

#PCUKStudyDay



Managing difficult conversations: Family, intimacy and sense of self

17th March 2026

9:00 – 11:00am

Via Zoom Webinar

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Welcome and introduction

Lynne McCallum
Pancreatic Cancer Specialist Nurse, Pancreatic Cancer UK

Agenda

09.00 – 09.25 **Introduction and overview** – Lynne McCallum, Pancreatic Cancer Specialist Nurse, Pancreatic Cancer UK

09.25 – 09.30 **Lived experience**

09.30 – 10.25 **Case study panel discussion -**

- Dr Isabel White, Psychosexual Therapist, The Royal Marsden NHSFT, Perci Health Ltd & Maggie’s Edinburgh
- The Revd Susan van Beveren, Head of Pastoral & Spiritual Support, Kingston Hospital NHS Foundation Trust & Hounslow & Richmond Community Healthcare NHS Trust
- Sam Petrie, Psychotherapist, Maggie’s Edinburgh
- James Turner-Squires, Upper Gastrointestinal Cancer Nurse Specialist, Mersey and West Lancashire Teaching Hospitals NHS Trust

10.25 - 10.30 How to look after yourself

10.30 – 10.55 **Q&A** – with our panellists, chaired by Lynne McCallum

10.55 – 11.00 **Close**

Learning objectives

- Increase your understanding of the different areas of a person's life a pancreatic cancer diagnosis can impact, and how to offer support
- Get practical tips to improve your communication and the support you offer
- Grow your confidence in approaching sensitive and personal conversations

Housekeeping

- **Hashtag:** #PCUKStudyDay
- **Q&A:** please send your questions in via the Q&A box at the bottom of your screen.
- **Chat:** please send general comments and messages through the Chat box at the bottom of your screen. Please don't post your questions here just in case we miss them.
- **Attendance:** if you're watching with colleagues, let us know who else is watching with you – send a direct message to 'Host and panelists' sharing their name, role and email address.
- **Event resources:** the recording and slides from this session will be shared after the event. We'll send you an email when they're ready.
- **Feedback:** at the end of the event, we'll share the feedback form with you. Please fill this in as your feedback helps us in planning future events. You'll receive your certificate of attendance to download at the end of the form.



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Introducing today's key themes

Lynne McCallum

Pancreatic Cancer Specialist Nurse, Pancreatic Cancer UK

Poll 1

Question: How comfortable do you feel discussing **each of the key areas we'll be talking about today?** (*with 1 being not comfortable at all, and 5 being very comfortable*)

- **Spirituality** and sense of self
- Sex, **intimacy**, and relationships
- Talking to **children**
- **Emotional wellbeing**

Poll 2

Question: How confident do you feel discussing **each of the key areas we'll be talking about today?** (*with 1 being not confident at all, and 5 being very confident*)

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Why does this matter?

Pancreatic cancer: the statistics

- 1 in 5 (20%) people with pancreatic cancer are diagnosed at stage one and stage two.
- 4 in 5 (80%) are diagnosed at stage three and stage four.
- 7 in 10 (70%) people with pancreatic cancer do not receive any active treatment.
- 1 in 10 (10%) people with pancreatic cancer will receive potentially curative surgery.
- 2 in 10 (20%) people will receive chemotherapy.

[Pancreatic cancer statistics - Pancreatic Cancer UK](#)

<https://www.sciencedirect.com/science/article/abs/pii/S0749208122001309#preview-section-abstract>

Spirituality

Intimacy & relationships

Talking with children

Emotional wellbeing

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What is a difficult conversation?

SPIKES

Prior knowledge

Setting the scene

Invitation to proceed

Knowledge delivery

Empathy

Summary

Baile WF, Buckman R et al. (2000)

<https://academic.oup.com/oncolo/article/5/4/302/6386019?login=false>

Telephone consultations

Managing challenging conversations by telephone with people living with cancer

Dany Bell

Citation

Bell D (2022) Managing challenging conversations by telephone with people living with cancer. *Cancer Nursing Practice*. doi: 10.7748/cnp.2022.e1785

Abstract

Nurses working in cancer care can often find themselves engaged in challenging conversations with patients and their family members or carers. These conversations can cover a range of emotive subjects due to the negative effects of cancer on people and those close to them. Such conversations have become more challenging due to the coronavirus disease 2019 (COVID-19) pandemic because increasingly they have had to be conducted over the telephone.

This article examines some of the psychological effects of cancer and considers some ways in which nurses can engage in challenging telephone conversations with patients with cancer, including the use of mnemonic frameworks. The article also explores the importance of nurses' self-care and how this can underpin safe practice.

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Lisa shares her experience

A woman with blonde hair, wearing a light blue blazer over a white collared shirt, is speaking. She is positioned in the center of the frame. The background is an office environment with a white shelf. On the shelf to the left, there is a vase of yellow flowers and a stack of books. To the right, there are some papers or documents. A window with a dark view is visible in the upper right corner.

We didn't feel like it was a good time.

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Case study panel discussion

Diagnosis

Darren, 44, presented to A&E with a **temperature** and **obstructive jaundice**.

- Intravenous anti-biotics started
- CT scan shows mass in the head of the pancreas
- Darren is started on PERT
- His tumour is deemed operable

Darren's family

- Darren is married to Kate, and they have **2 children who are 14 and 5 years old**
- He is a **self-employed** painter and decorator

Darren tells us he is **worried about how to tell the children** about his diagnosis.

Kate is very supportive but currently works part time and admits to having some **financial worries**.

Waiting to see Oncology

- A follow up telephone call is arranged with Darren and his CNS

Darren tells you he is still **unable to make sense** of what is happening to him. He is struggling to process that **he was fit and well before this all happened.**

Treatment

Darren is receiving **adjuvant chemotherapy treatment**

He is **worried about infection and safety** with the CVC line.

Darren also tells you that he is **worried about Kate doing everything**. He can't support her with looking after the children and **feels like a burden**.

“I don't know what to make of life anymore” – Darren

Clinic review

- Darren is on active surveillance
- He has gone back to working full time
- His 12-month review scan shows disease recurrence
- Darren is seeing the oncology team and his CNS in clinic
- The oncology team discuss a palliative chemotherapy clinical trial with Darren
- He tells his healthcare team he noticed some new niggly pains and **had lost a significant amount of weight**, and so was **expecting bad news**

How is Darren feeling?

Darren seems low in mood and says,

“this feels like a hopeless situation”

“I can’t see what the future is going to look like”

“I don’t recognise myself”

“How do I tell the children that things have changed?”

Darren begins **shutting down conversations**

What happens when things change?

- Darren goes back to work after surgery, but what happens now?
- He tells his healthcare team he noticed some new niggly pains and **had lost a significant amount of weight**, and so was **expecting bad news**
- Darren says he

“doesn’t recognise himself”

“I want to make the most of the time I have left”

“How do I tell the children that things have changed?”

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Let's pause for a moment

Poll 1

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Poll 2

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How we can look after ourselves whilst caring for others

Exercising Self-care

Body – sleep, movement, nutrition

Mind – learning, reflection, boundaries

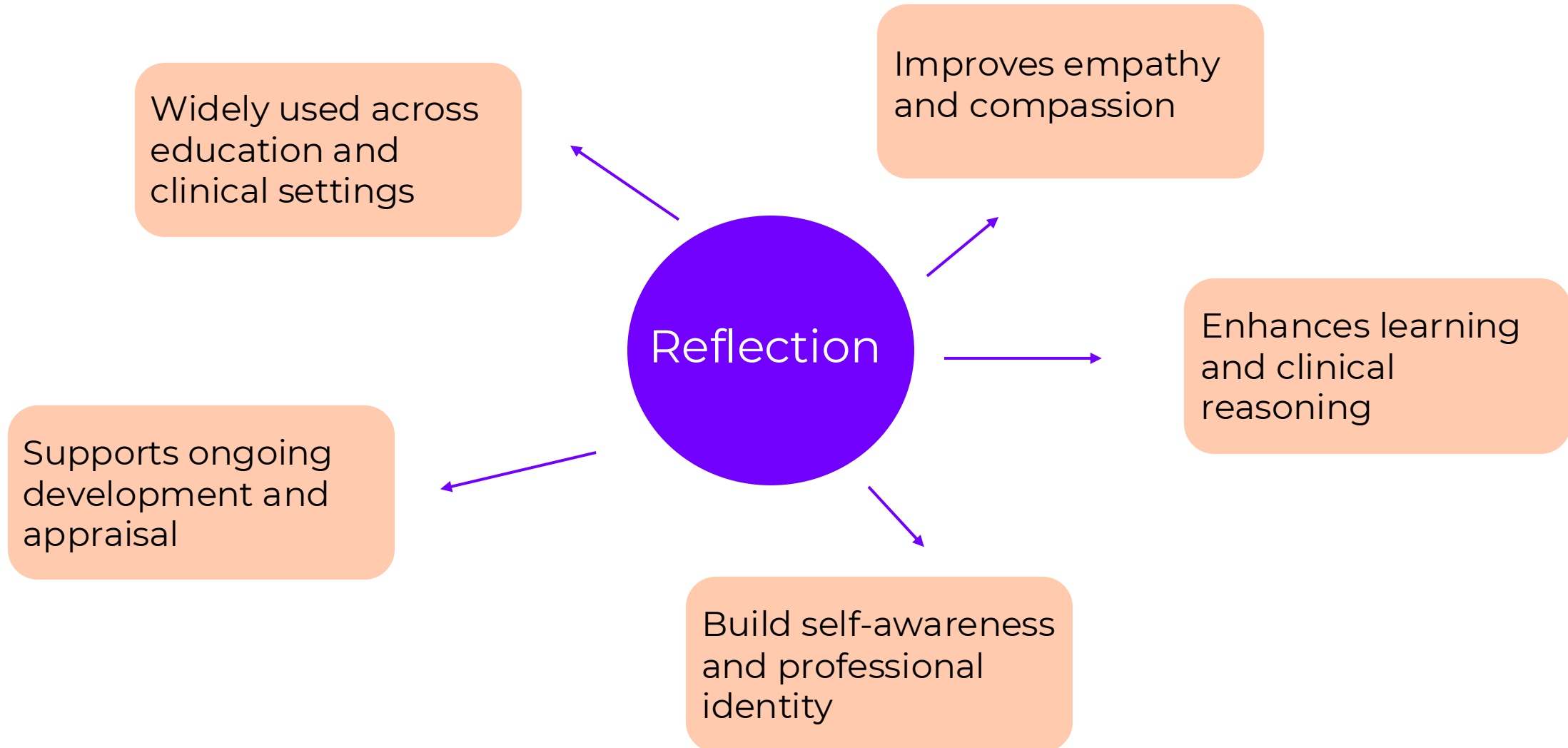
Heart- relationships, kindness, connection

Spirit – purpose, values, mindfulness

Balance- rest, play, time management

Career – growth, achievement, meaning

Why reflection is important in healthcare practice



We oscillate between **sorrow and hope, fear and relief, and courage and vulnerability**, sometimes all within a single hour. We try our best to **respond to each new emotional landscape**, even when our own **hearts may already be saturated**.

[Time to Laugh: A Lesson on Finding Opportunities to Celebrate | JCO Oncology Practice](#)

Key reflections

- Before starting a difficult conversation, make sure you have the **key clinical facts** and understand the likely implications for the patient.
- **Don't rush to fill every pause.** Silence gives patients time to absorb information and respond. Allowing that space can lead to clearer understanding and a more meaningful discussion.
- **Supporting spiritual wellbeing enables patients and families to stay connected to the things that matter most to them.** It helps them to explore what gives meaning and upholds their sense of self, their culture, beliefs, or life philosophies in meaningful ways.
- **Providing a holistic and multi-disciplinary approach throughout the whole patient journey is key** to meeting these multi-dimensional needs and supporting quality of life through illness, loss and dying.
- **Be aware that couples will react differently to receiving a life-limiting illness.** For some it can increase the urgency for sexual expression as a route to close emotional connection, while others may prioritise emotional over sexual intimacy. Our role as HCPs is to create safety and empower our patients to explore their needs.
- As health and social care professionals we are in a good position to **empower parents to talk openly with their children.** Parents often worry they will be upset in front of their children, let them know the research shows that **crying lets children see that something is serious while giving them permission to cry themselves** and to be comforted.

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Q&A

It's time for your questions, please share them in the Q&A box at the bottom of your screen

