bandages, drip, etc).

- Let them decide how long they want to stay. It is common for small children to want to leave soon after arrival. They may want to help by getting you a drink or magazine from the hospital shop.

- Have a friend or relative come along. They can take the kids out of the room if they feel overwhelmed and then take them home when they’re ready to go.

- If your kids are reluctant to go to the hospital, their first visit could just be to the ward lounge room. Reassure them that this is okay and that they can send a card or call, if they prefer.

- Bring art materials, books or toys to keep them occupied. Older children may want to play cards or board games with you. Or you could simply watch TV or listen to music together.

- If you have to travel for treatment and your children are unable to visit, use Skype or FaceTime on a mobile phone to communicate.

- If you are staying in hospital for awhile, ask the kids to make the room cozy with a framed photo or art work they’ve made.

- After the visit, talk to them about how they felt.

- Ask the staff for support. Nursing staff and hospital social workers are sensitive to children’s needs during this difficult time and could talk to your children if necessary.
Talking about treatment

Explaining side effects
It's important to prepare children for treatment side effects, such as physical changes after surgery, weight changes, fatigue and hair loss.

- Not everyone gets all side effects. People who have the same cancer and treatment will not necessarily have the same side effects. Doctors know what happens to most people having a particular treatment but can't be exactly sure what will happen to individuals.

- Tell your children what side effects to expect, based on what the doctor has told you. Say you'll let them know if you do start to experience these effects. Talk about ways they can help the person with cancer deal with the side effects (e.g. help pick out a wig).

- Let them know that the doctors will try to make sure treatment causes as few side effects as possible. A person's weight and hair will probably go back to what it was after the treatment is over.

- Reassure your children that they will get used to the changes. Point out that the person is still the same person as before.

- Side effects don’t mean the person is getting worse. It’s common for kids to get upset on chemotherapy days when they see the effects of the drug, such as fatigue or vomiting. They may worry that the cancer has progressed. Explain to them that the side effects are separate to the cancer symptoms. Let them know that if there are no side effects it doesn’t mean the treatment isn’t working.

“I knew that my hair falling out would be very traumatic for the kids. I invited two girlfriends around and involved the children in a self-indulgence day. I got one girlfriend to make scones while the other friend shaved my hair off. There was laughter, the children got involved in the shaving and then we all put make up on and did our nails. It was a great afternoon. There was no trauma. The children were happy to see I was happy and could still look wonderful with make up on.”

Mother of two children, aged 13 and nine

Living with uncertainty
One of the challenges of a cancer diagnosis is dealing with uncertainty.

When first diagnosed, many people want to know what's going to happen and when it will be over. But living with uncertainty is part of having cancer. There are some questions you will not be able to answer. Learning as much as you can about the cancer may make you feel more in control.

You may find you need to talk to your family several times as things change. Update children regularly on the progress of treatment. You can talk about any uncertainty with your children by saying something like, “The doctor is confident that treatment will do ‘xyz’, but if that changes, we'll let you know, and we may have to look at another treatment.”
Answering key questions

Q. Is it going to hurt?
Many children – and adults – are frightened of cancer because they think it will be painful. Cancer doesn’t always cause pain, but if it occurs, it can be relieved or reduced.

A. “Cancer doesn’t always hurt, but if I have pain, the doctors will give me medicine to help make it go away.”

Q. Why do you look so sick when the doctors are meant to be fixing you?
Often people who have cancer look perfectly well when diagnosed. It’s only when they have treatment and the side effects kick in that they start to look sick. This can be hard to understand.

A. “The doctors are using strong medicine to kill the cancer, but the medicine affects good cells as well as cancer cells. Some days I will feel and look sick, but this doesn’t mean the cancer is getting worse. I will start to feel better when treatment finishes.”

Q. Will your hair come back?
Hair loss can be upsetting for you and your children, so it can help if the family knows what to expect and what you might do about it.

A. “The doctor says I may lose my hair because of the treatment. It will come back but probably will look a bit different, especially at first. I can wear wigs, scarves or hats until it grows back.”

Q. Does radiotherapy make you radioactive?
A common fear among children is that they can become radioactive by touching you after radiotherapy. This is not possible.

A. “Radiotherapy is like an x-ray. It doesn’t hurt. It’s safe to touch me.”

Q. Why do you need to rest so much?
Children often can’t comprehend the exhaustion you may feel after treatment. They may resent you not doing as much with them.

A. “The operation/treatment I’m having has made me tired and I need to rest a lot so my body can recover and get better. Why don’t we make a plan for where we’ll go or what we’ll do on a day I have more energy.”

We found humour was very helpful. We joked that our daughter could paint my head. I also encouraged her to touch my head and feel how strange it was. We discussed how my hair would come back. She was very upset when I cut my hair short before chemo!

Father of two children, aged four and two
Family life during treatment

Coping with changes
Many parents are keen to keep life as normal as possible for their kids during treatment. But this can be difficult to do when you are coping with the changes cancer brings, such as changes to your appearance or to your energy levels. You may feel guilty about not being able to do all the usual things with your kids, and some days you may not feel up to doing anything at all.

There are no easy answers to this problem, but you can make the best of your good days by forgetting the housework and doing fun things with the family. On the not-so-good days, if you can't take part in the kids' activities, you might be able to watch and cheer from the sidelines. On the days when you can't cope with much, let your kids know, rather than protecting them from the reality of how you're feeling.

It is normal for children to think mostly of themselves. Even on days when you don't feel well, they may be concerned with how it affects them. You may find this reaction hurtful or frustrating but it is normal.

Children may be curious about body changes and ask some matter-of-fact questions. It will help to explain why you look or feel the way you do. If you are not upset, your children are more likely to accept changes easily.

You can let your children know that it is all right to joke and have fun. Laughter can often relieve tension and relax everyone.

Finding a balance
It's hard to predict how people will feel during cancer treatment, but it's important for a family to try to maintain routines and family traditions as much as possible.

Sometimes you have to strike a balance between doing regular activities and coping with the effects of the cancer. If you or your partner can't get your children to their after-school activities, maybe a friend or relative can help out. If that's not possible, you may have to cut back activities for a while, but involve your children in the decision.

Your children's activities and friends can help them to cope. Encouraging a child to excel at their favourite activity can help their sense of optimism about life in general. When a child's world is upside down, stability and routine often helps them feel less anxious.
Protecting family time

During treatment, when life may be disrupted and unsettled, try to protect the time your family has together. These tips may help:

- Limit visitors and don’t answer the phone or mobiles at mealtimes.
- Ask your friends to send an email rather than call. For phone calls, ask them to ring when the children are at school or well after bedtime.
- Put a message on the phone to say how you’re doing and for more information to ring the designated family member or friend.
- Organise times for the kids to show you their achievements of the week.
- Organise special activities (when you’re feeling up to it).
- Think of things to do that don’t require much energy. You may want to read, watch TV or a DVD together, or play a board game.
- Ask a close friend or relative to coordinate all offers from friends and family to help out with household chores. This will give you more time with your family.
- Plan for ‘cancer-free’ time with the family where you don’t focus on the illness but do fun things that allow you to laugh, joke and relax.

Allowing children to help

Most children will want to help at home during treatment. If your children feel they are being of help, it can increase their confidence and self-esteem because it shows that you trust, value and need them. Even quite young children can help.

With older children and teenagers, it’s reasonable to want them to help more around the house, but talk to them about it first. It’s important to negotiate tasks with teenagers – avoid overloading them and try to allocate them equally if possible. Jobs that are obvious to you are not necessarily obvious to them, so make a point of discussing what needs to be done and how tasks can be divided up.

Teenage girls are often expected to pitch in more than their siblings, which can take them away from their normal social activities. This can make them feel resentful at an already difficult time and can affect self-esteem.
**Accepting how kids might react**

Children’s responses during treatment are as varied as they are. Anger, crying and emotional outbursts are some possible and normal reactions. Often the child is protecting themselves and needs some time to deal with the information.

When kids don’t know how to cope, their fears can be channelled into anger because it is a familiar response. An angry outburst can be a chance to find out what’s going on – try not to shut their response down by getting angry yourself but remind them that they can talk to you any time about it. You may need to talk again if the situation changes, to check whether your child has any questions, or if their behaviour is different since you first told them.

If your kids’ reactions seem unusual or extreme, think about getting some expert advice (see page 51 for more details and Chapter 8).

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**Ways to help around the house**

The internet is a good source of information about appropriate jobs around the house for children of all ages. Search for “age-appropriate chores” or something similar.

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**The emotions thermometer**

The physical and emotional health of a person with cancer will fluctuate during and after cancer treatment. It can sometimes be hard to let your family know how you’re feeling and they may find it hard to ask.

An emotions thermometer may help. This simple tool allows you to show how you’re feeling every day. You can make one yourself and ask the kids to help. Decide on the feelings you want on the thermometer and make a pointer that moves to different feelings. Put it up where everyone can see it, such as the fridge or family noticeboard.
Family stories

Bruce had a brain tumour and his personality changed because of it. At the dinner table one night, four-year-old Emma announced, “I wish Daddy was dead.” When her mother, Debra, calmly asked what she meant, Emma said, “I don’t like the man who’s in my daddy’s body. I want my real daddy back.” Debra could have scolded Emma – an understandable reaction – but instead she found out what Emma was really thinking. She was then able to explain why Bruce’s behaviour had changed.

Maintaining discipline

The issue of discipline is a common concern for families dealing with cancer. Maintaining the family’s usual limits and discipline can enhance your children’s security and ability to cope.

Sometimes parents say they have trouble keeping up normal disciplining during cancer treatment. It can be hard enough to maintain family rules when you’re fit and healthy, let alone when you’re dealing with the emotional and physical effects of treatment.

Some children may misbehave to get the attention they feel they are missing. It’s okay to bend the rules occasionally, but try to maintain your family’s boundaries and keep to them as best as you can. Let teenagers know that the usual rules apply for curfews, drug and alcohol use, and unsafe sex.

Staying in touch

If you live in the country and need to travel for treatment, or if you have extended hospital stays, you may be away from your family for long periods. Try these tips to help you stay in touch. They may also be useful if you don’t need to leave home but want extra ways to communicate with your kids.

- Ask your kids to do drawings and take photos to send to you.
- Have a set time to call home each night when you’re away, then read a favourite story together over the phone.
- Write an old-fashioned letter or send a recorded message. Kids love finding a letter addressed to them in the mailbox.
- Leave notes and surprises for kids to find, such as a note in a lunchbox.
- Use the internet to keep in touch if possible (e.g. email or Skype).
- If they’re able to visit, they can bring cards or pictures from home, flowers picked from the garden or a toy to ‘mind’ you in hospital.
After treatment

Summary

- People who have had cancer treatment often have many mixed emotions and find it difficult to settle back into how life was before cancer.

- Kids may continue to have their own fears and worries about the cancer.

- Children may find it hard to understand why life can’t go back to normal. It may help to explain that the family will have a new normal.

- Give your kids permission to have fun and re-establish their own new normal along with you.

- Keep communicating – share your feelings and celebrate good things.
For many people, the end of treatment is a time of relief and celebration, but it is also a time when you may have mixed emotions. Sometimes people feel at a loss. With more time and energy to think, they feel they need to reflect on what’s happened and re-evaluate their life.

**How adults react**

This period can be unsettling and lead to big changes, such as choosing a new career, making lifestyle or dietary adjustments, or reassessing relationships. It is important to continue communicating with your family throughout this period as you all adjust to a ‘new normal’.

One of the major fears for survivors is that the cancer might come back. This is an understandable fear, which can be triggered by regular check-ups and even minor aches and pains.

**Physical effects**

The physical effects of cancer can last long after the treatment is over. Fatigue is a problem for most cancer survivors and can interfere with daily activities. Many people have to deal with temporary or permanent side effects, such as physical scars, lymphoedema, early menopause, or fertility and sexuality problems.

Call Cancer Council for a free booklet for people who have completed treatment, *Living Well After Cancer*.

**How children react**

Like many adults around you, children may find it hard to understand why things simply can’t go back to the way they were before the cancer. They’ve had to make adjustments while their parent or other loved one was sick, and now they probably want to get back to normal. Your kids may:

- **Expect the person who had cancer to bounce back** – often children don’t understand that fatigue can continue after cancer treatment is over.

- **Become clingy** – separation anxiety that started during treatment may continue well after treatment is over.

- **Worry the cancer will return** – like the person with cancer, recurrence is a big fear for children. You may need to reassure your children that regular check-ups will help monitor the cancer.
After treatment

• Celebrate the achievement of surviving cancer, and thank your kids for their contribution to your recovery. Acknowledge the sacrifices your family has had to make; this is particularly important for teenagers.

• Let the family know about your emotional and physical state, so they understand if you’re not bouncing back. Keep using the emotions thermometer if you have one (see page 35).

• Be prepared for mixed reactions from family and friends. If people don’t know how to react, try not to get upset.

• Be open about your fears, such as if you’re feeling anxious before a check-up. This may encourage your kids to talk about their own fears.

• Explain changes that are being made to the family’s lifestyle and negotiate where possible.

• Incorporate changes you need to make after cancer treatment into family life or activities, e.g. do light exercise together or make healthy changes to the kids’ diets as well as your own.

• Do things at your own pace. Avoid pressure to return to normal activities. You may want to ask yourself: Am I doing what fulfils me? Am I doing what I want to do? What is important to me?

• Focus on each day and expect both good days and bad days, for both adults and children.

• Encourage kids to have fun. They have lived with worry for months and may need permission to relax again.

• Consider joining a support group. Many cancer survivors join a support group to meet people who understand what they have been through and how they’re feeling. This can be an important outlet, which will help you cope and will therefore benefit your kids. See page 54 for more information.

• Read other survivors’ stories. Learning how other people have made meaning of a cancer diagnosis may help.

• Take part in a survivors’ event or attend a survivorship program, if there is one in your area. To find out more about, contact Cancer Council.

• Call Cancer Connect on 13 11 20 to talk about survivorship issues and concerns with someone else who has had cancer.

“Let your children know how you will be monitored. It is important to share new information, such as results of tests, and celebrate milestones.”

Mother of three children, aged 18, 16 and 10
Answering key questions

Q. Will the cancer come back?
You probably wish you could tell your children that everything will be fine now, but the uncertainty of cancer lasts long after treatment is over. As well as giving a positive message, this may be a chance to listen to your child’s concerns about “What if?”. Allowing a child to talk about their fears and concerns is important in helping them cope.

A. “The treatment is over and we all hope that will be the end of it. We hope that the cancer won’t come back, but the doctors will keep a careful eye on me. I will need to have check-ups every now and then. If the cancer does come back, we’ll let you know.”

Q. Why are you still tired?
Cancer survivors often feel tired for many months after treatment. This can be hard for kids who want their energetic mum or dad back.

A. “I’m feeling a lot better, but the doctor said it might take many months, even a year, to get all my energy back.”

“The treatment was worth it because now I’m better and the cancer has gone away, but it took a lot out of me and now my body needs time to recover. This is normal for people in my situation.”

Q. Can’t we get back to normal now?
You may need time to process the way cancer has affected you, but this will probably be hard for children, particularly younger ones, to understand. It may be helpful to explain that not everything will be the same as it was before, but that doesn’t have to be a bad thing.

Many people who’ve had cancer can see positive outcomes from the experience, and it may help to highlight these to the kids.

A. “Things will start to get more like normal as I feel better, but there may be some changes to the way we do things, like... [the way we eat / how much I go to work / how much time we spend together as a family]. Maybe we can also find some new hobbies to do together.”

“We’ve all been through a lot and I know it’s been hard for you too. Things might not get back to exactly how they were before I got sick, but together we can find a new way that works for all of us.”

Family stories

Barbara, who had early breast cancer, had surgery and chemotherapy. She had spoken openly and honestly with her son, Tom, 14, throughout the experience. When treatment was over, Tom said, “I wasn’t worried, Mum. You always told me the truth and I believed you.”

My children are too young to understand that the cancer might come back, so we didn’t burden them with this possibility. Instead, we said that I was sick, had medicine and now I’m fine. Father of two children, aged four and two
When cancer won’t go away

Summary

- Children and adults can react very strongly to the news that cancer is advanced.
- It is important for people to be able to express their emotions and to grieve.
- Children should be given some kind of an idea about the person’s prognosis.
- Be open about death – let your kids ask questions and express their fears.
- Reassure your kids about the future.
- Let your children spend time with the person who has cancer so they can create meaningful memories together.
- Give kids realistic hope – that the family can still enjoy time together or that the person with cancer has good days, is comfortable or is having a particular treatment.
This chapter is a starting point for talking to your children if someone they love has cancer that has come back or spread. The issues are complex, emotional and personal, so you may find reading this chapter difficult. If you want more information or support, talk to the professional staff at the hospital or use the services listed in Chapter 7.

**How adults react**

If you are told that the cancer is advanced, you suddenly confront challenging emotional issues and the possibility of death. You might feel strong emotions, such as fear, anger, guilt, loneliness or denial.

Many people say that the news of advanced cancer is more devastating than the original diagnosis. Anxiety and depression are common and it can be harder to cope emotionally. You may be worried about the impact of the cancer on your family. Some people avoid talking about the advanced cancer because they don’t know what to say. However, people with advanced cancer who express their emotions and communicate with family and friends may find it easier to cope.

For some people, faith and spiritual beliefs can help them get through tough times. For others, cancer can test their beliefs. Either way, you may find it helpful to talk to a spiritual adviser.

**How children react**

If the cancer has advanced, it is important to keep talking with your children. Again, just as with the diagnosis, children may sense that something is happening, and not telling them can add to their anxiety and distress.

How you react to a diagnosis of advanced cancer can affect how the whole family adjusts. If you are anxious and depressed, the family may be too. Some studies of people with advanced cancer show that family members often feel more distressed than the person with cancer. This seems to be more common where there is a lack of communication.

When children find out that the cancer is advanced, they may have similar but more intense reactions than when they found out about the original diagnosis. They are likely to feel insecure, although teenagers may not want you to see this. Depending on their age, kids usually have different immediate concerns when they hear the news. See pages 44–45 for typical reactions from children.
What should I tell my children?
Preparing children for the loss of a parent is an incredibly hard thing to do. The following is a guide to how you can approach the initial conversation.

Be honest and open
• Once children know the cancer has advanced, they will need to be given some kind of an idea about what this may mean, in terms of the outcome (prognosis). With some cancers, the prognosis is fairly clear and people will know that they may only have months to live. However, more and more people with advanced disease are surviving for a longer time, sometimes for many years.

• If death is likely in the short term, it is best to be as honest as you can. If you need to talk about yourself or your partner, this can be an especially hard thing to do. You don’t need to do it on your own: social workers and other health professionals at the cancer treatment centre or the palliative care service can help you tell your children.

• Being open about death gives you and your family the chance to show and say how much you care for each other, as well as the opportunity to work on unresolved issues. The chance to talk through old arguments and make amends seems to be particularly important for older children.

Use words they can understand
• Terms such as ‘passed away,’ ‘passed on,’ ‘lost,’ ‘went to sleep,’ ‘gone away’ or ‘resting’ can be confusing for children. It’s best to use straightforward language. This includes using the words dying or death.

Tell them what to expect
• Prepare children by explaining how your illness might affect you in the days ahead. For example, you might be sleepy or need a lot of medicine.

Wait for your child to ask
• Give brief answers to questions they ask. It usually doesn’t help to offer lots of explanations if your child isn’t ready to hear them.

Balance hope with reality
• Parents worry that if they talk about the death they take away their children’s hope. You can still be honest and offer hope. Tell your kids how the person with cancer is being cared for – the treatment they’re having, what the doctors say, and what things can be put in place to make things easier for the family.

Family stories
Jonathan’s father was dying of lung cancer. He had told Jonathan, 16, about the cancer, but not that he was dying. However, his mother had told him. Jonathan became stressed and upset because he knew his father was dying but couldn’t talk to him about it.

Tom’s mother had advanced cancer, and her prognosis was not good. When Tom, 12, asked his father, Keith, if his mum would be okay, Keith’s first instinct was to say, “Yes, of course she will be, mate.” But realising he needed to tell the truth, Keith said, “I really hope so, but sometimes I’m scared that she won’t be.” This open response allowed them both to talk about their feelings.
## What children understand about death

In preparing children for the loss of a parent or other loved one, it can help if you understand how death is perceived at different ages.

### Newborns, infants and toddlers

<table>
<thead>
<tr>
<th>Understanding of death</th>
<th>Possible reactions</th>
<th>Suggested approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Babies don’t have any knowledge of death.</td>
<td>• may worry persistently about the well parent</td>
<td>• Avoid explaining death to young children as sleeping, because it can cause distress about sleep. Children may have frightening dreams and ask lots of questions about death.</td>
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<tr>
<td>• Can sense when routine is unsettled.</td>
<td>• they may think that they or their behaviour caused the cancer to become advanced</td>
<td></td>
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<tr>
<td>• Confuse death with sleep and don’t understand its permanence.</td>
<td>• angry with the parent for not being able to give them more attention</td>
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### Younger children, 3–5 years

<table>
<thead>
<tr>
<th>Understanding of death</th>
<th>Possible reactions</th>
<th>Suggested approaches</th>
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</thead>
<tbody>
<tr>
<td>• Understand the concept of death but struggle with the permanence of it (e.g. they may ask when the dead parent is coming home).</td>
<td>• may feel it is somehow their fault</td>
<td>• Watch their play for clues to their feelings.</td>
</tr>
<tr>
<td>• Death can be hard to explain because young children don’t have an adult concept of time. They only understand what’s happening now. For example, a four-year-old knows what it’s like to have two sleeps till her birthday but doesn’t grasp the meaning of a reduced life expectancy.</td>
<td>• angry with their parent for not giving them enough attention</td>
<td></td>
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<td></td>
<td>• can react as if they were much younger when they are feeling stressed</td>
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</table>
### Older children, 6–12 years

<table>
<thead>
<tr>
<th>Understanding of death</th>
<th>Possible reactions</th>
<th>Suggested approaches</th>
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</thead>
</table>
| • Understand death but often don’t have the emotional maturity to deal with it. | • sadness or distress  
• anger  
• worry about being responsible  
• may ask questions about what happens when somebody dies | • Encourage them to talk about their feelings, but realise they may find it easier to confide in friends, teachers or other trusted people.  
• Provide plenty of physical and verbal expressions of love.  
• Be sensitive but straightforward.  
• Talk about role changes in the family.  
• Provide privacy as needed. |
| • Younger children may think death is reversible and that they are responsible. | | |
| • Older children have more of an understanding of the permanence of death. | | |

### Secondary school, 13–18 years

<table>
<thead>
<tr>
<th>Understanding of death</th>
<th>Possible reactions</th>
<th>Suggested approaches</th>
</tr>
</thead>
</table>
| • Understand death as much as an adult, but may not have the emotional capacity to deal with its impact. | • may deny their feelings or hide them in order to protect you  
• may not look to others for support thinking they can handle it alone  
• may distance themselves from their family and talk to their friends instead  
• struggle with not being able to do their normal social activities  
• worry that death is frightening or painful | • Encourage them to talk about their feelings to friends or another trusted adult.  
• Negotiate role changes in the family. |
| • Research suggests that teenagers need preparation for a parent’s death as much as possible. They’re often more distressed when their parent is ill than after the death. | | |
Answering key questions

How you answer these questions depends on the nature of the cancer and the effects of treatment. It may help to think about questions your children may ask in advance and to think about how you want to respond.

Asking the same question repeatedly is normal for children. By answering your children’s questions over and over again, you are helping to ease their worries. Sometimes children may test you to see if your answers stay the same. Try a different approach to answer your child’s questions each time they ask.

Q. When will Dad/Pop/you die?

Time is a difficult concept for young children so it may not help to give even vague timeframes. Older children may want some idea. It is still important to balance hope with reality.

A. “Nobody knows for sure when anyone will die. The doctors have said Dad/Pop/I will probably live for at least … months/years. Whatever happens, we want to make the most of that time. Dad/Pop/I will be trying to live for as long as possible.”

When death is near, you may need to give a different answer.

A. “I honestly don’t know, but Dad/Pop/I will probably get a little weaker each day now.”

“No-one can answer that, but we hope there’ll still be some good days.”

“Pop is very ill now because the treatment hasn’t made him better. He’s not having any more treatment and will probably die soon.”

Q. Who will look after me?

Many children will still be worried about who will look after them, so it’s best to tackle the question early on.

A. “It’s very important to me that you will always be safe and looked after. Dad will be there for you and your Aunty will help you all.”

“In case you’re worried about what will happen if the treatment doesn’t work and I’m not around, I’ve already talked to your Uncle and Grandma and they will be there for you and look after you.”
Q. Is it my fault?
A. “It’s no one’s fault. Nothing you, or anyone else, did or said made me ill.”

Q. What happens if Mum/Dad/Nanna dies too?

A. “When someone you love is very sick, it can make you feel very scared. But Mum/Dad/Nanna are well and healthy now and they will be around to look after you. Whatever happens, we will make sure you are cared for and looked after.”

Q: Am I going to die as well?
A. “You can’t catch cancer. Most people die when they’re old and their bodies get worn out. It’s very unusual and sad for someone young like you to be so ill that the doctors can’t make them better.”

Issues with going to school
It can be difficult to know whether to send your children to school each day if you think someone in the family may die soon. You may feel like you need to keep them at home to be with their loved one as much as possible.

Maintaining routine in your child’s life can help them to feel more stable and safe. It may help them to go to school and see that normal life can continue, even though things are changing at home. However, there may also be days when keeping them home may feel like the right thing to do.

You may want to consider talking to your child’s teacher about what is going on at home. You don’t have to tell them anything in detail if you don’t want to, but it’s helpful for the school to know about any major changes in a pupil’s life. If you have older children, it’s important to ask them what they want you to do. Teenage children might choose to tell their teachers themselves. They may not want their teachers to know at all because they don’t want the attention or to be thought of as different from the other students. Reassure your teenager that their teacher can help and won’t tell anyone else without their permission.

Supporting children of separated or divorced parents
Children of separated or divorced parents may be overlooked. They also need to be given the opportunity to see their ill parent, to ask questions and to say goodbye.
**Family stories**

**Brian’s story, as told by his wife Janine**

My husband **Brian** was diagnosed with a brain tumour in February 1999 and died about 15 months later. Our whole family was included in Brian’s care. I have young children and they were very much involved and encouraged to look after their father and be part of the whole caring process.

The social worker helped us make sure the children understood what was happening; that their father was very ill and not going to get better and would die.

I found as an adult that we had to ensure we did not assume the children’s understanding, and that we must let them express their version of what was happening. As a parent, I learnt not to assume my children’s thoughts and perceptions. They can really surprise you with a depth of understanding that we don’t often credit them with.

Palliative care gave us so much. The team gave Brian the nursing and the care he needed. They gave the rest of us the strength to see it through – palliative care became part of our family and a very necessary part.

The morning that Brian was dying, I knew. I kept the younger children home from school and called the others back home. The children spent the morning and early afternoon coming in and out of the house – they played outside and inside, until he died. None of us were fearful. Brian taught us a lot that day.

Adapted and reprinted with permission from *A Journey Lived – a collection of personal stories from carers*, Palliative Care Australia, 2005.

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**Being together**

When cancer is advanced and life is even more uncertain, many families find new ways to make the most of every minute. Here are some ideas for maximising your time with your family and preparing them for the future:

- Accept offers of help. It not only allows friends to feel that they are contributing, it frees up your time and energy for your family.

- Make a memory box. See page 46 for ideas.

- Plan a special outing with your family. You might have always wanted to take your kids to the beach, the ballet or the grand final football. You might want to show your kids where you grew up, or maybe there is somewhere special that your children would like to take you.

- Listen carefully to what your child wants to say. If your child has any regrets, let them express them at the time.

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**Being together**

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- Listen carefully to what your child wants to say. If your child has any regrets, let them express them at the time.
Getting professional help
Many professionals and organisations can help you communicate with your children throughout your experience with cancer. You don’t need to have a specific problem to make contact with these services.

You can ask for help even before breaking the news to your children. The health professionals can practise the conversations with you so that you feel better prepared.

You can also ask health professionals and organisations for help if you are worried about your children’s behaviour. You may choose to see or call the professional yourself, and to use their advice to sort out the problem. Most parents, with the right advice, can support their children through the most difficult situations. Occasionally, a child may need to attend a consultation, and parents may be asked to come too.

**When to seek help**

These suggestions may help you decide whether you should contact a professional for advice about your children:

**If you are worried** – A parent’s instincts about their children are usually pretty accurate. Some families tolerate and deal with behaviour that other families find unacceptable. You need to decide what is worrying behaviour in the context of your family and your child’s development.

**Ongoing behavioural change** – If your child’s behaviour has changed (e.g. aggressive or regressive behaviour) and the change persists, it may be worth seeking advice. It’s not unusual for a child to revert to less mature ways of coping, such as wetting the bed. A few times is okay, but if it goes on every night for a month, the child is clearly struggling. Another example is when a child refuses to go to school. They may say they are too sick for school, but actually have separation anxiety and think they have to stay home to look after Mum. An occasional reluctance to go to school is not unusual, but if it becomes a pattern, it’s a warning sign.

A young person should be referred to professional help if they:

- say they want to die too
- are extremely preoccupied with dying
- suffer academically or at work for an extended period after the death
- act sad and withdrawn, or demonstrate severe behaviour like self-harm
- have trouble socialising
- simply need someone to talk to.

**Remembering former students**

In some cases, schools acknowledge the death of a former student, respecting the relationship between past and present school members. Although the person is no longer at school, their death may be confronting to some people.
### Who can help?
There are several places to look for professional help. Here are some ideas:

<table>
<thead>
<tr>
<th>Health professional</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>your specialist and GP</td>
<td>Not all doctors feel comfortable about how to talk to children about cancer. It will depend on the doctor and the relationship you have with them. Ask if they can help.</td>
</tr>
<tr>
<td>nurses</td>
<td>Nurses may be the most constant contact you have with the treatment centre and are a source of valuable information and support.</td>
</tr>
<tr>
<td>social workers</td>
<td>Social workers talk to patients every day about communication issues and have a wealth of knowledge. They can also help you work out if there are other professionals that can help meet your family’s needs.</td>
</tr>
<tr>
<td>psychologists and counsellors</td>
<td>These professionals can help you work through communication and behavioural issues. Call Cancer Council Helpline 13 11 20 for more information.</td>
</tr>
<tr>
<td>psychiatrists</td>
<td>Depending on the seriousness of the situation, you may need to see a psychiatrist. You will need a referral from a GP if you are being treated privately.</td>
</tr>
<tr>
<td>school counsellors</td>
<td>They are trained in child development and can be an enormous source of support and ideas.</td>
</tr>
</tbody>
</table>

### If you feel overwhelmed
Research shows that a child’s ability to cope is closely linked to how their parents are faring. Kids often copy their parents’ behaviour, so if their mum or dad is depressed and anxious, they are more likely to be too.

There are many sources of support for you. Family and friends are usually keen to help. Let them know what you need because they may not know the best way they can help. They probably have a limited understanding of what you’re going through and will be relieved that you can ask for help and give them something to do.

Assistance from organisations or the government for practical and financial difficulties can help reduce your stress. See page 55 for details. Other ways to help reduce your worry include complementary therapies, such as massage, hypnotherapy or relaxation techniques. These may give you some time out and help to improve your sleep.

Contact the Helpline for copies of its free resources that may help you cope with cancer. See page 58 for other books and CDs.

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**CanTeen**
CanTeen has programs that may help you and your children cope with cancer. See page 56 for contact details.
When Rob’s cancer was very advanced and he had only a few months to live, he and his wife Jenny saw the oncology social worker to discuss strategies to help their daughter Alex cope with her dad’s illness.

The social worker then had two sessions with Jenny and Alex. She explained how Rob’s health would deteriorate, so Alex knew what to expect. They also discussed how Alex could make the most of the time she had left with her father.

The social worker talked to Alex’s school counsellor, and met Alex and her three best friends so she could draw on their support while her father was dying.
Support services, resources & information
This chapter includes a list of reliable internet sites, books, library resources and organisations where you can learn more about cancer-related issues.

**Cancer Council services**

Cancer Council offers a variety of services, which may help you support someone during their cancer journey.

Cancer Council Helpline is many people’s first point of contact if they have a cancer-related question. For more information, see the box on the side.

Coming into contact with other people who have had similar experiences to you can be beneficial. You may feel supported and relieved to know that others understand what you are going through and that you are not alone.

There are many ways for you and your family members to connect with others for mutual support and to share information.

In a supportive setting, people often feel they can speak openly and share tips with others. You may find that you are comfortable talking about your diagnosis and treatment, your relationships with friends and family, and your hopes and fears about the future.

Ask your nurse or social worker to tell you about support groups in your area. Cancer Council Helpline can also let you know about suitable support groups or peer support programs.

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**Types of support services***

- **Face-to-face support groups** – often held in community centres or hospitals
- **Online discussion forums** – where people can connect with each other at any time – see [www.cancerconnections.com.au](http://www.cancerconnections.com.au)
- **Telephone support groups** – for certain situations or types of cancer, which trained staff facilitate
- **Peer support programs** – match you with a trained volunteer who has had a similar cancer experience, e.g. Cancer Connect.

*Not available in all areas
Practical and financial help
A serious illness often causes practical and financial problems. Many services are available to help you deal with these difficulties:

- Financial or legal assistance – through benefits, pensions and programs – may help pay for prescription medicines, transport costs to medical appointments, utility bills or basic legal advice.

- Home nursing care may be available through community nursing services or local palliative care services.

- Meals on Wheels, home care services, aids and appliances can be arranged to help make life easier at home.

- Subsidised travel and accommodation may be available if you need to travel long distances for treatment.

Ask Cancer Council Helpline or your hospital social worker, occupational therapist or physiotherapist, which services are available in your area and if you are eligible to receive them.

Caring for someone with cancer
You may be reading this book because you are caring for someone with cancer. Being a carer can be stressful and cause you much anxiety. Try to look after yourself – give yourself some time out and share your worries and concerns with somebody neutral such as a counsellor or your doctor.

Many cancer support groups and cancer education programs are open to carers, as well as people with cancer. Support groups and some types of programs offer opportunities to share experiences and ways of coping.

Support services such as Home Help, Meals on Wheels or visiting nurses can help you in your caring role. There are also organisations many groups and organisations that can provide you with information and support, such as Carers Australia, the national body representing carers in Australia. Carers Australia works with the Carers Associations in each of the states and territories. Phone 1800 242 636 or visit www.carersaustralia.com.au for more information and resources.

You can also call the Helpline to find out more about different services and information for carers and families looking after someone with cancer.
### Organisations that can help

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact Information</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Council</td>
<td>13 11 20</td>
<td>Cancer Council offers a range of information and services to help people with cancer, their families and friends, including telephone support groups, Cancer Connect and the online forum <a href="http://www.cancerconnections.com.au">www.cancerconnections.com.au</a>.</td>
</tr>
<tr>
<td>Kids Helpline</td>
<td>1800 55 1800, <a href="http://www.kidshelp.com.au">www.kidshelp.com.au</a></td>
<td>Kids Helpline is a telephone, web and email counselling service with a fun, interactive website for kids, teens and young adults. It offers confidential counselling for anything worrying a child.</td>
</tr>
<tr>
<td>youthbeyondblue</td>
<td>1300 22 4636, <a href="http://www.youthbeyondblue.com">www.youthbeyondblue.com</a></td>
<td>Supports young people dealing with depression, anxiety and other mental health problems. They provide tips on how to talk about depression and get help.</td>
</tr>
<tr>
<td>Australian Centre for Grief and Bereavement</td>
<td>1300 664 786, <a href="http://www.grief.org.au">www.grief.org.au</a></td>
<td>This organisation provides information and support for people caring for children and adolescents who have been impacted by trauma and loss.</td>
</tr>
<tr>
<td>Young Carers (Carers Australia)</td>
<td>1800 242 636, <a href="http://www.youngcarers.net.au">www.youngcarers.net.au</a></td>
<td>This organisation supports young people who are caring for a parent who is physically or mentally ill. They run support programs and provide information. You can access the Young Carers Association in your state from this site.</td>
</tr>
</tbody>
</table>
### Websites for children, age 3–12 years

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Bear Essentials</strong></td>
<td>This site has a comprehensive range of activities for children aged 4–12.</td>
</tr>
<tr>
<td><a href="http://www.bear-essentials.org">www.bear-essentials.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Bearing Up Club</strong></td>
<td>An internet club for kids dealing with bereavement. Once a child is registered, they can join an online chat room. The developers of this site, Mal and Valerie McKissock, are well-known bereavement therapists who have written grief books for children and adults dealing with grief.</td>
</tr>
<tr>
<td><a href="http://www.bereavementcare.com.au">www.bereavementcare.com.au</a></td>
<td></td>
</tr>
</tbody>
</table>

### Websites for teenagers, age 12–18 years

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CanTeen</strong></td>
<td>This is CanTeen’s website for teenagers and young adults who have cancer in their lives. There are lots of real-life stories, blogs and forums and information. You can also download all the <em>Now What...?</em> books.</td>
</tr>
<tr>
<td>1800 639 614</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.nowwhat.org.au">www.nowwhat.org.au</a></td>
<td></td>
</tr>
<tr>
<td><strong>Kids Konnected</strong></td>
<td>A US website for children with a parent with cancer or who have lost a parent to cancer.</td>
</tr>
<tr>
<td><a href="http://www.kidskonnnected.org">www.kidskonnnected.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>My Parents Cancer</strong></td>
<td>A Cancer Australia website for young people aged 13–19 whose mum has breast cancer, but lots of the information is relevant for any cancer. It has personal stories of other young people and offers reliable, practical suggestions.</td>
</tr>
<tr>
<td><a href="http://www.myparentscancer.com.au">www.myparentscancer.com.au</a></td>
<td></td>
</tr>
<tr>
<td><strong>Reachout</strong></td>
<td>A site for young people going through difficult times and experiencing challenges on a wide range of issues. Covers general mental health and wellbeing.</td>
</tr>
<tr>
<td><a href="http://www.reachout.com.au">www.reachout.com.au</a></td>
<td></td>
</tr>
<tr>
<td><strong>Rip Rap</strong></td>
<td>A UK site for 12–16 year olds who have a parent with cancer. It includes information about cancer and its treatment, and individual stories of how cancer has affected other kids.</td>
</tr>
<tr>
<td><a href="http://www.riprap.org.uk">www.riprap.org.uk</a></td>
<td></td>
</tr>
</tbody>
</table>

www.cancer.org and www.macmillan.org.uk are two international websites with a lot of useful cancer information.
**Picture books**

<table>
<thead>
<tr>
<th>Book</th>
<th>Author(s)</th>
<th>Publisher</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Mum’s Got Cancer</td>
<td>Dr Lucy Blunt</td>
<td>Jane Curry Publishing, 2013</td>
<td></td>
</tr>
<tr>
<td>Safina and the Hat Tree</td>
<td>Cynthia Hartman</td>
<td>Nomota Pty Ltd, 2004</td>
<td></td>
</tr>
<tr>
<td>Sammy’s Mommy Has Cancer</td>
<td>Sherry Kohlenberg</td>
<td>Magination Press, 1993</td>
<td></td>
</tr>
</tbody>
</table>

**Books for younger readers**

<table>
<thead>
<tr>
<th>Book</th>
<th>Author(s)</th>
<th>Publisher</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>She’s Got What? A story about cancer</td>
<td>Carrie Lethborg and Angela Kirchner</td>
<td>St Vincent’s Hospital Melbourne, 1999</td>
<td></td>
</tr>
<tr>
<td>When Someone You Love Has Cancer: a guide to help kids cope</td>
<td>Carrie Lethborg and Angela Kirchner</td>
<td>(Written from a Christian perspective)</td>
<td></td>
</tr>
<tr>
<td>Beginnings and Endings with Lifetimes in Between</td>
<td>Bryan Mellonie and Robert Ingpen</td>
<td>Penguin, 2005</td>
<td></td>
</tr>
<tr>
<td>I Miss You: a first look at death</td>
<td>Pat Thomas</td>
<td>Barron’s Educational Series, 2001</td>
<td></td>
</tr>
<tr>
<td>Because... Someone I Love Has Cancer</td>
<td></td>
<td>American Cancer Society, 2002</td>
<td></td>
</tr>
<tr>
<td>What About Me?</td>
<td></td>
<td>(Activity book for kids aged 5–10)</td>
<td></td>
</tr>
<tr>
<td>Allie McGregor’s True Colours</td>
<td>Sue Lawson</td>
<td>Black Dog Books, 2006</td>
<td></td>
</tr>
<tr>
<td>Now What...? Dealing with your parent’s cancer</td>
<td>Sue P. Heiney, Joan F. Hermann</td>
<td>American Cancer Society, 2013</td>
<td></td>
</tr>
<tr>
<td>Now What...? When your parent’s cancer can’t be cured</td>
<td>Wendy Schlessel Harpham</td>
<td>Perennial Currents, 2004</td>
<td></td>
</tr>
<tr>
<td>Now What...? Living with the death of your parent or brother or sister from cancer</td>
<td>Paula K. Rauch, Anna C. Muriel</td>
<td>McGraw-Hill, 2006</td>
<td></td>
</tr>
<tr>
<td>When Your Parent Has Cancer: a guide for teens</td>
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</tbody>
</table>

**Books for teenagers**

<table>
<thead>
<tr>
<th>Book</th>
<th>Author(s)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Allie McGregor’s True Colours</td>
<td>Sue Lawson</td>
<td>Black Dog Books, 2006</td>
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</tr>
<tr>
<td>Now What...? Dealing with your parent’s cancer</td>
<td>Sue P. Heiney, Joan F. Hermann</td>
<td>American Cancer Society, 2013</td>
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<td>Now What...? When your parent’s cancer can’t be cured</td>
<td>Wendy Schlessel Harpham</td>
<td>Perennial Currents, 2004</td>
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<tr>
<td>Now What...? Living with the death of your parent or brother or sister from cancer</td>
<td>Paula K. Rauch, Anna C. Muriel</td>
<td>McGraw-Hill, 2006</td>
<td></td>
</tr>
<tr>
<td>When Your Parent has Cancer: a guide for teens</td>
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</tbody>
</table>

**Books for adults**

<table>
<thead>
<tr>
<th>Book</th>
<th>Author(s)</th>
<th>Publisher</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer in our Family: helping children cope with a parent’s illness</td>
<td>Sue P. Heiney, Joan F. Hermann</td>
<td>American Cancer Society, 2013</td>
<td></td>
</tr>
<tr>
<td>When a Parent Has Cancer: a guide to caring for your children</td>
<td>Wendy Schlessel Harpham</td>
<td>Perennial Currents, 2004</td>
<td></td>
</tr>
</tbody>
</table>

**DVD for adults**

<table>
<thead>
<tr>
<th>Book</th>
<th>Author(s)</th>
<th>Publisher</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>It’s like this</td>
<td>CanTeen, 2011</td>
<td>This DVD is produced for parents to give them an understanding of the experience of living with cancer as a teenager and young adult whether it is the teenager, their sibling or parent who has cancer.</td>
<td></td>
</tr>
</tbody>
</table>
This glossary, which includes definitions suitable for young children, teenagers and adults, may help you explain common cancer-related words.

<table>
<thead>
<tr>
<th>Word</th>
<th>For younger children</th>
<th>For older children, teenagers</th>
</tr>
</thead>
<tbody>
<tr>
<td>anaesthetic</td>
<td>A medicine that makes someone go to sleep so they don’t feel anything when they have an operation.</td>
<td>A drug that stops people feeling pain during a procedure, such as surgery. A general anaesthetic puts someone to sleep. A local anaesthetic numbs one area of the body.</td>
</tr>
<tr>
<td>benign</td>
<td>A bump or lump on the body that isn’t dangerous.</td>
<td>Cells that are not cancerous (malignant).</td>
</tr>
<tr>
<td>biopsy</td>
<td>When the doctor looks at cells in the body to see if they’re healthy or not.</td>
<td>A test to diagnose cancer. The doctor takes small bits of tissue from the body to look at them under a microscope to see if the cells have changed.</td>
</tr>
<tr>
<td>blood count</td>
<td>A test that checks how healthy the blood is.</td>
<td>A test that counts the different types of blood cells in the body.</td>
</tr>
<tr>
<td>cancer</td>
<td>Cancer is a disease that happens when bad cells stop the good cells from doing their job. These bad cells can grow into a lump and can spread to other parts of the body.</td>
<td>Cancer is the name for more than 200 diseases in which abnormal cells grow and rapidly divide. These cells usually develop into a lump called a tumour. Cancer can spread to other parts of the body.</td>
</tr>
<tr>
<td>cells</td>
<td>The body is made up of billions of tiny things called cells, and each has a job to make your body work and stay healthy.</td>
<td>Cells are the building blocks of the body. Our bodies constantly make new cells: to help us grow, to replace worn-out cells, or to heal damaged cells after an injury.</td>
</tr>
<tr>
<td>chemotherapy</td>
<td>Special medicine that kills the bad cancer cells.</td>
<td>Special drugs that kill cancer cells or slow their growth.</td>
</tr>
<tr>
<td>CT scan</td>
<td>A test that makes pictures for doctors to be able to see what’s happening inside the body.</td>
<td>A procedure that takes x-rays to get 3-D pictures of the inside of the body and show if cancer is present.</td>
</tr>
<tr>
<td>Word</td>
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</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>diagnosis</td>
<td>When the doctor works out what is making someone sick.</td>
<td>Working out what kind of disease someone has.</td>
</tr>
<tr>
<td>immune system</td>
<td>The part of the body that helps someone stay well by getting rid of germs inside the body. It fights illness if somebody does get sick.</td>
<td>A network of cells and organs that helps protect the body from germs like bacteria and viruses, which can make people sick.</td>
</tr>
<tr>
<td>intravenous (IV)</td>
<td>Putting a needle into a vein (where blood flows in the body).</td>
<td>Putting something into a vein, like a drip for feeding, or a needle to give medication or take out some blood.</td>
</tr>
<tr>
<td>malignant cells/ malignant tumour</td>
<td>Another way of saying cancer. Cells or lumps that are bad.</td>
<td>Cancer. Malignant cells can spread to other parts of the body. Also called secondary cancer.</td>
</tr>
<tr>
<td>medical oncologist</td>
<td>A special doctor who uses strong medicine to treat people with cancer.</td>
<td>A specialist doctor who treats cancer with chemotherapy.</td>
</tr>
<tr>
<td>metastasis (advanced cancer)</td>
<td>When the bad cells have travelled to another part of the body.</td>
<td>When cancer has spread from one part of the body to another. Also known as secondary cancer.</td>
</tr>
<tr>
<td>nausea</td>
<td>Feeling sick in the tummy.</td>
<td>Feeling as if you’re going to vomit. Nausea is a common side effect of chemotherapy.</td>
</tr>
<tr>
<td>palliative treatment</td>
<td>When the doctors and nurses can’t stop the cancer from growing, but give the person medicine to make them feel better and stop any pain.</td>
<td>Treatment that reduces or stops symptoms but doesn’t try to cure the cancer.</td>
</tr>
<tr>
<td>prognosis</td>
<td>What the doctors think will happen to someone who is ill – i.e. how soon they will get better.</td>
<td>What is likely to happen when someone has a disease, especially their chance of getting better and what might happen after treatment.</td>
</tr>
<tr>
<td>Word</td>
<td>For younger children</td>
<td>For older children, teenagers</td>
</tr>
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</tr>
<tr>
<td>radiation oncologist</td>
<td>A special doctor who treats people who have cancer using x-rays that go into the body.</td>
<td>A specialist doctor who prescribes radiotherapy and organises the treatment.</td>
</tr>
<tr>
<td>radiotherapy</td>
<td>Invisible beams called x-rays that go into the body to kill cancer cells and make the cancer smaller.</td>
<td>The use of high energy x-rays to kill cancer cells, stop them growing or to reduce the pain from cancer.</td>
</tr>
<tr>
<td>recurrence/relapse</td>
<td>If cancer cells are left in the body, they can start to grow again, and the cancer comes back.</td>
<td>When cancer comes back after a period of improvement.</td>
</tr>
<tr>
<td>remission</td>
<td>When cancer goes away after treatment.</td>
<td>When cancer cells and symptoms disappear because of treatment. Remission doesn’t mean the cancer is cured, but it is now under control.</td>
</tr>
<tr>
<td>side effects</td>
<td>Treatment can stop good cells from working, as well as bad cells. This can sometimes cause problems for the person with cancer, such as feeling tired, feeling sick or losing their hair.</td>
<td>The unwanted effects of treatment, such as nausea, hair loss, rash or fatigue from chemotherapy and/or radiotherapy. They occur because fast-growing healthy cells may also be destroyed by these treatments so they can’t do their usual work.</td>
</tr>
<tr>
<td>surgery</td>
<td>This is when someone has an operation. A special doctor will cut out the cancer.</td>
<td>An operation by a surgeon who removes the part of the body affected by cancer.</td>
</tr>
<tr>
<td>symptoms</td>
<td>What people feel (e.g. sore, itchy) or see (e.g. redness, a lump) when things aren’t right in their body.</td>
<td>Changes in the body caused by an illness, such as pain, tiredness, rash, stomach-ache, etc. These help the doctor work out what is wrong.</td>
</tr>
<tr>
<td>tumour</td>
<td>A lump in the body that shouldn’t be there, which may or may not be cancer.</td>
<td>A lump in the body caused by uncontrolled growth of cells. A tumour can be benign (not dangerous) or malignant (cancer).</td>
</tr>
<tr>
<td>ultrasound</td>
<td>A test that allows doctors to look inside the body so they can work out if anything is wrong.</td>
<td>A scan that uses sound to create a picture of the body. It helps show where and how big a tumour is.</td>
</tr>
</tbody>
</table>
Children often feel let down by their friends and feel angry with them because they can’t understand their response. Relationships change dramatically because of cancer.

Mother of two teenage daughters whose husband died of a brain tumour

It was important for me to get some rest during the day so that I was bright and more energetic when the family came home from school and work in the evening. I didn’t want them to feel they had a sick mum all the time – I was only sick from the treatment, not from the disease.

Mother of three children, aged 18, 16 and 10

I think all members of the family should get some form of counselling. My wife found it very hard looking after a sick husband and two young kids. We didn’t have any outside help either, or from the family, as they live overseas.

Father of two children, aged four and two

I was worried about the first time my two boys saw me without hair, so I wore a bandanna. My three-year-old said, ‘Mum, you look like a pirate.’ I knew then that he accepted how I looked and that I had nothing to worry about.

Mother of two children, aged three and one

I turned my yuck chemo days into ‘treat’ time for the kids and me. We’d go to the video shop the day before chemo. After school, the kids would come into my room and we’d watch the videos. I didn’t take much in and often dozed, but at least we were all together. It made the times very special and something positive in the midst of all the awful treatment.

Mother of two children, aged 13 and 9

I was in my teens when my mother died of cancer. These were the days when patients were not told the truth. In case she didn’t know, when I visited my mother I kept up the charade and didn’t mention death. She didn’t bring it up. This was a great loss to me and I’m sure to her too. A big hole in my life, to this day, is that I don’t know how she felt about her death’s effect on me, my sister and our father.

Mother of teenage daughters

We were told to say our goodbyes, but I wasn’t ready to say it. Friends and family always said that at least I had the opportunity to say goodbye because his death didn’t happen suddenly in an accident. The truth is, it is just as bad either way, and you are not prepared for it even if you are expecting it. From the day my father was diagnosed to the last day was the hardest eight months I will ever face.

Daniel, student with a parent who had cancer
How you can help

At Cancer Council we’re dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events such as Daffodil Day, Australia’s Biggest Morning Tea, Relay For Life, Girls Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

Make a donation: Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

Buy Cancer Council sun protection products: Every purchase helps you prevent cancer and contribute financially to our goals.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.
Cancer Council Helpline 13 11 20

Cancer Council Helpline is a telephone information service provided throughout Australia for people affected by cancer.

For the cost of a local call (except from mobiles), you, your family, carers or friends can talk confidentially with oncology health professionals about any concerns you may have. Helpline consultants can send you information and put you in touch with services in your area. They can also assist with practical and emotional support.

You can call Cancer Council Helpline 13 11 20 from anywhere in Australia, Monday to Friday. If calling outside business hours, you can leave a message and your call will be returned the next business day.

Cancer Council websites

Cancer Council Australia
www.cancer.org.au

Cancer Council ACT
www.actcancer.org

Cancer Council Northern Territory
www.cancercouncilnt.com.au

Cancer Council NSW
www.cancercouncil.com.au

Cancer Council Queensland
www.cancerqld.org.au

Cancer Council SA
www.cancersa.org.au

Cancer Council Tasmania
www.cancertas.org.au

Cancer Council Victoria
www.cancervic.org.au

Cancer Council Western Australia
www.cancerwa.asn.au