



Handling her illness with grace and courage: Doon O'Riordan at home in Rathmines, Dublin

Photograph: Matt Kavanagh

'I am living my life - not my death'

A cancer diagnosis was the wake-up call for Doon O'Riordan to grab happiness in the time she has left, writes **Kate Holmquist**.

Doon O'Riordan is a top-level skier, a consultant radiologist and the mother of two high-achieving children in their 20s. She travels widely and lives in an elegant, sunny period house in Rathmines, Dublin, that is filled with the scent of potted orchids. Separated two years ago following a marriage in which she was unhappy for a long time, Doon has found intimacy and happiness in a loving relationship with a younger man.

And now she is dying. She may have another six weeks, or another six months, to live. She doesn't dare think past the next three months.

Nor does the word "dying" enter her vocabulary: "I tell my friends, don't treat me any differently. I'm living my life, not my death," she says.

She met her boyfriend, Kevin Jones, a human resources manager, after being diagnosed with cancer. They were both attending a self-development course, the Hoffman process, that Doon hoped would help her understand her past, break through her emotional pain and learn to live life to the full in the present.

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"I had reached the point where I was asking, 'who am I?' I didn't have a marriage, my children had gone, so I wasn't a mother in the same way, I was not a doctor with a job any more, so it seemed there was nothing left."

Discovering who she is has, for Doon, been an unexpected joy that has led directly from her shattering diagnosis. And it still amazes her that Kevin loves her for the bald and battle-scarred person that she is.

"We live in the day," she says.

Most of the time, Doon forgets that she has cancer. "Then I catch sight of this bald woman in the hall mirror and think: 'What's happened to my hair? Oh, I've lost it from chemotherapy.' "

Six years ago, at the age of 49, Doon glimpsed her profile in a mirror and didn't like what she saw. She was training for the ski season at the time and should have been losing weight, not gaining it. There was a tell-tale thickening around her abdomen that most women wouldn't notice. But Doon wasn't most women. She set up the radiology unit at the Blackrock Clinic, where she was department head for many years, as well as being a specialist in detecting abdominal cancers.

"I told myself that I was just being a neurotic, middle-aged doctor," she says. But she was concerned enough to scan herself by ultrasound at the Blackrock Clinic and take some pictures. She saw immediately that she wasn't a neurotic, middle-aged doctor.

"I was a very ill, middle-aged doctor," she says. "Diagnosing oneself is not to be recommended and I shouldn't have done it. I immediately rang a colleague and asked her to do a formal diagnosis," Doon says. She had stage III ovarian cancer, which means that it had begun to spread beyond her ovaries. Even with the best treatment, Doon's statistical chances of living beyond five years were not encouraging.

"I told my doctor, 'I'm not having chemotherapy. I know I'm finished.' " Her doctors prevailed, however, and following surgery, Doon began her first course of chemotherapy. Within two years, however, the cancer had spread to the surface of her liver and spleen.

More surgery and chemotherapy tackled this but the cancer has been contained and discouraged, rather than eradicated. For the past two years, her chemotherapy regime has been almost continuous and whether she is in hospital one week each month, or one day each week, she has learned to live her life around it.

A life-threatening illness has a way of focusing the mind. Doon's illness has inspired her to grasp life with a verve that escapes most people even when they are well. Cancer was, for her, the wake-up call she needed to change her life.

For many years, she had thrown herself into work, sport and her children without facing the unhappiness in her marriage. "One of the things missing from my life for a long time was intimacy. I decided that even if it was to be a short life ahead, I deserved what happiness I could grab and I didn't see any happiness staying in my marriage," she says.

SHE LEFT THE marriage, which ended amicably, and before long met Kevin. "I want other women to know that no matter how bad things seem, you can find love and happiness," she says.

Last summer, it appeared that Doon had perhaps six months to live. With the help of a close friend, she made a list of goals to achieve while she was well enough to do them. This included travelling to New Zealand, snorkelling on the Barrier Reef, sky-diving, travelling across the Canadian Rockies, and seeing the Northern Lights. The most important item on the list was the one she was least likely to achieve: seeing her daughter, Norah (25), through her final exams in applied psychology in May 2006.

Ten months after she made the list, Doon has accomplished everything and is now encouraging Norah through her exams. She even managed to go skiing in France and Austria last winter as well.

But she is aware that there are important events in her children's lives that she will not live to see: their marriages and her grandchildren.

"A few weeks ago, my youngest sister had her first baby in Ontario, Canada. I felt unspeakably sad when I heard her voice on the phone, thinking that she was on her own over there. So on impulse I bought a ticket to Canada. On the Tuesday, I had my chemotherapy, then on Wednesday I flew out there and the following Tuesday I was back in Dublin for my chemo again. When I saw my sister, I realised that my sadness regarding her situation came from the fact that I would never know my own grandchildren. Holding her baby was, for me, like holding the grandchild I will never know."

Doon's daughter, Norah, and son Iain Jordan (28) - a medical school graduate specialising in psychiatry and psychotherapy - have had to live with uncertainty about their mother's future since they were 19 and 22 years old respectively.

"They are wonderful," she says. "At one point, I was trying to protect Norah from news about my test results and so on because I didn't want to distract her from her studies, but she didn't like my approach. 'I need to know everything, otherwise I will

never grow up,' she told me. So, since then, I have been completely open with her and Iain."

Her children call her Fuzzy Mummy and she lets their gallows humour lift her out of the occasional bout of the blues. After her ovaries and womb were removed, her son joked, "Does this mean I'll never have the baby brother I always wanted?" Black humour is her and her children's way of bringing some issues into the open, without having to talk about them directly.

Doon's emotional and psychological journey has changed her as a person, making her more open to friendship. "Before, I was emotionally numb, apart from my relationships with my children. At work, I could lose myself and not have to feel." Doon describes herself, pre-diagnosis, as a very controlled person who didn't suffer failure and kept her feelings hidden behind a stern mask. Today, she comes across as altogether warmer and has found her friendships blossoming as a result.

She says: "I have dealt with my situation by talking to my friends about my illness, being very upfront about my treatment, both when treatment was going well and when further tumour growth meant a change in treatment. Now, over six years from my diagnosis, knowing that I will die from cancer, my friends have to put up with my honesty and candour about death and dying."

NOT EVERYONE HAS been supportive. Doon has had acquaintances cross the street to avoid her, ignore her and even run in the opposite direction. But her true friends have brought her laughter and encouragement. She has even felt a spiritual connection when talking with her close group of friends, although she is not religious. "I have complete antipathy to the Catholic Church and I don't have a God belief, but I have become more spiritual in that I have more appreciation of nature and of people," she says.

The local Catholic church won't be an option for her funeral, so Doon took the matter into her own hands and did some research. She rang an old friend who is a funeral director and asked him what alternative venues were available for a Humanist memorial service.

"The only venue I knew of is so busy it's like a shuttle service. I found out that the Unitarians allow Humanist services in their church. I've visited the Unitarian Church and I like it. So I've mentioned to my children that that's what I would like," she says.

Her children were extremely upset to hear that Doon had reached the point of planning her own memorial service, but she feels she has a duty to prepare them for what will come.

The end that will come, dying at home, will bring practical issues that Doon has already sorted out with the same determination she used to burn a DVD for her children of 5,000 photographs of their childhoods.

"Once this cancer goes wild, it won't be long. I don't know when the cancer will do that, and I live in the day. I feel privileged that I've had time with my children, family and friends and to have had the excellent health care that I have had, which I think is

on a par with the best in the world. I also feel privileged to have had the resources to do the travelling that I did. I've achieved everything that I wanted to achieve," she says.

Doon has handled her illness with grace and courage, but she is wary that some people think of cancer patients as making a choice of whether to live or die, based on how well they "fight" it. She says:

"I am and have always been a fighter and I personally have no problem being classified as such. But I believe that using the term for all cancer patients is not helpful, as it infers that if you do not do well on treatment and the course of illness is rapid, you have not fought well enough. This would be a terrible burden for the dying person and their families."

Tough love - What is best to do or say when a friend has cancer

If you feel helpless, tell your ill friend that you do and ask what you can do to help. My view is that when the time comes for practical help to allow me stay at home as long as possible, I will be on the phone asking for help, organising a rota for grocery shopping, food preparation, laundry and so on.

I've asked my friends to help me continue to live my life, not my death - to socialise with me, play tennis or walk with me, whatever it was we always did. My friends have helped me draw up a plan of life goals to be achieved in a short period, then encouraged me to go for it!

I've lost my hair but I don't wear a wig because I find wigs uncomfortable. They're really to make other people feel more comfortable about how I look. I've asked my friends to accept that I chose to shave my head when it began to look like a moth-eaten fur hat.

I need my friends to accept that I have down days when I feel tired and need to nap in the afternoon. This is, after all, facing a very real shortening of life, and there are side effects to treatment, a common one being fatigue.

I have found that humour of the gallows variety is very helpful: humour is a very valuable technique allowing all sorts of things be dealt with without having to discuss absolutely everything.

When you have a friend with cancer and don't know what to say, then say that you don't know what to say, say you are sorry to hear about the illness and give a hug. Words don't always work, but simple texts, e-mails and cards do mean a lot.

Some phrases and comments are not helpful, such as "sure we are all going to die", "we never know the day nor the hour" and "sure I might get run over by a bus tomorrow morning". People assuming you will recover is also unhelpful. Yes, the treatments now are great, but not all cancer is curable in the long run.

Touch and affection are so important. Sometimes it is forgotten that ill people need that physical contact: maybe a hug, an affectionate hand on hand or hand on shoulder, whatever feels comfortable.

The partner of an ill person may not be sure how to go about sexual contact. My belief is that sexual contact is very important. Discussion may be needed when intravenous lines are in situ, or when there is a permanent access under the skin which is regularly accessed for treatment and which may remain in situ for periods of time (very common in those who have had multiple courses of chemotherapy with resultant damage to arm veins). Love-making positions may need to be adapted for these and other reasons, an opportunity to experiment.

My motto is: allow me to live my life, not my death. Encourage me!

Doon O'Riordan