# Carer07 ‘Lucy’ - Interview Transcript. By telephone 02/09/2024 at 16:45. 27 minutes.

00:00:00 **Carer07**

Yes, yes.

00:00:01 **Cathy Beresford**

Thank you. That's brilliant. OK. Right. Let me just get myself organised. Technology always makes you a bit flustered when it doesn't go to plan. You know what I mean?

**Carer07**

Yeah.

00:00:10 **Cathy Beresford**

So, before we start the actual interview, I'll explain a few things and make sure that you know if you've got any questions or anything, you got an opportunity to ask them, but maybe I should just tell you a little bit about me. So, you kind of understand a bit about, you know, who I am and what I'm doing.

00:00:30 **Cathy Beresford**

So, I'm I'm I am a registered nurse, but just for your information, my background actually isn't in liver disease, So, I'm not a specialist in liver disease. As a nurse, my previous background was as a diabetes specialist nurse and I'm sort of I'm in the third year of the research project now.

00:00:50 **Cathy Beresford**

And I've been interviewing quite a lot of people. Just bear with me one moment.

00:00:57 **Cathy Beresford**

OK. Thanks, bear with me. Hold on. So, yeah, I've, I've done. I think I've done about 22 interviews and I've spoken to people who've got liver disease, carers such as yourself, a range of healthcare professionals and for the type of research that I'm doing.

00:01:05 **Carer07**

Wow.

00:01:16 **Cathy Beresford**

You know, there really is no right or wrong answer to any of the questions I'm going to ask you and.

00:01:22 **Cathy Beresford**

If there's anything I ask and it doesn't make sense, just say or if I ask you anything and you don't want to answer a question, that's absolutely fine because you know how much you say is completely up to you. You know, it's completely voluntary. Something to say is perhaps.

00:01:41 **Cathy Beresford**

If possible, try and avoid saying the names of people or places. It will be totally anonymised, but if you forget, don't worry because when we finish the interview, I transcribe it and I just remove any identifiable information.

00:01:57 **Cathy Beresford**

Let me think is there anything else I need to tell you. I think that I think that I just like to set the scene really and. And so that you kind of know where I'm coming from and.

00:02:07 **Cathy Beresford**

Yeah, yeah. Is there anything you wanted to ask me.

00:02:10 **Carer07**

No, no, that that's all clear. Thank you.

00:02:12 **Cathy Beresford**

Lovely. OK, well, as I said, you know, I really appreciate you taking part and giving me your time. Yeah. OK. So, to start off with then could you just tell me a bit about the person in terms of who you've got experience of caring for?

00:02:30 **Carer07**

It's my brother-in-law and he was diagnosed with

00:02:31 **Cathy Beresford**

Oh yes.

00:02:38 **Carer07**

Liver cancer.

00:02:38 **Cathy Beresford**

Yeah. OK.

00:02:41 **Carer07**

Which was – we were not sure whether or not it was secondary to some skin cancer, which presented a year earlier or whether the skin cancer was was secondary to the liver cancer. It's because they did not check it at the time the skin cancer was treated, which will required - it was to the face. So, it was just required a small removal surgery and and and no follow up.

00:02:56

Yes.

00:03:02 **Cathy Beresford**

Yeah.

00:03:13 **Carer07**

And since he became ill, quite suddenly earlier this year, and that's when the diagnosis was made.

00:03:23 **Cathy Beresford**

I see. Yeah. OK.

00:03:27 **Cathy Beresford**

So, I just want to double check something then because I do need to be careful. You know, when you in terms of like the ethical elements of taking undertaking research.

00:03:38 **Cathy Beresford**

So, strictly speaking, my inclusion criteria is people who where they're where, they're liver disease, whether that can be cancer, but whether whether, I mean, if it's ambiguous, I don't think it matters. But at this stage you, you don't know if it's secondary to another type of cancer. Is that what you're saying?

00:04:00 **Carer07**

It's not thought to be secondary, no.

00:04:01 **Cathy Beresford**

Right. I'm. I'm with you. OK. Thank you. I just want to make sure that I'm sort of following you know all the -

00:04:07 **Carer07**

It was, the the general thought is that the skin cancer was secondary to the liver.

00:04:11 **Cathy Beresford**

I'm with you. OK, yeah, alright.

00:04:14 **Carer07**

Because when the liver cancer was discovered, it was discovered at quite a late stage and to be cancerous, whereas the skin cancer

00:04:23 **Cathy Beresford**

Yes.

00:04:28 **Carer07**

wasn't as severe.

00:04:29 **Cathy Beresford**

Yeah. Yeah. OK. Thank you. Thank you. So, from your perspective, you know and it really is from your point of view because you know, I appreciate you're not the person who's actually living with the condition, but you've got insight into some of the person's experiences and what they're going through. Can you tell me a bit about his journey of receiving care for his liver disease?

00:04:52 **Carer07**

Well, it was. It's been quite a shock to be diagnosed because it suddenly he became very ill, and they wanted they did initially, they didn't know whether it was.

00:04:58 **Cathy Beresford**

Yes.

00:05:04

Yeah.

00:05:13 **Carer07**

primary liver cancer or or whether there it was secondary to some other internal cancer. So, there were various scans.

00:05:19 **Cathy Beresford**

Yes, yes.

00:05:24 **Carer07**

It was then found no; it is just liver cancer. However, the tumours are too big to surgically remove or to really treat it

00:05:34 **Cathy Beresford**

I see.

00:05:39 **Carer07**

with with other types of chemotherapy or radiotherapy without actually annihilating the entire liver because they are too big. So, in effect it is untreatable. So, being put on palliative care.

00:05:47 **Cathy Beresford**

I'm with you.

00:05:50 **Cathy Beresford**

Yes.

00:05:56 **Carer07**

* A big component of which is pain relief.

00:05:58 **Cathy Beresford**

Yes.

00:05:59 **Cathy Beresford**

So, sorry, I think you mentioned this, but when when did it all start? When did he first find out?

00:06:04 **Carer07**

So, few months ago it was earlier this year it was right at the beginning of the summer.

00:06:08 **Cathy Beresford**

Oh, gosh, yes, it really is not very long. Yes.

00:06:10 **Carer07**

Really, really, really, really sudden and no indications. Became suddenly ill.

00:06:14 **Cathy Beresford**

No.

00:06:16 **Cathy Beresford**

Yes. How old is he?

00:06:20 **Carer07**

Oh, my golly. I do know, I'm just doing the calculation. 66 – 67.

00:06:27 **Cathy Beresford**

Yeah.

00:06:29 **Cathy Beresford**

Yeah. And so, and and so, it's been a big shock and and you've mentioned palliative care. So, overall, what services so far has he had access to in relation to his liver disease?

00:06:32

Yes.

00:06:41 **Carer07**

Well, he he's very lucky. He has weekly visits from the Macmillan Nurse, who checks his needs, especially around pain medication.

00:06:51 **Cathy Beresford**

Yeah.

00:06:54 **Cathy Beresford**

And any other services.

00:06:56 **Carer07**

No, that. That's it. Yeah, so.

00:06:59 **Cathy Beresford**

When he first got diagnosed, how, how did that happen then? What, what sort of, how did it all start?

00:07:06 **Carer07**

Well, initially it was extreme pain and nausea, really, really severe. And so, initially it was to the to the GP and the GP then made the the referral initially to gastrointestinal because that's what it was thought to be. There was no no indication of that, but the the pain was there and it was on subsequent examination that the liver was was found to be enlarged and that led to.

00:07:26 **Cathy Beresford**

Yes.

00:07:37 **Cathy Beresford**

Yes.

00:07:39 **Carer07**

To to other referral to the pathologist,

00:07:45 **Carer07**

Oncologists and and that's when the diagnosis was made.

00:07:50 **Cathy Beresford**

Yeah. OK. So, then he got his diagnosis. And then what was the sort of time frame of like, you know, from the seeing the GP and then having that referral was he was it quite quick at that point or?

00:08:02 **Carer07**

It was less than four weeks.

00:08:03 **Cathy Beresford**

Yeah. OK. So.

00:08:04 **Carer07**

It was less than four weeks between initial initial illness, literally very suddenly, presenting out of the blue, to actually getting - because the diagnosis itself was a gradual process and the

00:08:10 **Cathy Beresford**

Yeah, yeah.

00:08:12

Yeah.

00:08:20 **Carer07**

The news that it was no, it is untreatable. It will be palliative care. It all took place within a four-week window.

00:08:26 **Cathy Beresford**

Yes. Yeah.

00:08:28 **Carer07**

But it it happened in stages.

00:08:30 **Cathy Beresford**

I'm I'm with you.

00:08:31 **Cathy Beresford**

And so, you've mentioned some of the professionals that have been involved in care such as the GP and then go into the gastro. I can't say either now, but I know what you mean and, and then the Macmillan nurses. Any anybody else that's that comes to mind, that's been involved.

00:08:52 **Carer07**

No, he he does have a consultant. Who he, he is seeing regularly and will see regularly.

00:09:00 **Cathy Beresford**

And.

00:09:00 **Cathy Beresford**

Do you know if that person is a liver consultant specifically?

00:09:06 **Carer07**

OK, I think so, I think so.

00:09:08 **Cathy Beresford**

That's alright. No worries if you're not.

00:09:12 **Cathy Beresford**

I guess I mean there there's a few things that are, you know what I'm hearing from from you has some similarities to some of the other people I've spoken with.

00:09:23 **Cathy Beresford**

And and I'm quite interested to to share something with you and and just see what your thoughts are about this. Again, remember, there's absolutely no right or wrong, it's it's you know so, out of all the interviews that I've been doing so far, something that's sort of come out from speaking with other people in the study is sort of regarding.

00:09:33 **Carer07**

Sure, sure.

00:09:44 **Cathy Beresford**

Issues around empowerment and the ways in which care can be disempowering to people with liver disease and their carers, or empowering to them. What I mean by that, so, obviously you know, we've all got our own understanding of different terminology and everything. But I I just want to give you a chance to kind of process what I'm saying and and sort of think about how it might relate to.

00:09:51 **Carer07**

Yeah.

00:10:09 **Cathy Beresford**

Your situation and his situation, So, starting with disempowering experiences. So, if I would describe that as, say, situations or events that make a person feel weak, helpless, less confident. Experiences that can undermine their sense of control and leave them feeling demotivated or discouraged. Does that well, what, what do you think about that in relation to the situation that you're you're all in at the moment?

00:10:36 **Carer07**

Well, I think I think it's. I think it's. I mean a. he he finds it is the condition that’s disempowered him and, you know, the diagnosis itself. He's been very happy

00:10:48 **Cathy Beresford**

Yes.

00:10:51 **Cathy Beresford**

Yes.

00:10:55 **Carer07**

with how how the healthcare professionals he's dealt with being very nice. But I I think he feels let down that they didn't do a full scan when he when the eye cancer went sorry the skin cancer eye was detected from [the skin cancer was near his eye].

00:10:59 **Cathy Beresford**

Yeah.

00:11:01

Yeah.

00:11:11 **Cathy Beresford**

Yes, yes.

00:11:14 **Cathy Beresford**

I see.

00:11:15 **Carer07**

I think.

00:11:17 **Carer07**

Because. He was he he subsequent to the onset of the the the liver symptoms, one professional mentioned to him that I that the eye cancer – I keep calling it that, the skin cancer yeah yeah.

00:11:31 **Cathy Beresford**

Yes.

00:11:35 **Carer07**

Is is often, you know, an example of of metastasis. [I.e., the skin cancer near his eye could have been an indication of metastasis]

00:11:40 **Carer07**

And so, his main concern around healthcare was that well initially the, the skin cancer that wasn't a major thing at all. It was was, you know, surgically removed.

00:11:56 **Cathy Beresford**

Yeah.

00:11:58 **Carer07**

Why, why since there is this knowledge that that this, this type of skin cancer or skin cancer, whatever, you know, it's generally a secondary presentation - can be a secondary presentation, can be a secondary tumour. Sorry I'm not au fait with the terminology.

00:12:11 **Cathy Beresford**

Yeah, yeah.

00:12:18 **Carer07**

Why didn’t they do a full body scan.

00:12:20 **Cathy Beresford**

I see.

00:12:21 **Cathy Beresford**

Yeah. So, questions about, could it have been diagnosed earlier?

00:12:25 **Carer07**

And and when it was at a treatable stage, when the tumours were smaller.

00:12:30 **Cathy Beresford**

And before this all happened, did he know that he was in any way at risk of liver cancer?

00:12:37 **Carer07**

Well, not, not really, because, well, he he doesn't drink, you know much. I mean, what he, once a week when he went to place with his friends? Yeah, with his mates. That was about it. The biggest. You know, the worst you could say about - he was a big tea drinker. Yeah, you know, not not. Not a kind of alcohol - I mean, he did smoke, So, I don't know. I don't know.

00:13:07 **Cathy Beresford**

Yeah.

00:13:10 **Carer07**

Obviously, we all know that that smoking is carcinogenic, but you know we you mostly think of it as being associated with the lungs and and the mouth not not not the the liver.

00:13:14 **Cathy Beresford**

Yeah.

00:13:19 **Cathy Beresford**

Sure. Yeah, yeah.

00:13:24 **Cathy Beresford**

Yeah. OK. So, it really was sort of the first, yeah.

00:13:26 **Carer07**

You think of alcohol with liver cancer. Yeah. But you know, [name of brother-in-law], you know, apart from once a week, you know, he didn't really drink.

00:13:35 **Cathy Beresford**

No, no.

00:13:38 **Cathy Beresford**

OK. That that's helpful to know. Thank you. So, on the other side of the coin then if you're thinking about experiences that are empowering, they would be ones that would make a person feel strong, capable and confident and would boost the person's self-esteem. Give them a sense of control and motivate them to take on challenges with a positive mindset.

00:13:51 **Carer07**

Yes.

00:13:59 **Cathy Beresford**

That kind of thing does that sort of mean anything in in the context of his care and and your experiences?

00:14:00 **Carer07**

Yes, yes.

00:14:09 **Carer07**

I think I think he finds that the Macmillan nurse very good. She's definitely helped with his mood.

00:14:16 **Cathy Beresford**

Yes.

00:14:17 **Carer07**

So, I think yes, he finds that element empowering.

00:14:21 **Cathy Beresford**

Yeah.

Yeah.

00:14:25 **Cathy Beresford**

And thinking about if he or you or you know any anyone close to him needs any sort of support or information about what's going on, where do you all go then?

00:14:44 **Cathy Beresford**

Hello.

00:14:47 **Cathy Beresford**

Ohh it's just gone. Hang on, let me just.

00:14:50 **Carer07**

Hello.

00:14:54 **Cathy Beresford**

Hello.

00:14:59 **Cathy Beresford**

It sounds. Can you hear me?

00:15:03 **Cathy Beresford**

It just sounds really far away suddenly.

00:15:08

Hello.

00:15:11 **Cathy Beresford**

I'll I'll just try hanging up and calling back. Sometimes things like that. Help, don't they? Ohh, hang on. Oh no, it's alright. It's working now.

00:15:21 **Carer07**

It must be a signal thing.

00:15:22 **Cathy Beresford**

Yeah, no problem. OK, now, I was just. I was just wondering about sort of, you know, advice and information sort of the you know, So, in terms of his liver disease where where do you where do you go, where does he go?

00:15:36 **Carer07**

Well, the consultant, the consultant.

00:15:37 **Cathy Beresford**

Yeah, OK, well, since he seeing the consultant then.

00:15:43 **Carer07**

My understanding is it's every six weeks.

00:15:45 **Cathy Beresford**

Ohh I see. Yeah, So, it is quite often then.

00:15:47 **Carer07**

Yes.

00:15:48 **Cathy Beresford**

Yeah. Thank you. And have any of you used any other sources of like thinking about information in particular any other sources of information?

00:15:59 **Carer07**

No, no, no. OK.

00:16:02 **Cathy Beresford**

So, overall.

00:16:05 **Carer07**

Yeah.

00:16:06 **Cathy Beresford**

Have you got any specific examples of when you think the care that he's received has been particularly helpful? I mean, you've already given me some ideas, but anything else that springs to mind?

00:16:17 **Carer07**

Well, I know both both [name of brother in law] and and and his wife, my sister, they really appreciate the Macmillan nurse. Yeah.

00:16:25 **Cathy Beresford**

Yeah, yeah, OK. And that that's good to know. And and just tell me a bit more about that then. So, what is it about her and about the care that you get from her then?

00:16:36 **Carer07**

I think it's because she keeps it real.

00:16:39 **Cathy Beresford**

Yes.

00:16:41 **Carer07**

And it's I think it's also, her. She's. Yeah, she has very good relational qualities. So, I think it's very much her approach.

00:16:52 **Cathy Beresford**

Yeah.

00:16:53 **Carer07**

Yes. And and yeah, and she's very good, especially with regards to communications with regards to the pain medication.

00:17:00 **Cathy Beresford**

Yeah. OK. And anything where you feel like the care has not been quite. I know you said obviously about the diagnosis, but anything else where you feel like the care has not quite been as positive.

00:17:11 **Carer07**

No, it it was. You know, it just questions about, you know, when he was treated for for the the the the skin cancer on his face.

00:17:20 **Cathy Beresford**

Yeah. Yeah. OK. Thank you. So, in your opinion, based on what you've all been going through So, far, what does good care for people with advanced liver disease look like?

00:17:34 **Carer07**

I think easy access to information.

00:17:38 **Carer07**

You know, responsive management of pain at the prescription level. I think that also helps.

00:17:47 **Cathy Beresford**

Yeah. So, how how would you access? How do they access information then? Like if they want to? I know they're seeing the consultant every six weeks and they got the Macmillan nurse, but if they need information in between, how would they all support? Right, OK, fine. So, the impression I'm getting is that.

00:18:01 **Carer07**

GP.

00:18:07 **Cathy Beresford**

It sounds like the support is positive from what you're telling me So, far. Yeah. OK. Thank you.

00:18:15 **Cathy Beresford**

And is there anything I guess is anything that you know, you know when you're having a conversation like this, sometimes things bring to mind that you perhaps haven't thought about before. Is there anything in particular that sort of springs to mind as we discuss?

00:18:30 **Carer07**

All of this? Not really, but it could be it's end of end of day on a Monday. My brains not making the connection.

00:18:40 **Cathy Beresford**

Yeah. No, that's fine. I I think something. I'm quite interested to just come back to is, you know, you said about the Macmillan nurse, kind of. I can't remember the exact words you used but I think it was about, you know, being real sort of something about that. Just tell me a bit more about that.

00:18:55 **Carer07**

Yes.

00:18:59 **Carer07**

Well, I I think she has helped [name of brother-in-law] you know, formulate a plan on what he's going to do between now and and and passing away, he's been it's given him the spirit to to organise selling his his - because he's a great Fisher. He's won lots of lots, lots of trophies and fishing and stuff like that. And he's managed to organise the sale of his fishing gear, which was quite considerable stuff. Yes.

00:19:10 **Cathy Beresford**

Yes.

00:19:22 **Carer07**

Yeah.

00:19:30 **Carer07**

It’s meant he’s got extra money for [name of his wife]. Yeah, his wife, my sister, because obviously you know and and it's, you know given him and and them both the strength to talk about the future and make and make plans, which is really important.

Yes, yeah, yeah. That makes a lot of sense.

00:19:51 **Cathy Beresford**

So, based on what you've all been through up till now, have you got any advice that you would give to professionals working with individuals who are in similar situation moving forward?

00:20:03 **Carer07**

Yeah, never underestimate the value of of of information which has real world applicability.

00:20:10 **Cathy Beresford**

OK.

00:20:12 **Carer07**

And.

00:20:12 **Carer07**

And and as I say, don't don't not to shy away from from the reality of the situation, because the more information people have, the better situational awareness they have, the better position they're in to actually make plans as much as they can and and you know the for for whatever they have left.

00:20:19 **Cathy Beresford**

Yes.

00:20:25 **Cathy Beresford**

Yes.

Yeah.

00:20:34 **Cathy Beresford**

Yeah, sure. OK. And what about individuals themselves who are going through something like this, or their carers? Would you have anything that you would say to somebody in similar situation?

00:20:53 **Carer07**

Yes. Ohh golly, this may sound weird, but be practical. Do what you can do.

00:20:58 **Cathy Beresford**

Yeah.

00:20:59 **Carer07**

So, that everything is is tied up and settled. It's a, it's a, can look at it as way as a distraction, but it's a really practical and much needed distraction and and a sense of, you know, productivity for the for for whatever day, whatever time is left.

00:21:12 **Cathy Beresford**

Yes.

00:21:19 **Cathy Beresford**

Yeah. Yeah. Thank you.

00:21:22 **Cathy Beresford**

And is there anything else that you think I should know to understand your experiences as a carer better?

00:21:30 **Carer07**

I think, it's, it's painful.

00:21:34 **Cathy Beresford**

Yeah.

00:21:35 **Carer07**

But it's it's it makes family real and makes family so real. Yeah, you know the depth of family and and connection very real.

00:21:46 **Cathy Beresford**

Yeah, yeah, absolutely.

00:21:51 **Cathy Beresford**

And now I think I've really asked you everything that I need to for the questions you've given me. You know, really constructive information and it's helpful to get insight into, you know, everything that you're all going through. Is there anything that you'd like to ask me?

00:22:08 **Carer07**

No, but but, but it would be great to have a copy of your research when it's finished and published.

00:22:12 **Cathy Beresford**

Yeah, definitely. In fact, you know what I can do is I created a newsletter for the people that have taken part So, far, and I sent it out at the beginning of the summer. I'll send you a copy of it just So, you can sort of see where it was. Yeah. Because then you get an idea of where I was at before I spoke with you. Basically, the way it works with the type of research.

00:22:24 **Carer07**

That would be brilliant.

00:22:32 **Cathy Beresford**

I’m doing is you analyse it as you're going along.

00:22:35 **Cathy Beresford**

And so, having done some initial, yes, that's right. Yeah. So, I've been analysing it as I go along. And then as you start to see what's coming out of it then you know, then you have questions and you want to check things, you know? So, that's where the stuff about like the empowering aspect. OK. Yeah.

00:22:37 **Carer07**

Is it Grounded Theory?

00:22:55 **Cathy Beresford**

Yes. So, I'll send you that and then I'm going to do another one towards the end of the the project I I'm due to submit in a year's time, but I will make sure.

00:23:08 **Cathy Beresford**

You know I'm keen to make sure that people have a chance to hear what's happening and be kept up to date with the research because I know there's nothing worse than gives this information out yourself. And then you hear nothing ever again. So, I can send that first one to you and then I'll when you know when I've finished it all, I'll send it. And you know, in the interim, you know, if you ever have.

00:23:23 **Carer07**

Oh, that was good. Yeah.

00:23:28 **Cathy Beresford**

Any questions or you just want to tell me something, that's absolutely fine. You know, I do have some people that jot me an e-mail now and again with a question or just to let me know something.

00:23:38 **Carer07**

Yep.

00:23:41 **Cathy Beresford**

I'll do then.

00:23:41 **Cathy Beresford**

Is.

00:23:41 **Carer07**

Will do.

00:23:42 **Cathy Beresford**

Thank you. I'll. I'll transcribe this and it's it can be a bit funny when you transcribe it because it I do it on well, I normally do it on teams, but I can do it through word when I've recorded it audio like this. And sometimes it does look a bit funny and a bit disjointed. But do remember it's me that's analysing it and I you know, I I I'll be analysing it. You know this this week. So, if if the tone doesn't look right, I do know how you've said something to me. Yeah. Does that make sense?

00:24:18 **Carer07**

Just just for instance, by sheer coincidence, I'm I'm actually a Co-investigator on a study. Nothing to do with with with liver disease, and we're using grounded theory.

00:24:25 **Cathy Beresford**

Yeah.

Yes. Yeah.

00:24:32 **Cathy Beresford**

Yeah. Are you using any particular type?

**Carer07**

No

00:24:37 **Cathy Beresford**

So, I'm using one called Constructivist Grounded Theory.

00:24:41 **Cathy Beresford**

Which is really interesting. It's but so, it's developed by someone called Charmaz, who was a student of Glaser and Strauss. But yeah, it's it's good. It's quite challenging. Yeah, isn't it?

00:24:58 **Carer07**

Yes, line by line.

00:24:59 **Cathy Beresford**

Yes, yeah, yeah. It's very challenging. So, what's the research that you're doing?

00:25:04 **Carer07**

It's actually, It's looking at staff’s and and patients’ experience of the equal justice in in secure forensic settings and and and and it's it's it's really fascinating.

00:25:11 **Cathy Beresford**

Oh.

Oh wow.

00:25:17 **Cathy Beresford**

Oh yeah, that sounds really interesting.

00:25:21 **Cathy Beresford**

Oh, well. Good luck with it. When when does the research finish?

00:25:28 **Carer07**

Before the end of this year.

00:25:29 **Cathy Beresford**

Yeah. Ohh. Lovely. OK, I always think I've taken part in a few studies while I've been doing this and I feel like it's quite good, cause you learn from each other and you learn about, you know you you hear how other people approach things. And I always think that's a good thing and also, it helps you to appreciate that the topics that you're talking to people about be quite challenging and quite emotional, and so, then it helps you to to appreciate how they might feel,

**Carer07**

Yeah, yeah.

00:25:59 **Cathy Beresford**

Well, thank you so much. I'll e-mail you the transcript and UM, I'll keep in touch with you to let you know how I'm getting on with the research. And I just really appreciate you taking your time out of your day to speak with me today and I wish all the best to you and the rest of your family.

With everything that you're all going through.

00:26:17 **Carer07**

Thanks. Thank you. Thank you. Thank you for involving us.

00:26:20 **Cathy Beresford**

I’m really pleased to. That's what I want is to talk to people and find out what they're going through. You know, it's it's about the real world isn’t it.

00:26:27 **Carer07**

Definitely. Alright, that's essential. That's all all research.

00:26:31 **Cathy Beresford**

Yes, absolutely.

00:26:32 **Carer07**

It has to. It has to meet being real world intact. Otherwise, it's useless.

00:26:35 **Cathy Beresford**

Definitely. Alright. Take care then. Thank you. Bye.

00:26:39 **Carer07**

You too. Bye.