



The Caregiver's Compass: Guiding Lung Cancer Support Transcript

Diane Mulligan ([00:00](#)):

Becoming a lung cancer caregiver can be rewarding, but it can also be daunting. So, today we're gonna get some firsthand advice on how to make it not so overwhelming. I'm Diane Mulligan.

Mitch Jelniker ([00:13](#)):

And I'm Mitch Jelniker. Caring for someone strains even the most resilient person. So in this Lung Cancer Foundation of America Hope with Answers podcast, we hear from the experts on how caregivers can preserve their own health and wellbeing, as well as the person they're caring for.

Jenni Daniel ([00:29](#)):

Self-care matters. Um, so remember that you can't pour from an empty cup. Remember to take care of yourself and prioritize your own wellbeing as well while you're caring for your loved one.

Frank McKenna ([00:40](#)):

I, I think the key thing is I, from my perspective, I think that the caregiver kind of feels helpless, but definitely wants to help.

Diane Mulligan ([00:50](#)):

Lung cancer is a tough topic. It's a disease that affects patients, families, friends, coworkers, but first, it's a disease that affects people.

Debbie McKenna ([01:00](#)):

Advances in lung cancer treatments over the last few years have made it possible to live with lung cancer for years after diagnosis.

Diane Mulligan ([01:08](#)):

The Hope with Answers Living with Lung Cancer Podcast brings you stories about people living truly living with lung cancer, the researchers dedicated to finding new breakthrough treatments and others who are working to bring hope into the lung cancer experience.

Mitch Jelniker ([01:29](#)):

Welcome to another edition of The Hope With Answers podcast. Today's topic is caregiving. Often caregivers think they have to fix the situation. As you're gonna learn today, though sometimes just listening or just simply being there for the other person is enough.

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Diane Mulligan ([01:45](#)):

So, how can you be the best caregiver? Well, the short answer, it's knowing your limits and knowing when to ask for help. So, today we talk to people who have walked the walk - a couple who is dealing with lung cancer and nurse Jenny Daniel. Well, Jenny, we're so excited to have you today. Tell me, what advice do you have for caregivers?

Jenni Daniel ([02:07](#)):

Yeah, so first of all, let me just tell all caregivers, remember that you do make a huge difference in your loved one's life by doing what you do, right? So your compassion and your dedication is just truly remarkable to be a caregiver. Some key takeaways though, self-care matters. Um, so remember that you can't pour from an empty cup. Remember to take care of yourself and prioritize your own wellbeing as well while you're caring for your loved one. Um, communication is key. Communicating. Keep the lines of communication open between you, your loved ones, and then other family members or the medical team. Share those responsibilities and decisions together. Um, make sure you educate yourself about your loved one's condition or disease. Um, it's very important to understand what their specific needs will be as they go through treatment so that you can even provide better, you know, care.

([03:09](#)):

Um, keeping organized is huge. Make sure that you have a central location, whether it be in writing or something where you're co uh, connecting with others that are helping with any care online. Um, but just creating some kind of, uh, organizational plan for the caregiver and, and the patient. Super helpful. Um, make sure that you embrace respite time. Again, going back, you know, to the self-care. Um, take those breaks to recharge because there's so many times where as a caregiver, you're going to feel very overwhelmed and unsure of, are you doing the right thing? What do, what does my loved one need, et cetera. So just make sure that you're taking care of you at the same time. There's always professional help if that's needed for someone. Um, and I think that's always a good thing because we don't want a burnout, of course, right, for the caregiver, but we also want to make sure that they are taking care of their, especially the mental wellbeing, physical wellbeing, of course, but the mental piece of this whole process and, and everything that you're willing to do for your loved one, it can take a root toll.

([04:27](#)):

So we don't wanna forget or minimize the effect that it can have on that caregiver.

Mitch Jelniker ([04:33](#)):

Yeah, excellent advice. Yeah. Let, let's amplify on that a little bit because I know it's, we, we wanna say, Hey, caregivers, schedule yourself some downtime. But it's kinda like your mom saying, no, you take care of yourself, <laugh>. It's, it's easy to say. Yeah. Um, so how do you per for prevent, uh, burnout, and I should add that, you know, caregiving is also rewarding too, but yeah. How do you prevent burnout?

Jenni Daniel ([04:58](#)):

So, I mean, again, remember that taking care of yourself is not a luxury. It's a necessity. Um, and it's a necessity for you to be able to effectively care for your person, right? So by prioritizing your own wellbeing, you are going to provide better care to your loved ones without succumbing to the burnout. So that prevention of burnout is very crucial for a caregiver, um, so that they can provide effective and sustainable support for their loved one. So I always say a self-care routine for the caregiver. Um, make sure that you're sleeping and eating well. Um, make sure that you're taking a break, take a walk during the day, even if it's a 10 minute, get out of the house, go walk around the block and come back. And

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again, I think like seeking out to establish boundaries and seek, seeking the emotional support for the caregiver, whether it's a friend, you have a coffee with a friend every week. Or as I said before, a therapist, um, or a social worker to kind of connect with, to help through those really difficult times and acknowledge that what you're doing is really, really challenging.

[\(06:14\)](#):

Um, it's a great thing, but it's still hard. Um, staying organized is huge, and that will help to prevent some of that burnout too. If you're not scrambling to look for documents or, oh, when was that appointment? Where's that appointment card now? Um, we just wanna be organized. It helps to reduce stress, um, and helps you manage the, um, manage the, the time that you need for your caregiver as or for your patient as well. Um, making sure that the caregiver has regular health checkups. Um, the other thing too is like, celebrate your achievements. Acknowledge and celebrate the positive aspects of the caregiving journey. It's not always easy, but recognize the difference that you're making and celebrate those little victories.

Diane Mulligan [\(07:05\)](#):

Good point. You know, with caregivers, it's, it is so important to celebrate the little victories and, and to have the support for yourself because you are giving that practical support, like grocery shopping and making meals. You're giving the medical support of going to all those doctor's appointments, making sure the meds are given on time, those types of things, right? And that really important emotional support. So what should caregivers be mindful of? Because that's a lot of responsibility.

Jenni Daniel [\(07:32\)](#):

It is. It's a, it's a whole lot. And I mean, care caregivers, you know, they really do play like this multifaceted role where, um, we're encompassing the practical and the medical and emotional care. But it's essential that, you know, you have the empathy and understanding. You have effective communication skills. You respect your, your, um, loved ones need for, for independence and dignity as well, you know, and communicating with them, find out what their wishes are. Um, obviously you have to be super patient. You have to be a very compassionate person. This is not, this is not for faint of heart, you know, kind of folks that, uh, maybe I should do this, maybe I shouldn't. I don't know. I feel obligated. It's none of you don't wanna do it out of a sense of obligation. You wanna do it because it's something that you really feel as a caregiver, you are making a difference for your person.

[\(08:32\)](#):

Um, we also need to recognize that there's grief and loss in, in this whole process. And, and that's difficult. But individuals that face, um, health challenges will definitely experience that grief and grief and loss. So make sure that you acknowledge the emotions and provide a supportive environment, excuse me, provided a supportive environment, not just for them, but for yourself, so that you're, you're both getting that space to like process, right? Process and talk of these emotions. Being flexible and adaptable two really key, um, key things to, to kind of think about as you are facing, you know, like the emotional needs. Um, you just have to be adaptable in the approach of what you're doing for this individual and adjusting the evolving, emotional, um, landscape for the person that you're caring for.

Mitch Jelniker [\(09:34\)](#):

Yeah, very, very much. So. I mean, caregivers should not feel bad that maybe at times things get a little bit more than they can handle. But still, how, how do they, how does a caregiver know if it's too much for them?

Jenni Daniel [\(09:48\)](#):

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Yeah, I mean, I think that's, that's a good question. And it really takes a strong person to look within to say like, am I, am I doing this for the right reasons? And not because there is this overwhelming sense of obligation, right? Which is, we see that a lot is, especially in spouses. Spouses often don't wanna invite someone into the home to say, here, you take care of my loved one who's dealing with this, and I'll just kind of take a back seat. You have to make sure that you're getting a scheduled downtime so that you can basically just relax a little bit and not feel like this is the obligation. So again, I think creating a schedule, right? Knowing a weekly schedule, times where you know that you need breaks, and also obviously the specific time slots for the caregiving tasks, for appointments, for personal activities.

[\(10:48\)](#):

Um, but again, setting, setting those really realistic expectations. Acknowledge that you can't do everything not one individual in this world can, it's impossible. So setting the realistic expectations for yourself and prioritizing the tasks based on urgency and importance. So even if you sit down at the beginning of every day and say, here's the top three things that we absolutely have to get accomplished today, or we have to be, you know, at x, y, and Z location. But then what are the other things. You know, what are the other things that are your self-care, your scheduled breaks? Um, and making sure, again, to identify, uh, tasks that can be delegated, especially to other family members.

Diane Mulligan [\(11:32\)](#):

And I'm thinking that it's really important to have the conversation between the caregiver and the patient that there's a reason why I'm doing this and that I wanna be my best for you. So I have to have some downtime and other people are gonna help. Because I do think many times the patients are like, oh, please, please don't involve anybody else. I mean, I don't wanna be a burden. I mean, you hear that all the time, and yet they don't really understand that the burden is really falling on the caregiver. And so the caregiver doing these types of things, it's really important. So is that a good conversation to have and are there other ones that you think help grease the wheels through all this?

Jenni Daniel [\(12:08\)](#):

Yeah, I think always keeping a good open communication dialogue going is super important. Um, I mean, if you think about, just kind of picturing, most of, most of the caregiving is done, spouse to spouse, right? Or partner to partner. Um, so we need to make sure that as the caregiver you recognize the demands that are physically and emotionally there, um, nobody should be doing this alone. So again, having that dialogue is, is you just have to keep it open. And even if that means a five minute meeting every morning to say like, here's what I'm concerned about. Here's what I'm concerned about. You know, as the caregiver and the patient just talk about things and be open. Don't ever be afraid to say it's too much, or I'm not comfortable doing X, y, or Z. I think having that shared responsibility with the caregiver and the patient themselves, that's gonna be huge. And knowing that, you know, when your caregiver is supported also, they're then providing better quality care for their loved ones.

Mitch Jelniker [\(13:20\)](#):

Yeah. Open dialogue between the caregiver and the patient will help both of 'em, uh, for sure. Absolutely. So, so what about conversations? Should there be conversations between the caregiver and the doctors? Because I see the caregiver is a part of that overall team that's trying to help that person.

Jenni Daniel [\(13:37\)](#):

Yeah, a lot of times what I've seen is that the caregivers actually mediating most of the, the conversation between themselves and the medical team, right? So for on behalf of the patient, because a lot of times

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it's, it's almost like another overwhelming task for a patient to have to do that. But it also, it, it allows the caregiver to really understand from a medical perspective, and again, it kind of goes back to educate yourself fully or as much as you can. Some of us don't have a enough time to really prepare to be a caregiver. Um, but just I think for a caregiver to recognize that they do have limits and what those limits are. Seeking help is not, it's not a sign of weakness. It's a practical, necessary step for anyone to be an effective caregiver. So that conversation, whether it's, you know, a question like, is it okay to have another dose of my Zofran because my nausea's really not getting any better? And it's only been three hours, not four.

Diane Mulligan ([14:43](#)):

To sum it up, Jenny, I'm, I'm hearing that scheduling is incredibly important and making sure that if people come in, they can see that schedule and they understand to do that, that communication is huge. And sometimes that communication should even be before, um, anything major happens, um, because it's so important that everybody's on the same, on the same team. Um, tell me what else, what are the other takeaways that you think are just so important that people should really remember out of the discussion that we had today?

Jenni Daniel ([15:14](#)):

I think educating oneself on exactly what's going on with their person is really vital. Um, if you can understand their condition, you will in turn provide better care for them. Practice empathy. When you're thrown into that situation, you kind of, you look at it very differently. And you, you may change from this very well organized, nice legal document, what you want to, what's actually practical and what's, what's maybe the best for the time that the individual needs care or if it's end of life care. What does that look like? Who do they want involved? Who do they not want involved? Who's gonna bring them stress? Who's gonna bring them peace? You have to look at so many different avenues for all of these things. And I think with good communication skills, you can, any of us can do it right? But we also have to take care of ourselves as the caregivers.

Diane Mulligan ([16:17](#)):

I just wish I'd talked to you before I became a caregiver. That's all I can say. Because this was fantastic <laugh>. Yeah,

Mitch Jelniker ([16:22](#)):

It was, it was great. Really

Jenni Daniel ([16:24](#)):

Challenging. Yeah, I mean, we, we live personally, but we move both sets of our parents. So I have aging parents times two. Um, and I can tell you just even as, you know, I'm a nurse, I do, I care all the time and I love it, but there's still days where I even sit back and say, hold on, today's my day. Or I need my hour to just de-stress. I need to go for a walk. I'm feeling it. It's just human nature. We are, we're not meant to 24/7 take care of someone that we're looking at, especially as a spouse or partner.

Mitch Jelniker ([16:59](#)):

It's, it is a great point. 'cause as you were talking, I was thinking, well, not everyone is naturally a caregiver, right? But given the advice that you shared, even a new caregiver can be the best caregiver

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they can possibly be. So thank you for your insight. We appreciate you, uh, passing along this very good advice.

Jenni Daniel ([17:17](#)):

Thank you. Thanks for having me.

Diane Mulligan ([17:19](#)):

Our next guests are Frank McKenna and his lovely wife Debbie.

Mitch Jelniker ([17:24](#)):

Now Frank is living with lung cancer. He's a Lung Cancer Foundation of America Speakers Bureau member, which means he's devoted to advocating for others living with lung cancer. And his wife Debbie, was for a long time Frank's caregiver. And both offer some very practical advice.

Diane Mulligan ([17:40](#)):

Hi there, Frank and Debbie and Frank, you're a personal trainer and you're used to being in top physical shape. How difficult was it for you to have to ask Debbie for help on things early on when you were first diagnosed?

Frank McKenna ([17:54](#)):

Yeah, it was, it was difficult because, you know, as you said, being a personal trainer, and at the time I was teaching, and had my personal training business. So I was pretty independent to, you know, to work, to work two different jobs to train myself, you know, training other clients. And when I was, you know, shocked by my stage four lung cancer diagnosis, um, didn't, we didn't know anything about it. And when my first targeted therapy didn't work, that is when, you know, I really, you know, when you, when you go through the shock, you rely on, you know, the person that's, that's with you, your, your caregiver or your spouse, you know, whoever that close person is with you to kind of, you know, go through everything with you, the appointments and different things like that. But when my first targeted therapy didn't work and my health, you know, severely was just taking a downturn, that was really tough because, you know, you relied on them, you know, to get you food, you know, to, to keep your, you know, to keep you eating, to keep, try to keep the weight on. Um, you were lethargic and had no life. So, you know, I, I'm sure it was tough to be around somebody who, you know, wasn't that energetic and wasn't doing things, especially when they, you're used to them being that way. So having to rely on on somebody else was tough.

Mitch Jelniker ([19:12](#)):

You know, Debbie, being a caregiver is, can be rewarding, but it can also of course, be exhausting both the emotionally and physically. What did you do during all this to ensure that you didn't wear yourself out while caregiving?

Diane Mulligan ([19:25](#)):

Well, I don't know how rewarding it is, but <laugh> it was exhausting, uh, especially emotionally. So, um, and I just happened to have had a friend go through the same kind of thing like nine months before Frank was diagnosed. And she told me the way she coped was to keep herself busy. And so she started painting every wall in her house while her husband was going through all this stuff. Um, so the minute I

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found out Frank was very sick, I went outside and started painting our pagoda. I mean, I just thought, fine, he went off to work, but I was like, I gotta start painting. This is gonna be stressful.

[\(20:06\)](#):

That's a great point. I mean, and I think, um, I was a caregiver. I painted the inside of my house too. I think that's fascinating, but if that's what you said, yeah, <laugh>. Um, and you know what I realized it was, when you're done painting whatever you're painting, there's a sense of accomplishment and a sense of control that you'd get back that you've lost through all of this. Um, and so I, I'm also interested, um, you said you worked out. But what else would you tell other caregivers about the importance of self-care and, and even scheduling those, those, um, uh, times when you went out and worked out so that you, you knew you had someplace to go. How important is

[\(20:46\)](#):

That and how important is self-care? It's very important. It's extremely important. At first, I didn't think I needed any self-care. I was just gonna take care of Frank and my kids and my cat. And I also had to take care of my mother who was two blocks away with dementia. I had to take care of her and she was still in her house. So I was split like a thousand different ways. But, um, I can tell anyone that's gone through any kind of stressful thing that at least if you could get out and take a walk, you know, put your earbuds in and just go take a walk and just try to de-stress for a little bit. Even a half hour is so much better for you because then you have to go back into that stressful situation again. And it's gonna continue for a while. But you can't, I, I was trying to control everything around me. I was trying to control how he felt, you know, um, and taking care of everybody else. And I wasn't gonna think about how I felt. But after a while, you just can't keep it in anymore. You have to do something to relieve the stress. So even if it's just a half hour walk,

Frank McKenna [\(21:48\)](#):

You know, and that might be important, whatever their hobby is, don't give 'em up. You know, don't say, well, I can't do this for me because I have to give to them. You have to still do those things that you enjoy or else you won't be good enough to, to help the person that really needs the help. You gotta take care of that person first. So whatever that hobby, whatever that interest is, keep doing it or, or pursue it. You're not taking away from the other person, you're making yourself stronger so you can help that person that needs your help.

Mitch Jelniker [\(22:17\)](#):

So, very important to make time for yourselves. Um, but I'm also curious about taking time to just celebrate life. And I ask that because when you get a lung cancer diagnosis, there's a lot to process. Naturally, everybody's focus is drawn to the person, uh, who, who they need to care for and what's best for their loved one. The experts say, Hey, stop and smell the roses a little bit. Of course, when you're in the middle of it, that sounds, you know, it's easier said than done. How important is it to actually pause and just capture those memories of everyday life? How did you do it?

Diane Mulligan [\(22:54\)](#):

Well, I think we mostly did it. 'cause you have to work around doctor appointments and all that. And at first he wasn't feeling good, which is what a lot of people go through. But we like to take day trips and we're lucky enough to live close to, for example, the eastern shore. We used to take day trip up to Delaware, you know, and go to the boardwalk and stuff and, and down to Nags head, which is our favorite spot to go. And we'd drive down there and do a little drive around and then have lunch and then just drive home. And that was our day out to relax. We even have a picture of us at one of the

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restaurants where we like to go after you were just finally feeling good enough to eat out. Like he didn't even have an appetite. And so there's a picture of us where, you know, like one of these selfies that, um, you know, that we have. And that always reminds us of, we were trying to go out and do something even though we were, you know, at a bad right there. So it's real important to, you don't have to go on a extreme vacation, but just to take a day trip I think is good.

[\(23:52\)](#):

Absolutely. And to schedule all that. I mean, one of the things we talked to Nurse Jenny about is the fact that you're now dealing with tons of medical appointments, um, scheduling that own time, your own time, but you're also working more on meals and trying to figure out how you're gonna work the housework in. And, and if you have a job, how you're going to do that. And if there's children, how are you gonna handle that? How important is a schedule and keeping track of all the different activities in a way that can much more manageable?

[\(24:23\)](#):

Hmm. I don't think we had a schedule. We just already had a routine with taking care of my mom. That was a routine. So that part was down. Our kids were older, so they were taking care of themselves more or less. Um,

Frank McKenna [\(24:37\)](#):

Yeah,

Diane Mulligan [\(24:38\)](#):

Yeah, I don't know. We just,

Frank McKenna [\(24:39\)](#):

We just had our, our daily routine. Like even through all of this, I still, I still kept teaching still and I still kept my gym. So I was still doing two jobs even though I didn't work out myself. And I didn't train more than two people back to back because I was physically exhausted and couldn't, you know, had to lay down in between before I could, you know, even drive home in my car. So I, it was like, it was exhausting, but it was like, this, this is life. This is what we do. You get up and you go to, you know, you go to school and you teach and then you go to your gym and you train clients and, and you just try to make it through the day. You're exhausted, but it's not like, well, let's make time for this and this. I think we were just so used to, I've always been used to, you know, having the two jobs and always being on the go, that it just seemed like I need to keep doing that because I need to keep doing that. For me, once I start giving in and say, I, I can't, you know, do this or I can't train these people, or I can't like, be who I am, then I kind of thought I'm, I'm, I'm losing, I'm, I'm like giving into this.

Diane Mulligan [\(25:46\)](#):

Definitely writing things down on the calendar. If you're a person that needs to see things up front, which I do, you know, I had to schedule, I don't have to schedule when I'm gonna see my mother more or less, but I had to schedule like, oh, you know, give the cat his pills or, you know, that kind of stuff. So that's the way I kind of kept control of things is that calendar. I still have the calendar, but hardly write on it now.

[\(26:09\)](#):

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<laugh>. Interesting. That's fascinating. But it really helps you during that time. That's, that's great to know because I think it's easy to forget things, isn't it? When you have so many plates that are spinning all at once and you really had three full-time jobs at that point.

[\(26:20\)](#):

And I still keep the calendars because I have to look back on them, you know, when, especially when my mom was in different care, I look back, oh, when did I make that doctor appointment? I didn't even use my phone. I forget the technology. I just looked back on the calendar and, you know, could see everything. So I had like two or three years sitting on my counter just so that I could look back and know what went on. It's helpful. Yeah. Great. Write it down,

Mitch Jelniker [\(26:44\)](#):

Write it down, keep it organized. Helps. Mm-Hmm, <affirmative>. Alright, so I wanna learn from your successes and maybe your, uh, missteps along the way. If I called you this afternoon and said, okay, I'm gonna be a caregiver. What do I do? What advice would you have for me?

Debbie McKenna [\(27:00\)](#):

First thing? Well, not even the first thing top thing would be to ask the person, well, um, what are the things that you feel like you have to do for the person that you're gonna be taking care of? You know, just so I kind of got a mindset as to what was gonna be going on. And then, you know, we talked about that a little bit. And then I'd probably say, well, you know, what do you do in your time? And like, when this person's taking a nap, maybe you perhaps could go do something for yourself. Um, you know, keep busy, but also, um, don't forget to eat right. You know, you, I was so worried when I had my blood test done for my yearly physical. I thought for sure I was gonna be numbers all over the place because the only thing I remember drinking a lot was margaritas on the deck because I was, while I was painting, because I had to de-stress at night, you know? Well, apparently the doctor told me, your numbers are fantastic. That must have been the tricks. So, I don't know.

Diane Mulligan [\(27:56\)](#):

Question for you, did you have any, um, challenges? The two of you with Debbie, you're watching Frank. And Frank's the kind of guy I'm guessing who probably does more than he's supposed to, um, and um, is, is going to continue working even though he is got this very serious diagnosis and the clinical trial's not going well. But yet at the same time, you wanna respect the fact that he's continuing to push so hard. How did, was that an issue for you to balance that?

[\(28:27\)](#):

That was exactly, I just told him, I said, I'll answer this one <laugh> because, um, I remember as he started to feel better and do more for himself, I still continue to wanna hover, you know, and do you need a pillow while you're laying down? Do you want your blanket, you know, let me fix you some more pudding cups, you know, all that stuff. And he's, he got irritated with me at one point and kept saying, didn't remember you are like, you can do it myself, I can do it myself. You know, and, and he was getting better. And I'm like, I know, but I've been taking care of you for so long. I said, I have to make sure you're still doing things right. So I remember that as being an issue when you were trying not to get mad at me. But, um, I know you were irritated <laugh>.

Frank McKenna [\(29:08\)](#):

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Yeah. And, and I remember during, during that time, that's when Debbie said, you know, it was like around November, December when I was diagnosed back in 2016, and she said, you need to get rid of the gym. You need to sell the gym because you can't do, you can't do both. You're, you're, you're killing yourself. You can't, you know, and our thought at that time when the, when the targeted therapy wasn't working was, I had very little time left. And you know, you never know, but it wasn't like, oh, you've got, you know, months left or years left. It was like, do you have a month left? You know, do you have a few weeks left? And she said, you, you have to get rid of the gym because you can't keep doing both. And that's when I started to feel better when I did my second, um, targeted therapy. And that one started to work and I started to feel better. And that's when I said, okay, I'm ready. I'm gonna retire from teaching. I'm keeping the gym, but I'll give one up. But it's not gonna be the gym. It's gonna be from teaching. Yeah. Well,

Diane Mulligan ([30:06](#)):

You,

Mitch Jelniker ([30:07](#)):

You talked it through, that's the important part. Exactly. I mean, so talk about communication, of course, key in any relationship, but this is a whole nother burden of care that you're, you're putting on your marriage. How important was it talking through the, this process with each other?

Diane Mulligan ([30:22](#)):

I'd say it was important. It wasn't easy at first. Um, in fact, he didn't even tell me he was stage four when we left the doctor's office. And I didn't wanna ask. So I didn't know for a while. 'cause in my head I didn't really wanna know anything <laugh> because it was too much. And I overheard him telling a friend that it was stage four and that hit me like a brick, you know? So we weren't really talking about it 'cause it, we just couldn't at the time. But then we did. I mean, then it was like, okay, we know what's going on. We met with the doctor and we didn't have any issues, I don't think. I don't remember. No,

Frank McKenna ([31:00](#)):

I, I remember, you know, I was shocked when, when they told me it was lung cancer. First of all, I thought it was bronchitis or pneumonia or something like that. So I went into the appointment by myself, but Debbie went with me because we were going out to lunch after the appointment. And when I came out, I remember then, you know, I just came out in the waiting room and she was sitting there and I says, all right, let's go. And we got out in the car and that's when she said, well, what is it? And that's when I said, it's lung cancer. When we meet with the oncologist, she explained everything. She goes, I knew nothing. We knew nothing about lung cancer or therapies. And she, um, we had just the scans and she, you know, noted all the places where it was. And yes, this is stage four and we have a plan. We, you know, we have, we're gonna try a targeted therapy. We're gonna have it analyzed for biomarkers to see what biomarker you have, because we don't go straight to chemo. We go to find out what the biomarker is, and there could be a targeted therapy or immunotherapy that would match up with that. So that was kind of, you know, giving us that information and then we could talk with each other about it.

Diane Mulligan ([32:08](#)):

I think that glimpse into how that came, came about and some of the challenges is, is, is tremendously helpful to people that are listening to this podcast. So thank you guys so much. Uh, you're sharing, I think we'll make a lot of other people's lives a lot easier.

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Debbie McKenna ([32:24](#)):

Oh, that's good to know. That's good. I mean, it's not an easy thing to go through and everybody's experience is different. Mm-Hmm. <affirmative>. So

Frank McKenna ([32:31](#)):

I, I think the key thing is, I, from my perspective, I think that the caregiver kind of feels helpless, but definitely wants to help. And it's like, what, what, how do I help? And from my perspective, like we would go to scans and Debbie would always go with me and, and I would have to go in, you know, the separate room and go into the scan for 25, 30 minutes and she'd sit in another room. But knowing she was sitting out there, that she went with me, was doing this with me, to me, gave me a sense of kind of comfort that, you know, she's with me in this. She's, she's out there and although she's sitting out there and can't do anything about the scan and is just worrying what's gonna show up on this scan, that part is, is tough where you're separated. But just that knowing somebody's with you in this, they're going to your appointments and listening to things with that you, you miss when they talk about it. Or they're going to your scans just to drive you there and back or ride with you there and back. That you have that support. And I, I think they wanna feel, what can I do? What can I do? And sometimes just being there and just being with that person is enough that that person, you know, feels that comfort that they need to get through another day.

Mitch Jelniker ([33:40](#)):

Excellent point. Well, thank you both. We appreciate your insight.

Frank McKenna ([33:44](#)):

All. Thank you. Thank you.

Diane Mulligan ([33:46](#)):

What struck me most about these conversations is that there's really no perfect way for somebody to be a caregiver. But what's really important is that the two people are talking it out to figure out what works best for both of them.

Mitch Jelniker ([33:59](#)):

Absolutely. And as we heard all three guests say, caregivers must take time for themselves. That is key. Well, if you're enjoying the Hope with Answers Living with Lung Cancer podcasts, consider donating to help LCFA produce this resource. Remember, this podcast is a resource for patients or really anyone else seeking answers, seeking hope and access to updated treatment information, scientific investigation, and information about clinical trials.

Diane Mulligan ([34:27](#)):

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