Mayo Clinic Q & A - Cancer caregiver - Caption Audio 06 30 2...

Thu, 7/8 12:23PM 39:07

SUMMARY KEYWORDS

caregiver, caregiving, cancer, patient, people, manage, care, joan, providers, important, family caregivers, diagnosis, mayo clinic, resources, support, researcher, provide, symptoms, necessarily, child

SPEAKERS

Dr. Halena Gazelka, Dr. Joan Griffin, Narrator

N **Narrator** 00:01

Coming up on Mayo Clinic Q&A,

D **Dr. Joan Griffin** 00:04

When there's a cancer diagnosis, it's actually a diagnosis for the family. It's not just for the patient because the cascading effects affect so many people.

N **Narrator** 00:13

Today on Mayo Clinic Q&A, we'll look at what caregivers can expect when a family member is diagnosed with cancer, advice on how to best care for a loved one, and how caregivers can navigate this difficult time.

D **Dr. Joan Griffin** 00:25

It's managing communication with families and friends about what's been going on, how things are going. And that's a lot of work. It's a lot of work to kind of keep up with those things. It can be overwhelming, it can be stressful, it can be burdensome, but I think some people also find a lot of joy in it too.

Dr. Halena Gazelka 00:42
Welcome everyone to Mayo Clinic Q&A. I'm Dr. Halena Gazelka. When someone we love has cancer, we may find ourselves in the role of a caregiver. Cancer caregivers can be partners, family members, or friends. They're rarely trained for the job of caregiving, but they often become indispensable, taking on tasks like administering medications, helping with side-effects, communicating with the cancer care team, and so much more. Joining us to discuss this today is Dr. Joan Griffin, a Ph.D. researcher in healthcare delivery at Mayo Clinic. Welcome to the program, Joan.

Dr. Joan Griffin 01:16
Thank you. I'm so happy to be here. Thanks for inviting me.

Dr. Halena Gazelka 01:19
Well, I am very excited to learn about this topic today. I practice both pain and palliative medicine, and certainly I think that what we talk about today will help me take better care of my patients as well and understand some of their issues. Can you tell me Joan, how do you define a cancer caregiver?

Dr. Joan Griffin 01:38
Yeah, you know, it's a deceptively simple question and a very complicated answer, I think. And it all kind of depends on who you are and what lens you're looking at this from. So, you know, as a researcher, I tend to think of this in pretty specific terms, I tend to think of family caregiving, as you know, personal services that somebody who provides personal services or support to allow someone to meet their physical, mental, emotional needs, and allows them to function at an optimal level that provides them comfort, allows them to be capable in their abilities to do things and keep them safe. And so, I think that cancer caregiving is different than dementia caregiving, different than stroke caregiving, but the definition issue is really interesting, because in my conversations with providers and the research that I've done with providers, they often have a different definition of caregiving. And caregivers often have a different definition of what caregiving is, and I'm sure you've seen this in your practice too where people say, I'm not a caregiver, I'm just their spouse, or I'm not a caregiver, I'm just the daughter. And they don't really sort of engage and take on this title. But as a researcher, we kind of have to have the definition. But it's really interesting to see the kinds of people who embrace the definition and those who don't,

because for the most part, given the broad definition that I use, almost everybody who is supporting somebody through the cancer journey is a cancer caregiver.

D Dr. Halena Gazelka 03:29

So, I touched on this very briefly during the intro, but what are some of the roles that you see cancer caregivers taking on to assist patients?

D Dr. Joan Griffin 03:38

You know, I think there's the obvious ones, and I tend to break cancer caregiving into you know, stages, just like we do when we're thinking about cancer treatment. You know, there's the early stages around diagnosis and treatment planning. And then there's the active treatment stage. And then there's survivorship, and it's almost as if there are different roles that happen for cancer caregivers, along those same stages. You know, there's the obvious things like helping loved ones recover from surgery, or managing medications, or you know, assuring that people are actually taking their medications, checking on symptoms, making sure that their symptoms are managed appropriately. But there's this whole other part to cancer caregiving too, you know. It's managing the financials, it's managing the household when somebody, you know, when you have sort of a unit that all of a sudden is disrupted, you have to kind of manage all those things. It's managing the care coordination. A lot of times, I think Mayo is really, really good at communicating across the team. But in other systems, you're picking up your chart and you're carrying it from one specialist to the next, back to primary care. And that caregiver is often the person that holds the tacit knowledge from one, you know, provider to the other. And they're the link between all of the different encounters that they've gone through. It's managing communication with families and friends about what's been going on, how things are going. And that's a lot of work. It's a lot of work to kind of keep up with those things. And I think it can be overwhelming, it can be stressful, it can be burdensome. But, I think some people also find a lot of joy in it, too.

D Dr. Halena Gazelka 05:34

I was going to say it sounds like it could be very stressful keeping details straight. Is there anything that individuals who know that they're going to be assisting a loved one with cancer can do to prepare to become a cancer caregiver?

D Dr. Joan Griffin 05:49

Yeah, I think there's a lot of things that we can do, and a lot of things that we can prepare people for. And I think of this sort of broken up into two different ways. One is the things that you can do to prepare yourself to be a caregiver to provide that care to your loved one. Things like, you know, making sure that your insurance is up to speed, assuring that you've got time off from work, or that, you know, things around work are kind of managed. But then there's this whole other side of things around self-care and making sure that you are as fit as possible to be a caregiver, because there is such an overwhelming burden that can go on. And it's not necessarily for a short period of time, I mean, we can kind of sometimes think that it's not just recovering from surgery. You know, cancer is often turning into a chronic disease. And so, the whole survivorship period, it can go on for a long time. So, really making sure that you've got things in place to make sure that you're in a good place, you've got social support lined up, you've got that circle of friends who you can, you know, trust and touch base with, that you've got some kind of exercise routine or something that sort of brings you joy, and brings you some kind of solace, some way to kind of help you cope and manage with all the stress that's going to come with that role. So, I think that there's sort of two different things. And I think the self-care for the caregiver is something that we often forget about. And we often don't emphasize enough on the clinical side. And it's really important, because it's a long, hard marathon, I think sometimes, and we really have to prepare ourselves. And not all caregivers are healthy. I mean, I think we have this sort of assumption that there's the benevolent caregiver who 1) wants to take on this role, and 2) that they're healthy and capable of providing these services and doing these things. And, you know, in my research, I've found that the caregiver, you know, there's sort of like this flip sometimes what we call the patient, the person with cancer, is often the one who's caring for the caregiver. And then this cancer diagnosis really throws things because all of a sudden, the person who has actually had a lot of the illnesses becomes the caregiver. So,

Dr. Halena Gazelka 08:17

Role reversal.

Dr. Joan Griffin 08:19

Yes, yes. And I mean, I think sometimes we forget that they have their own health issues that they're managing too, their own health, and family, and social issues that they're managing as well. So, that self-care part I think, is really critical.

Dr. Halena Gazelka 08:36

How can a caregiver attempt to understand what the patient is going through, what their loved one is going through to they can best support them?

Dr. Joan Griffin 08:47
You know, I often point to sort of two different things that happen along the cancer journey, and they often happen, they often coincide. One is grief. I mean, I think that patients often have to manage and think about issues of grief, of grieving what their life was like, grieving what they have lost because of the diagnosis, and that issue of uncertainty, not really knowing what's going to happen next, if this treatment is going to work. So, I think caregivers have those same issues that they have to think about and manage but having them have common issues. This, you know, talking about grief, talking about the uncertainty. I think that because caregivers are going through that they can probably empathize a little bit more that their loved one is going through that too. And those might be common areas that they can begin to bridge and think about together and help the caregiver better understand what this might be like for that person. And it might also help the patient understand what the caregiver is going through too. I mean, cancer caregivers are often thought of being sort of like, having a, you know, it's you know, from the trauma literature, it's more like they are exposed to. they're almost like a second victim, so to speak. I don't want to use the word victim. But, you know, there is sort of a cascade that there's a....

Dr. Halena Gazelka 10:25
Participating in the experience as well.

Dr. Joan Griffin 10:28
Yeah, yeah. There's a researcher at University of Michigan, Laurel Northouse, who has since retired. But she has said that when there's a cancer diagnosis, it's actually a diagnosis for the family. It's not just for the patient, because it the cascading effects affect so many people. So, I think that if you can find those things that anchor, that are common across family members, that might help them begin to understand, or empathize, or at least have a better insight as to how that experience really is. That's really important, I think. One of the things that struck me, Joan, when we were talking about uncertainty, and about grief, is fear. Yeah.

Dr. Halena Gazelka 11:13
I would imagine that the diagnosis when people hear the word cancer, it conjures up certain, you know, undeniable feelings in us I think, and there has to be an incredible amount of fear experienced by both the individual receiving the diagnosis, and those who love them as well. And I can imagine that plays a big role.

D

Dr. Joan Griffin 11:35

Yeah, and you know, and one of the things that we've done some work in is, as a caregiver, those fears of death, being left behind, being financially strapped because of the diagnosis, a whole list of fears that caregivers may have, they're not always willing to share those with the patient, because, you know, it's socially undesirable or unacceptable to say to the patient, yeah, I'm really afraid that this diagnosis of yours is going to cause our family, you know, financial ruin. So, there are a lot of things that caregivers have to keep inside, because they don't necessarily, you know, if it's their partner, who has cancer, you know, the things that they typically may have shared, the caregiver is often not going to share those things, because it's just not considered to be what a good caregiver does. It's not seen as being supportive. So, there's a lot that's kind of held in, and so there are, you know, we've got a couple of different approaches for helping people you know, express those emotions in private ways outside of the, you know, purview of the patient that seem to be helpful at coping with the diagnosis and with the caregiving too.

D

Dr. Halena Gazelka 12:59

Give me an example of that, Joan.

D

Dr. Joan Griffin 13:02

Well, there's a really interesting intervention that's been used in trauma. For people who have experienced trauma, where the simple exercise of sitting down and writing 15-20 minutes a day and very focused writing, so not just, I went to the store, I went and picked up some medication, I came home, I did some laundry, because you know, the bed was soiled whatever. It's very focused on what your experience is, and what the challenges that you're facing are. So, like, you know, it's almost like writing in a diary, but much more focused than that, you're often given prompts to write from. And if you do that four or five times a week, the impact on reducing symptoms is actually pretty profound. It's pretty amazing. It's done in a private way. And you know, you don't have to worry about grammar or spelling or anything, but it's almost like a way to express your emotions and sort of purge them in a way. And it's been done a little bit in caregiving. There's a researcher at ASU who's worked on this approach with hematological cancers for BMT patients and caregivers. And it really seems to have an effect and it's such a simple and easy, low cost intervention, that we could provide resources for caregivers to say, you know, this might be one way for you to kind of begin to think and manage and, you know, help you express some of those emotions that you don't necessarily want to talk to a counselor about, a therapist about, your spouse about, but it's just like such an easy, simple thing that we could do to kind of help caregivers manage.

D

Dr. Halena Gazelka 15:01

That’s a wonderful example.

D

Dr. Joan Griffin 15:02

Yeah.

D

Dr. Halena Gazelka 15:03

Joan, I can imagine, and you touched on this earlier, that often the caregiver may become a major communicator. So, not only with the patient, but with loved ones, with you know, work, with society I imagine, with the clinic, etc. How can a caregiver practice or attempt to become a most effective communicator? Are there tips for that?

D

Dr. Joan Griffin 15:32

Yeah, I mean, I think that this is, you know, this is where those who are really organized sort of thrive, and those of us who are not as organized are a little bit more challenged, but I mean, coming prepared is really helpful. I mean, knowing what your insurance covers is and what it doesn’t, all those conversations, having those upfront, having an idea of what the communication pattern is going to be between your oncology team and your primary care provider, I think is really important. And having had some preparation with your primary care provider before the course of treatment starts. And I think, you know, we’ve done a bit of research with providers, and it’s really interesting, the attitudes and beliefs about caregivers from the provider perspective, because providers are there, and I guess I mean mostly physicians, are there to help the patient. Their focus is on the patient. And at Mayo, you know, we know that the patient needs come first. But often, what that means is that the caregivers are sort of put to the side a little bit, and they’re engaged, but they’re engaged in relation to the patient. So, if the patient’s having problems, the caregiver is brought in, but we’re not very good at saying, hey, you’re looking really stressed, and I’m sure this is really overwhelming to you, and are there things that we can do to kind of reach out to you and help you, because it’s out of a provider’s purview. It’s not where their area of expertise is, and we don’t necessarily have resources at the ready to provide caregivers. And so, I think if caregivers can know that providers are sometimes hesitant to include them as a vital part of the care team, it might be really important for caregivers to go in prepared and say, you know, we’ve talked about this, and this is what my role is. I mean, I think one of the challenges of caregiving is that, especially cancer caregiving is, is that you’re still dealing, I mean, you’re still trying to be as respectful to the autonomy of the patient as much as possible. And so, you want to make sure that they’re the decision maker, they're driving this, it's their health, it's their body, it's their diagnosis that they're trying to manage. But what is the caregiver's role? What is the caregiver going to do? I think having those critical conversations early on with the clinical team, and letting the clinical team know that these are the things that the caregiver is comfortable doing, and these are the things that they're not. If they're not comfortable doing wound care, then it's kind of like, okay, we need to find someone who can help you come in and, you know, change bandages, or if they're really queasy around blood, or any kind of bodily functions, you know, I think that the clinical team needs to know that. But the caregiver also needs to know that they need to express those things to the clinical care team and say, here's kind of where my comfort zone is, and outside of that, I'm not going to do so well. And so, I want to make sure that the person has really good care. But these are the things I just can't do. And so, some of those critical conversations early on I think are really important.

D Dr. Halena Gazelka 19:05

I think that's really helpful. Even to me as a provider I often identify during the conversation who the caregiver is, and who the keeper of the list is.

D Dr. Joan Griffin 19:15

Yeah.

D Dr. Halena Gazelka 19:15

And so many times it's the caregiver, it'll be the husband, the wife, the child, and I will get to the end of the conversation with the patient themself and then turn to the caregiver and say, now how many more questions do you have left on your list for me? And we'll turn to those and kind of follow that, you can kind of establish what their role is, and it makes them they often think of things that the patient themselves wouldn't think to ask you. So, it actually is very useful. That's great.

D Dr. Joan Griffin 19:45

Well, and they often think of those things because they affect them. You know, if you're expecting them to be able to go home and manage really complex meds, they may have a whole list of questions that the patient may not necessarily be thinking about. The caregiver is like oh my gosh, this is a big responsibility, I really need to understand this stuff. So, you know, those exactly are the ways that caregivers can better communicate is if they kind of know where their uncomfortable places and what they are willing to do and what they're not.

Dr. Halena Gazelka 20:20
I've noticed that about pain symptoms and other side-effects as well, that often the patient will kind of downplay that when you ask, but then the caregiver will say, now wait, I remember last evening, or in the last week I've noticed this. And sometimes the caregiver can be really helpful in terms of delineating some of the topics that need to be managed as far as symptom management.

Dr. Joan Griffin 20:45
Absolutely. And you know, pain is just so interesting, too, because, you know, when we're in pain, we kind of turn into bad reporters. I mean we don't necessarily know what was going on because so much of our energy is put towards trying to cope with the pain and manage the pain. Where caregivers kind of come in from that different angle and say, you know, you were not actually managing that situation very well, or you were having a really hard time at this time of day. And they can give that different perspective. So, I think that they're an added value all the time. But they can also provide, you know, nuances that we're not necessarily getting just from the patient.

Dr. Halena Gazelka 21:30
Yeah, that's great. Joan, tell me how caregiving is different when an individual is working with a child who has cancer versus another adult?

Dr. Joan Griffin 21:42
Oh yeah. I mean, I think that, you know, just to kind of back up a little bit, I think one of the interesting things about caregiving is that, you know, people often call it informal caregiving, and that is sort of becoming out modish. I think caregivers don't like that term, informal caregiver, because what they feel they're doing is actually really important and informal makes it seem not as important. But I think the difference between a family caregiver, broadly defined family, and, you know, a healthcare provider, is that they have this emotional bond. And so, everything is done with this, you know, deep emotional tie to that person. And when you've got the emotional bonds, it just changes everything. And I think when you're a caregiver to a child who has cancer, that emotional bond, I think, is even different than if it's a spouse or a parent. In part, I think, because, you know, coming back to the grief and uncertainty issues, I think children don't have as clear of an understanding about grief and loss and uncertainty as parents do. And so, parents or

adults who are caring for a child sort of have the vision and, you know, they can see the horizon and what the path might look like for the child. But the child, I think, is sort of here in in the moment, unless they're, you know, adolescent or late adolescent, they may have a better understanding. So, I think that they almost take on more of the responsibility, because they know about grief, they know about uncertainty, and they don't necessarily want to share that or put that on the child. So, there's almost a double burden of caring for somebody and the physical tasks that happen, but the emotional burden of caring for a child, just seems to be so much more overwhelming. And to that point, I think that self-care part is just so much more important then for people who are taking care of children with cancer, just because it almost seems like the emotional weight of that can affect you so much faster and so much harder. So, I think that self-care and those self-care practices and establishing those really early on are pretty critical.

D **Dr. Halena Gazelka** 24:24

Much of what we've described here today, Joan, sounds like more than full time job to me. What advice do you have for caregivers who are also continuing to work outside of the home now that COVID has hit, and so many people are working from home maintaining a job or a career while they are caring for someone?

D **Dr. Joan Griffin** 24:46

It's really tough. I mean, I think it's tough because we don't necessarily have the laws in place to help support caregivers. I mean, we have FMLA, and our FMLA laws have changed to be more supportive, and there's more that is being presented to Congress, I think to to support caregivers who are working. You know, I think having a really clear understanding of leave policies and understanding what your rights as a caregiver are. And, you know, it sounds like legalese, but it really is important to kind of understand, you know, what's your right of taking time off? Are you able to come back to your job after a leave of absence? I think it really hits hard for people who are in either gig work, or intermittent work, or work that doesn't necessarily have a really strong benefit package that guarantees FMLA. Or I shouldn't say that because everybody is guaranteed FMLA, but doesn't have guaranteed vacation, and paid sick time off. It's a national problem I think that we're dealing with, and not one that I have really clear answers for. But I think as our population begins to age, and we don't have as big of a pool of caregivers, this is going to become a bigger and bigger issue for us, because it's very hard to manage work and caregiving. Having said that, I do think that work sometimes can be a haven, from the stress of caregiving, it can help sort of give you something else to do besides the stress and overwhelming nature of caregiving. So, you know, it does provide some structure and focus that sometimes your life as a caregiver doesn't necessarily provide you. So, you know, it is I would say, it's a very tough one. And I think it's especially tough if you're holding the insurance. And so, you're having to continue to work because your loved one is not able to because of treatment or because they're disabled. So, it is definitely a challenging question without a lot of really clear answers.

D **Dr. Halena Gazelka** 27:26

Joan, one thing that struck me as we were speaking today is something that I've often shared with our residents and fellows. I specialize in both pain medicine and palliative medicine, which means I care for patients who have chronic medical illnesses, such as cancer, and help with symptom management, goals of care, etc. And one of the things that was profoundly remarkable to me when I started in this practice of medicine was that I had always sort of imagined that as people have a difficulty in life, like cancer or even worse, sometimes face a death or some significant morbidity from their illness, that they would draw together, and that it would improve the relationship. But that's not necessarily so. Sometimes it must be very difficult to be a caregiver when the relationship has been a difficult relationship. And how the caregiver interacts with the individual requiring the care who has cancer can be challenging, I'm sure. What advice would you give in situations like that?

D **Dr. Joan Griffin** 28:35

I think you've really put your finger on it, and I think that it's a very challenging thing. And we have a study going on right now, which is actually in the palliative care space where we're recruiting family caregivers of people who have received palliative care. And the people who go into the intervention arm receive video visits from a nurse. And much of what the nurses are managing is exactly this. It's a lot of relationship issues. It's, you know, I never had a good relationship with my mom, and now she's dying, and I'm expected to take care of her. This idea of choosing to be a caregiver is in the literature and in research has shown to be very predictive of caregiver burden. And so, if people choose to be a caregiver, they sort of take it on and don't feel as much of a burden. If they do not choose it, and they feel like it's thrust upon them, it really is an indicator of risk for downstream mental health and physical health consequences. So, it's a critical and important issue. Some of the, you know, really practical things that we encourage people to do is really you know, make sure that they sort of know where their boundaries are. And being a caregiver to somebody who you've got a contentious relationship with or a difficult relationship with, doesn't mean that they can treat you poorly, and vice versa, that you can't treat them poorly too. But you kind of have to know what you're going to take and what you're not. And that's okay. But I think that's where counseling really can kind of step in and be helpful because families are messy. Families are difficult. I mean, there's very few cases where you see a caregiver who doesn't have, you know, some family member where there's not some type of strife in the family. Families are hard to manage over a long period of time. So, I think communicating that with your clinical team and making sure that they know that there are some challenges so they're not thinking that you're being negligent or are not providing optimal care, that there are reasons possibly behind the challenges for Caregiving. That's really important. But I think seeking out counseling is really an important avenue for people who are really struggling with some of the communication issues that can happen during the the cancer journey.

D **Dr. Halena Gazelka** 31:26

That's a great point, Joan, because you pointed out earlier that the stressors involved with these diagnoses and the ongoing care and the chronic nature of this could stress even the best of relationships. And so, probably even more important time for self-care, as well, I imagine.

D **Dr. Joan Griffin** 31:44

Yeah, yeah, exactly. I'd agree.

D **Dr. Halena Gazelka** 31:47

Joan, what other research is going on in this area?

D **Dr. Joan Griffin** 31:51

You know, it's a fascinating area for research because it's really burgeoning. I think that there's a lot that's beginning to happen on the policy end, but also at the clinical care delivery end too. On the policy end, there's a lot of recognition that family caregivers have an incredibly important role in the care of patients, and in the way that we manage our healthcare systems overall. You know, we know that if we actually had to pay family caregivers for what they do, it would break the healthcare system in our country. They provide so much unpaid care and support that it exceeds, you know, I think like 10 times over what the Medicare and Medicaid budget is. So, their contribution is huge, and incredibly important for our healthcare system to stay afloat. And I think that's beginning to be recognized through policies. So, there's a lot more around trying to identify who the family caregivers are, because that's not always clear cut either, and making sure that they're aware. So, I mean, there are situations where people are admitted to the hospital, and family caregivers are not aware that there's been an admission. So, we now have laws in place that require hospitals to notify the family caregiver, that there's been an admission. So, the patient has to identify who the family caregiver is, that caregiver is then notified. And then they're required to provide discharge planning and discharge support right before the discharge from the hospital. And that might seem relatively obvious, and like, hospitals are already doing that. But when you get into the details, it's much more complicated, finding the right person, documenting them in the medical record, making sure that they're available for discharge. And when we're talking about, you know, people who live in rural areas, it even gets more complicated because they have a lot more challenges for queuing up the resources at discharge, and getting to the hospital in order to provide care. So, there's policy that's being done around that and research around that. More on the care delivery side there's a lot more on identifying caregivers and doing interventions to assure that they don't sort of get caught under this huge burden of care, and that they are able to, you know, optimize their own health, and make sure that they keep themselves as healthy as possible. Because I think that there is this bigger understanding that they're so important, that if if the burden of care ends up affecting caregivers, we know that those patients will end up in the hospital again too. So, we need to make sure that they're as sort of ready and able to provide the care as possible. So, I think, and then there's a lot of sort of the intrapersonal work that's being done to on resiliency, building resiliency. You know, Sherry Chesak, who's in our nursing research group is doing work based on Dr. Sood's resiliency approach. So, there's quite a bit of work, and I think in the next five years, we're going to see a huge burgeoning of caregiver research, both in cancer and in other areas to. Right now, a lot of the work has been put into dementia caregiving, and dementia, caregiving is a very different thing right now than cancer caregiving. But I think that cancer caregiving, because it's becoming, you know, survivorship is, we now have survivors who are living a much longer time with chronic condition with, you know, sort of like the long-standing issues that come with cancer treatment, that cancer caregivers are doing this for a longer period of time, too. And so, I think a lot of the work is going to be put into survivorship too, I think, for caregivers.

D Dr. Halena Gazelka 36:22

Interesting.

D Dr. Joan Griffin 36:22

Yeah.

D Dr. Halena Gazelka 36:24

Joan, if our listeners are interested in more resources, where could they find them?

D Dr. Joan Griffin 36:30

There's a lot of great resources out there. We are building up our Mayo Clinic resources as we speak. And there'll be more coming out on those. There's a National Alliance for Caregiving, which is a great resource for all kinds of caregiving issues. Caringbridge is a great resource for people who are trying to keep in touch with family and there's a lot of online, really great online tools to help people manage and communicate with family members and with their providers. Even like, you know, symptom management and, and symptom tracking. So, there's a lot of great tools, and I'm trying to think. So, there are resources out there, a lot of them come down to like the American Cancer Society has a cancer caregiving tab on their web page. Multiple myeloma society, so a lot of times the societies or the type of cancer will have advocacy groups, and they have really good resources as well. And there are a lot of support groups online. And you know, those people have great resources as well. I mean, sometimes they tap into resources that I've never heard about, and they're really good and reliable. So, I think getting involved with an online cancer support group can often sort of open up this whole new world of resources that may not be easily accessible or searchable in other ways.

D Dr. Halena Gazelka 38:10

Oh, that's wonderful. What a great conversation. Thank you for being here today, Joan.

D Dr. Joan Griffin 38:14

My pleasure. As I said, I love talking about this. It is a passion for me. So, thanks for inviting me.

D Dr. Halena Gazelka 38:22

It's wonderful. Our thanks to Dr. Joan Griffin for being here today to talk to us about cancer caregiving. I hope that you learned something. I know that I did. And we wish each of you a very wonderful day.

N Narrator 38:34

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