***Burnout in Caregiving: Practical Steps to a Sweeter Life with Farzana Doctor***

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Bill, you're listening to the cancer assist podcast, hosted by Dr Bill Evans and brought to you by the cancer Assistance Program. Wherever you are in your experience, we're here to provide help and hope as you navigate cancer prevention, treatment and care, help when you really need it.

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So welcome to the cancer assistance podcast. This is Dr Bill Evans, your host, and today we have a very interesting guest to talk to us about, really, how to have a sweeter life, as part of the title of her book, 52 weeks to a sweeter life. And it's aimed at caregivers, activists and to help professionals who are providing care to others and who maybe forget to provide emotional support and take care of themselves. So I think it's really important topic, one we've never touched before in the cancer assistance podcast, we've talked to a lot of doctors and nurses and occupational therapists, and we talk a lot about cancer, but sometimes we forget about the caregiver, and that are the kind of forgotten piece of the puzzle, shall we say, the person is providing an awful lot of the support day by day by day to an individual with cancer. So I'm delighted to welcome, welcome Farzana, doctor to the show and good, to have you here.

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Thank you so much for having me, and it's such a pleasure actually to be invited by this organization. I have a tender spot in my heart for people who are dealing with cancer. Like most people, we know, somebody who is dealing with it, and for me, it was my mom, so I'm very happy to be here. Well, that's

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wonderful, and there often is a personal connection, because cancer is just terribly common, and statistics would say one in two of us are risk of getting cancer in our lifetime. So it's pretty hard to avoid cancer, and part of the purpose for having the cancer assist show is to give hope to the individuals, not only that cancer treatments are improving, which they are and made huge changes over the course of my career, but also that there are supports for people experiencing cancer in our communities. A lot of times when you go to a cancer center, you are there and talk to the doctor nurses about the actual treatment, but often they forget to talk about some of the needs that you have as a human, how to deal with things emotionally and and practically, and that's part of what the cancer assistance program tries to do. So tell us a little bit about your background. How? What do you do? And before we get to your book, like it's nice to know what you've done in your life,

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yeah, thank you. So in the mornings, I'm a writer, and I've written fiction and poetry and now this self help workbook, and I've been writing for many years. And in the afternoon, I'm a social worker providing psychotherapy in private practice, and I also supervise young social workers who are trying to navigate their own burnout and at home, my mother in law lives with us, and my partner is The primary caregiver to her. She's dealing with Alzheimer's.

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And how did you get to be a writer and a psychotherapist? The combination sounds like quite an interesting one, you know, like, go back a little wind the tape back a little bit for us. How did you get your start in these things over your early days? Like,

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I think I was a kid who always liked to write. I wrote poetry. I wrote plays and performed them to whoever was willing to watch them my family. And then, you know, I'm a child of immigrants, and often the trope that we have is focus on financial security, which is a smart thing to do. And so some of the artistic stuff was was really downplayed in my life. And I was told, like, go out and get a career. And I was trying to figure out what I wanted to do. And I was also very involved, I still am in activism. And so I tried to think of a career that would allow me to be an advocate and have social justice at the forefront. And so I ended up in social work. My first social work job was at interval house in Hamilton, and I just continued to work in organizations and hospitals, and then around 2000 I said, I need to take the writing more seriously. Again, I was still writing on the side, and I quit my full time job, went into private practice so that I could have a little more autonomy, a little bit more control over my time. And then the writing really took off, and I'm six books in. So. Oh, thank you. Yeah. So it was, it was just a process, and it is a lovely combination, because psychotherapy work is a high burnout kind of profession, and to be able to have the privilege to do that half time, but then have this expressive, artistic other thing happening is really wonderful.

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That's fabulous. In six books, I was struggling to write one now, and I appreciate what you just said about the discipline of getting up in the morning and you have your morning to do the writing and then the afternoon to do your work. As a psychotherapist, my life is not so disciplined, but I have to take some cues from you and from the workbook here, so as I understand it, the books you've written have been novels, and they're, I don't know the theme of the novels, but it seems to me that doing a workbook about how to have a quote sweeter life is quite a departure from it. And I wonder how you made that you know, transition in your mind to go in that direction, to create this book that's to help others, rather than just a normal that would be fun and enjoyable but not have the practical implications that your workbook has.

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Yes, well, for many years, I was compiling lots of ideas for my clients and for the social workers who are burning out that I was around, and so I was compiling all of this information, and eventually you get to a point where you're like, Okay, I think I've got a lot of material here. What would this look like if it was a book? And I was also compiling it for myself. I have gone through a couple of burnouts over the course of my own career, and so I've been really paying attention to what, what is this all about? How do we deal with it? What do we need to know about it? What are some of the personal factors? What are some of the societal factors? How do we think about self care? How do we think about community care. So I've been really, I guess, pondering this for some time, and because I've written those other books, I think I had a sense that the same thing happened for my last book, which was a poetry collection. You kind of get to a point where you've like got enough material, and you think, ah, can I? Can I cobble this together into something worthwhile?

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So that's how you got there. Well, obviously this book has gathered some strong praise, and I'll just read something off the back of it, actually, in a world that often disempowers us, 52 weeks, offers a spirited and seamless approach to both self care and community care, which is both refreshing and radical, step by step. Farzana shows us how to reclaim care and our power. That's a big statement and very impressive, but a good endorsement of your book, yeah. And

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from Kathy Crowe, yes,

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Kathy Crow and it separates the self care and community care, and that's something I'd like to hear you talk a little bit about. I have a sense of self care. I don't have a good sense of community care. And I wonder if our listeners might have the same issue that I

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have. Yeah. So one of the things that I've encountered in my own world, friends, family, and then also the people I work with is that often Community Care feels easier to us. It might be the way we extend out to our loved ones, or maybe we're volunteering. We're caregivers. We often don't find it that difficult to serve others. So that's community care, being part of a community and working towards the greater good of the community, but we often don't link that to self care. And I actually find that because I've been involved in community care efforts for a long time, I find that it is sometimes good self care for me to be involved in community care, but it also can wear me down. Sometimes it's not self care for me to be overextending if it's overextending. So I wanted to talk about the self care versus community care debate. There is this debate out there where people are getting a little fed up with self care Sundays, that hashtag that happens on Instagram because self care has become this thing that has become very individualistic, very consumeristic, in how people will think about it, but really what it's about is mutual aid. It's about reaching out to people. It's about doing it on a regular basis before things get difficult. Something I like to talk to people about is to ditch their grand gesture approach to self care, and that applies to Community Care too. So I'll just give you an example of what that means. It's going to the spa and then wishing you could live at the spa or work, work, work, work, work. Go on vacation, but then you're sick for the first few days of your vacation, because it's the first time you're actually resting. Okay, so what I like to end then with community care. It might be I'm in an utter crisis, and I finally reach out to my best friend and Teller. So alternatives to this would be, I reaching out to my friends on a more regular basis to talk about the smaller stresses, and I'm reaching to them to see how they're doing on a more regular basis, and that can be with a volunteer group as well. It might be that I have daily practices of self care that are not grand gestures. It might be that once an hour, I'm standing up and dancing, or somatically shaking out the stress. So it's it's um. So self care and community care can be those things. They can be smaller, daily practices that help us to manage in the world. And why that is so important to me is most people I talk to say I have no time for all of this. I'm busy like I've got my full time job, and then I'm caring for our loved one, and then maybe I'm, you know, doing something else, because I'm a volunteer at the Cancer assist. Okay, like nobody feels like they have any time. They're just exhausted, so I am like three minutes once an hour. What can you do for yourself? Who can you reach out to?

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That's a good start, too, because the very first week of the workbook, and getting started is scheduling just small little bits of time. And you mentioned two minutes a day for reading and pondering the ideas in this book. And try, because I guess most of us are very busy, and somebody says, Oh, here's a workbook to go through over the next year. And oh, thank you very much. And maybe start off optimistically, but run out of gas because too many things intrude, but you checked it down to very small little steps and you want to talk, talk about that was

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important? Yeah, I because of the time crunch that people talk about, and I think it's also a motivation crunch. I think that people don't take themselves seriously enough when they're suffering. So it is time, but it's also something else that has to do with not understanding that this is so necessary. So yeah, so each chapter is designed to be like a three minute read and then optional experiments for thinking a little bit more deeply. So some, some deep thinking about your own life, deep thinking about how these things work for you. And then there's also optional deeper dives. There's a QR code or a link that goes to my website that has, again, short, short articles, short videos, things to look at. So that if you are a little curious about a particular topic and you want to know a little bit more, there's something to take you a little further.

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I was going to ask you about the deeper dive, but you explained it very nicely there. So exactly each of these chapters is laid out in a sort of a standard way, but with not so much information that you're overwhelmed or it takes a lot of time. So it's quite doable, but they you all need to be disciplined like you are. What you do in the morning, I'm going to write, well, maybe with your coffee you read this, or, yeah, something that's kind of the routine part of your life, and you can just take a couple minutes more to read and think about this. So I thought the week three self care and community care assessment, where you have the picture of the physical, the emotional and the spiritual dimensions of our lives, and you you're asked or challenged to kind of think about that, both from the personal care point of view, but the community care, which is around the outer side, talk a little bit more about that and what a person would do and how that's helpful in getting them oriented to the the workbook itself.

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In that chapter, I say, you know, this is not a test. So this is one of those optional exercises, just to do a self assessment to see how am I doing physically. I know that I'm supposed to take more walks. Am I doing that? And you might just make some notes for yourself. How am I doing physically? How am I eating? How am I sleeping? And then in the emotional what kind of emotional support do I have? How am I releasing some of my feelings? How am I even acknowledging some of my feelings? How am I normalizing my feelings in the spiritual realm? You know, it can look like something faith based, or maybe it's, am I getting out into nature? Do I have a greater sense of something bigger in awe? So we're just making some notes around that, and a lot of the things we will do will cross over into community care as well. So I think I gave an example of organizing a nature walk with your friends, right? That's going to be emotional, that's going to be physical, maybe that's spiritual as well, and it's also community care, because you're with other people. Yeah, and we might find that there are some things that we are doing in our lives that look like their community care for us, but when we take a deeper look at it, we're finding that they're actually a drain on us. So also establishing how are these things really impacting us? Are they draining our battery? Are they, you know? Are they filling us?

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There's a couple of chapters here that I found particularly interesting. One of them for in month two, week five. Neuroplasticity is cool now that really caught my attention. Wanted to explain a little bit about that, because I think most people won't have much of a concept of neuroplasticity and how it might relate to, you know, adaptation to stresses and so on.

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Yes, neuroplasticity refers to the ways that the brain can change. And much of habit change. And there, there are in some of the chapters I address habit change because essentially developing, you know, greater self care and community care ends up being habit formation. So I talk quite a bit about how habits work and with neuroplasticity, you know, we can create new neural pathways through repetition over and over when we do something. And there are different ideas about how many times we have to do something for something to change. Some people say maybe it's 21 days, and some people say way longer than that. And I think it really depends on what it is that we're trying to change, and what's the foundation and how much support we have. So it's about what are the repetitive processes that we can add to our lives? So the example you gave about, can we spend two minutes with our cup of coffee? We probably have, if we are regular coffee drinkers like I am, we have a well established habit, neural pathway. Each morning, I get up, I turn on my coffee maker. I can do that in my sleep. I am half asleep at that moment. So, you know, what if we have it stack on to that? That's the, that's the term that gets used. How about we have IT stack we add something onto that cup of coffee? Well, over time, that becomes your neuroplasticity exercise, and it starts to stick. So one of the perhaps not greatest neuroplasticity exercises I've established is that with my morning cup of coffee, I look at social media, and I don't love that first thing in the morning, I know that that's not the best way to start my day. So I have been, as you know, trying to very consciously, and we have to also do it through consciousness. Say, actually, that's not going to be the first thing with my morning coffee. What else am I going to do? And so I might do a short meditation with my cup of coffee, right? I might be like thinking about my goals for the day. I might be having some gratitude first thing in the morning. So

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we can, yes we can have

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negative neuroplasticity, and most of us have our negative habits that are so repetitively created.

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But as you say, Change can be hard, right? Change can be hard.

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We are set up in a way to have a kind of system where we want to be doing the same, repetitive things over and over again, a kind of homeostasis, rather than a change process. So the way that, the way that we make change easy, you know, there's multiple ways. It could be this habit stacking. It could be creating some rewards for ourselves. It could be using reinforcement from others, and over time, it starts to change. We have to also know, know what our motivation is for making these changes, and part of why there's quite a lot of information there about burnout and vicarious trauma, and this is for the helping professionals and the caregivers who are listening that I don't think we normalize burnout and vicarious trauma. And vicarious trauma is the ways that we absorb the pain of others, and it becomes this kind of residual thing inside of our systems. We don't normalize it enough that we are human beings, we are not robots, and so it's very normal to kind of absorb the stressors from the workload. It's normal to get overwhelmed. It's normal for us to feel other people's pain, and some of us are more sensitive than others in that regard. And if we normalize that, this will very likely happen, just like how you said, it's really hard to avoid cancer. I think it's really hard to avoid burnout and vicarious trauma. So rather, if we normalize it, instead, what we start to do is we start to watch out for the early signs. Pains and symptoms of these things, and we catch it early, hopefully. So for me, I think of the very early stages of burnout as feeling a little crispy. I'm just a little bit more tired, I'm less patient, I'm just like wanting to flop in front of Netflix a lot more often. So those are my early signs. And then I need to say, what do I need? Well, do I need to reach out to talk to somebody about this? Do I need to set up, set up a Hangout with my friends to recharge my batteries? Do I need a vacation? What is it that I need?

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I want come back to this and focus it specifically on, particularly nursing staff, because I think nursing staff today are really stressed, by virtue of the fact that covid was a difficult experience for many of them, caused some to lead the profession. The ones who remain are now overworked and and they're experiencing a lot of difficulty, and I want to know how this can practically help those individuals, and it may have relevance for doctors, but somehow, being white, I know how most doctors will just sort of put on the front that they're okay, and they'll carry on when they really might be wise to, you know, do some self examination, and watch out that they too don't get burned out. But then a third group that we really want to have you talk about is, are the care providers for the people at home, looking after the patients? We'll take a short break now and then we'll come back and we'll do all of that. And we're talking to Rosanna doctor about 52 weeks to a sweeter life. We'll be right back.

21:44

We'd like to take a moment to thank our generous supporters, the Hutton Family Fund and Banco creative studio, who make the cancer assist podcast possible. The cancer Assistance Program is as busy as ever, providing essential support to patients and their families. We remain committed to providing free services for patients in our community, including transportation and equipment, loans, personal care and comfort items, parking and practical education. These services are made possible by the generosity of our donors, through one time gifts, monthly donations, third party fundraising, corporate sponsorships and volunteer opportunities. Visit cancerassist.ca to see how you can make a difference in the lives of cancer patients and their families.

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All right, we're back with Farzana doctor talking about 52 weeks to a sweeter life. I should ask you how you ever got that title sweeter life. I might call it more productive life, or a more self assured life, or a more comfortable life, and you chose sweeter life. That's kind of interesting in itself. Yeah.

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Well, we all like sweet in our lives. I didn't want to talk about more productive, self assured. Could have worked too. But also, we look for, you know, things like a little bit of, it's not quite a rhyme, but weeks since we you know, so that's also how titles get created. Yeah, I think I was really hoping for people to have more enjoyment in their lives as a result of this. Well, I

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know there's a lot of healthcare providers these days that don't have a whole whack of enjoyment in their lives. They feel that they're doing two jobs at once. They don't get their time off. They feel like they're understaffed and so on. So what can you say to them and about what they could do and how they might use your book to help them get in a better place? Yeah,

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so the first thing I would say is, if you're feeling burnt out, it's not your fault. That's the first thing. Burnout is partially an individual issue, but I think it's also very strongly a structural issue. So you talked about the nurses, doctors, I would add the social workers too, because that's who I talk to a lot. I think anybody who is impacted by the social service, service and healthcare systems knows that there is not enough funding in these systems to really provide for enough staffing and better pay for all of these people doing important work. So first thing is, no, it's not your fault. And when we take that off of us, when we take the blame away from ourselves, we're able to sit in more self compassion. And when we sit in more self compassion, sometimes it's easier to figure out what we want to do next with all of this. For people I've spoken to who really are, like, I'm just running all day long, like, What do you mean? What am I supposed to do here? I think one of the things we can do is we can start with the community care aspect of it, find at least one person on your shift. Sometimes it's your your buddy, it's your, you know, work, spouse, whoever you can trust and talk to. About this. I need once an hour to find three minutes to breathe, to help my nervous system out, to make sure I'm drinking some water. Help me with this. Let's, let's help each other out. We can start to change the culture of teams that way. That can become bigger when our teams are are more interested in this. We can start to change the systems and so on. So it's hard to do it by ourselves. If you are by yourself, you know, I work by myself. For me, I need lots and lots of reminders still, you know, I have post it notes. I might have alarms set up, and then it really is just up to me, like Farzana, get up, shake it out, listen to some music, walk around the block, right? And these can be three minute, five minute activities, and for me, a lot of it is noticing what's going on in my nervous system. I have a few chapters that are devoted to understanding how the nervous system works. Most of us should have been learning this in grade three, and we just don't have this education about how overwhelm happens in our nervous system. But to make it really quick and dirty, here we our brains are set up to go into overwhelm very quickly. We barely notice that it's happening to us, and so we need to find out how we can notice that, and then what can we do to come back into an equilibrium. Term that gets used a lot is the window of tolerance, or window of capacity. And once we understand what our window of capacity feels like, where our kind of ideal nervous system state is, and then what overwhelm is feeling like in our bodies, we can start to play with that. And that's what I'm doing. In my three minutes of dancing or walking around the block, I am trying to bring myself back into my window so that I'm not building up and building up and building up and building up all of this stress all day long, which will only result in me wanting to flop in front of Netflix, which is fine to do sometimes, of course, but I don't want to be doing that all the time. It might cause me to not cook and just to eat whatever processed thing I have available That's quick. All that stress will build out and maybe cause me to go to bed too late. It might cause me to yell at my partner, right? So we just want to be watching this build up all day long, so that we are kind of releasing it as we are going we're resetting as we're going through our day.

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So practically speaking, say in the hospital where staff are working, kind of imagining maybe some people listening will say, well, let's get this book and let's work on it as a team. Can you see nurses and teams getting together and trying to apply this on a day by day basis, and kind of use this workbook to go through together? That be an option?

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Yeah, I know people who are doing monthly groups so but you know, as often as people want is great. I think together is always better, like we do seem to learn better with other people, right? So what I've heard more people doing is they'll meet monthly and then they'll talk about that whole month's worth of material, and then they're getting into deeper conversations, right? Because they're starting to talk about their own lives and their own histories and where they think some of these beliefs that they have that have been blocking self and community care. Where do these things come from? So I definitely think, yeah, create book clubs with your best friends, with your co workers, with whoever, if there's anybody in an HR department listening, starting that up for people, you know, take, take the labor out of it for people, and just start it up. I think it's really worthwhile. There's a guide at the end of the book that helps with thinking through what would a structure for one of those book clubs look like? How do you want to start? How do you want to get into some some of the topics. How do you want to end?

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One of the concepts that is ingrained in a lot of us that I'd never heard stated the way you stated is internalized capitalism, and because it seemed, when I read that piece, that that explained a lot of what drives us and drives us over the cliff frequently too. So I think people be interested to hear that, you know, hear from you about internalized capitalism and how it influences in a very negative way, generally speaking.

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Yeah. So this term refers to the ways in which we might be valuing money and earning and a kind of productivity that really suits, not not ourselves in our communities, but suits the larger system and and not in a good way, right? So we are sold a lot of things. We are taught that our worth depends on how much. Do and how much money we make. But what if we, what if we, you know, stepped back from that. We are also taught that we must have the right kind of car, the right kind of house, right? We know that this is a trap for most people, that most people can't survive very well within capitalism and also have a peaceful, meaningful, happy life, right? It's very hard to have balance when we are overworking and striving for some kind of ideal that we haven't questioned enough. So yes, there are certainly consumeristic things that I enjoy and that I want, but I need to be thinking about why is that, and at what cost, and what does what does it push out of my life? What don't I have time for? What do I get distracted away from? So we really need to be thinking about that. And one example that I gave in the book was there was a time about eight years ago when I was having some multiple stressors piled on, and that's when I had the second burnt out burnout of my life. And during that time, I got shingles, and I was only 45 so that's a little young for shingles. So it was a big wake up call. Like, oh my goodness, Farzana. Like, what is happening with your immune system? What is happening with your stress levels? So I was like, What am I going to do? And when you have shingles, for people who don't know, you can have a lot of exhaustion. And I think sometimes the medication also prolongs that, even though it's, you know, helping you. So I was tired for a long period of time. I had, you know, maybe two or three good hours in the day where I could work and I didn't pay my I didn't pay enough attention to that. I didn't take myself seriously enough. I think I took one week off, and really I should have taken more time off, but internalized capitalism said to me, I need to earn money. What about my clients? I'm going to be letting them down. I don't want to disappoint people. Mo, I'm okay this. I can push through all of this. Come on. I can push through like, you know,

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I think that that is so true of so many in healthcare, particularly physicians, will push through, I think often for the right reasons, of, you know, wanting to help people, but sometimes I think the financial factor also is at play. And I really, it really resonated with me to read about the internalized capitalism, how that could be driving a lot of our behaviors that end up bringing us less comfort, less quality of life, less health, really in the end, yes. So that, I think that's an important idea to get across. Now I wanted to have you talk about the care providers for those individuals who are at home looking after someone who has cancer, perhaps an advanced state of cancer, it can be extraordinarily draining and sometimes very isolating, because perhaps a spouse feels they have to do everything for their loved one, and they can't let other people you know, sort of intrude on their privacy. And then they break down because they take it on so much, physically, emotionally, every way. So what kind of advice can we be giving? Should we be giving to care providers themselves or looking after someone who is

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ill? So first of all, you want to just be saying, none of this is your fault. This is structural. You're not to blame. But then we need to also be thinking about, what are our beliefs that are driving this? Why do we feel we need to do it alone? How did we develop that thinking as a as a therapist, I talk to people a lot about trauma adaptations, and what that is, is all of the ways that, as we were growing up, we learned how to adapt to the little and larger traumas of our life, and maybe we became hyper independent. That's one trauma adaptation we we didn't learn how to ask for help, or if we did ask for help, none came, right? So we need to do a little introspection around what what is the thinking, what is the belief around all of this? And then we need to start talking to people about this. Maybe, maybe it's going to be another care provider, anybody we can manage to talk to and say, How do I do this? How do other people do this? Are there any support groups? Are there any groups on Facebook? You know, how. I, how do I start to talk, talk, talk to other people? So I'm feeling less alone, right? Community Care, and then I think we just have to start asking for help. So I have a friend recently who has been dealing with cancer, and she's she's someone who's done a lot of this, and I know it was hard for her, but she's done a lot of thinking around this. So she got her friend to set up a care team. It was like 20 people, so each person had to do very little, right? And they they said, what do they need? Some some of it was like meal train stuff. Some of it was accompanying her to her appointments, right? And it was also carefully curated that people knew what to do so that they could help. Because one of the problems with asking for help is we are not specific enough. Our friends actually need detailed instructions and how to help us. Our family members need detailed instructions. So the first step is to talk to someone about how you set that up, how to feel less selfish or bad for setting that up, and then start to set it up. And then, you know, check in and see what are people finding? Because most people will say, I was so glad that I could do this. One thing for you. It took me 20 minutes, and I was so glad I could do something. I felt so helpless. So just just remembering you can't do it alone. You will break down your your health will suffer. I know just watching my partner, who's a primary caregiver to his mom, it's, um, it's been many, many years now, and it can be really hard for him to take a day off, right? We get so we can get kind of in a bit of a hamster wheel of over responsibility. But when we do get off the hamster wheel and we start to take back a little bit more of our life, we go, Oh, right. This is what that feels like.

36:59

That illustrates very well, but I'm sure a lot of people are going through and the need to actually get off the hamster wheel as you describe it. And really that's what this this workbook is all about, is is helping you in that way. And there's another quote and wanted to read, which says, Dr farzada, doctor has given us permission to care for ourselves. 52 weeks asks us, as service providers to take a leap of faith, invest in our well being without guilt, and commit to self care. I think that's a great message for care providers, be they professional care providers, doctors, nurses, social workers, occupational therapists, pharmacists, or whether they're care providers for someone at home, in case of your partner's father suffering with dementia or someone with cancer or cardiovascular disease, all these things, all these illnesses, require support from individuals that are close to that individual, but from a wider community of care. I think this is a great book for people who are caring. And I guess all of us are carers at some time, right? I think we are, yeah. So it's kind of a universal value, and from that point of view, the cancer assistance program is going to which has a free speakers series. It's going to have you, Farzana doctor, coming to the Hamilton Public Library, Central Library here in Hamilton on Thursday, September the 26th where you have a chance to meet you and to hear about the book. There'll be a conversation with you between 630 and 730 but the doors are open from six to eight, and there'll be a book signing from 730 to eight o'clock. So it's a great opportunity to get a copy of the books, meet the author, hear some more from you. It's been great talking to you. And for those who want to come to this public event, you can register by visiting the cancer assistance Program's website, which is at www dot cancerassist. All one word.ca, and I think it'll be a wonderful evening to learn more and to become more effective in looking after yourself as a care provider or others who you're providing care to. It's been wonderful talking to you. Yes, thank you. You've acquired an awful lot of rich experience through your work and and put it to good use and and chunking down in small little steps how we can all become a little healthier, I would say, as as caregivers or activists or helping professionals. So want to thank you for taking the time to do this podcast with me, and look forward to maybe you. Seeing you September 26 in Hamilton,

40:03

I hope so. Thank you so much for having me on the podcast.

40:09

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