Various interjections, eg. ums and encouraging yeahs are omitted for brevity

Study 13: Interview Transcript

Interviewee: “A” Participant: “P”

Participant ID: 09 Transcriber : John Rand

A: Yes, Andrew I want to start by asking if you could tell me a little about your background and your history with the process of being diagnosed with prostate cancer and the treatments that you have had so far.

P: Prostate cancer was about July 2010. I went to the Littlehampton Clinic. I did not see my regular doctor, saw another doctor and he asked the other doctors about the PSA and they said no it is too low, don’t send me to a specialist for two years. He walked me back in, he came back into the room, he sat me up on the couch and gave me the old digital.

A: Oh yes

P: And before I got back to his desk he had the letter back to Adelaide for test. Not to see the specialist but to go straight in for biopsies. I went down to Adelaide within a fortnight and the first lot of biopsies I think was about 24 showed nothing but the specialist did tell me that I had cancer 99.9%

A: WOW!

P: That’s how sure he was, so he booked me in for another round of biopsies on a different area. How’s that. .. the lady said you know, now with that imaging they can find where the cancer is and they went round to the back of the prostate and it come out … and they said it was a fairly big area. They said don’t worry about it we won’t have to do anything urgently but then they must have had another look at the results again because November the tenth they put me into theatre, they told me I would not get in until 2011 about March or April. November the tenth I went in.

A: Four or five months early

P: Yeah had robotic with Dr Sutherland and the next day he came in to see me before I went home, he said, I can give you the good news or do you want the bad news. I said what’s the good news. He said you are alive. I said what’s the bad news. He said…. Highest grade, most aggressive and already heading towards your hip. So I went to a couple of health nights…One was at Littlehamptom Clinic and the doctors there said you would have been one of those who just fell through the crack, the tests would not have shown it up.

*Pause.*

So the next year in 2011 before Easter and after Easter I had thirtyfive days of radiation straight – ah weekends off. The public holidays…(Easter) . I know we had Monday Tuesday holiday so they took me down on the Tuesday and gave me Monday off. They didn’t do anything on good Friday either, otherwise I went right through that and a bit later Dr Tan started checking me out and gradually getting it down then he put me on the Zoledex.

A: What’s Zoledex

P: Female hormones, every three months

A: So you’ve had hormone treatment as well?

P: I can’t tell you when I started that but then I have been on a trial drug as well ….and the last report I got its undetectable,

A: PSA levels undetectable?

P: Undetectable and there is nothing in my bones or in my body.

A: That is really encouraging

P: Yes so it is either the Zoledex or the trial drug but I don’t care I am staying on both. The hormones have given me a little bit of weight gain, like 20 kilos and enlarged breasts - that’s the side effect but I am still alive. They said two years.

A: And here you are

P: It’s seven years

A: Sometimes you have to count your blessings eh?

P: And every time I talk to different people, different Specialists they say it is exercise and what I do, because I haven’t given up my home property. I have got a little farm. It is only 700 acres. Only have of it is arable, at the moment. I have got hundred sheep on there but I have been doing that and I go and help people that’s helped me. The reason I am back at the Physio now is that the pain has started to come back in my groin from where they took too much out and he just tweaks it and gets it back going again. I haven’t exercised since March last year, not a lot, just a bit. I miss the shearing, I have dropped back from sometimes a hundred a day to five sometimes ten some days twenty, just depends how I feel.

A: Is that a more manageable level for where you are now do you think?

P: I only shear until I feel buggered, I only work until I am too sore or I feel that I have had enough. At the moment I am not meant to be doing anything but I tailed thirty lambs on Wednesday and helped calve the other thirty.

A: So what do you mean you are not meant to be doing anything are there other stuff……

P: I have a big wound in there 13cms by 5cm opening by 161/2 cms deep. Its big deep one but it is gradually healing up. I can only use like a cotton bud to fit the dressing in the hole. That machine is vacuum packing, bringing it all together and drawing all the fluid out of it so that is going 24 hours a day

A: So does that impact on how much activity you can do…

P: Well.. how good are you looking at injuries

A: Well not too bad, I was a nurse… pause yes … ok. That is a nice neat dressing too that looks pretty good.

P: The injury is about that long, and that is what they have got to do every Monday and Thursday, I am not meant to do anything these days.

A: Is it hard to not do anything?

P: It is for me, I have always been taught to work, my brother and sister in law have got me in cotton wool at the moment that is why I went home …tail the lambs laughter.. but I have got to do something. And a lot of people say that through my gym, through my shearing, through my farm work and other odd jobs that I do, that is what has kept me going. I have noticed now it that I have been off work since March last year, I am at the stage that if I don’t start doing something I am just sitting in a chair and doing nothing that is why I’ve got to get out. You know, doing those lambs on Wednesday I felt good because I did a little bit.

A: Yeah! And you can see the progression..

P: When I go back to the gym, instead of being up and doing 500M I reckon I will be back to doing 200M in the time and I reckon I will do about 3 hours of the chair but then I will gradually build myself back up. I am hoping to be back pushing the hand piece about Christmas time.

A: What’s pushing the hand piece?

P: Shearing

A: I think that is a wonderful goal.

P: People tell me I’m wrong but I’ve got a goal.

A: You have to strive for something.

I have a plan for my farm for the next ten years. I’ve got that many fences to put up. I want to do some tree planting and things like that but people say but you’ve got cancer and I said yes,

A: and?

P: That’s right. Its not going to stop me. I’ve got two dogs that want to come home to my place again because the old boy can sleep in the lounge room. They are my company. I can do so much work and then I’ve got to stop.

A: As long as you listen to your body it seems to be manageable

P: I listen to my body, I do not do any heavy work at the moment because they put 18 inches of mesh in me as well. That was last year and that’s where all this has stemmed from. That 18 inches of mesh, they said take four months you do nothing and so I took six months and it still went wrong. Since February the 8th I have been in Adelaide Hospital nearly 7 weeks off and on. Twice I’ve been taken by ambulance, and twice Ive been taken by private car and the doctor when I last saw her, she has gone to another hospital now, told me that I nearly died three times. Interjections (INTERJECTION -wow holey moley..) I know I nearly died once myself but I am still out there doing what I want to do. I will be.

A: So would you view your health now, before your diagnosis and after has changed at all, You seem to be quite switched on now?

P: My views have changed because before I used to worry about not getting something done, now ah so what, tomorrow will come.

A: So do you feel you are more easy going now?

P: Easy going? Plus I look at it this way, Ive got two people that’s ….. me and I have got to the stage ….. stiff!, if they can’t do it Stiff! I am just walking away. I’ve gone on a couple of holidays with my mates and we had three booked up for this year but we have had to cancel them, but my attitude is that I am number one now instead of making sure everybody else is right.

A: More engaged with yourself

P: Yeah what I want to do. Even the bloke at Kadina, a friend of mine, he is a lot older than me, he had prostate cancer…… I thought I’d better ring Pete up and see how he is going. I walked into Adelaide Hospital and there he was, sitting on a seat. He said how are you going I said alright what about you and he said things have changed. Ive got this care free attitude, He said, alright my daughters crook and I look after her but as far as anything else I do what I want when I want. I said yes I do the same, ah he said it’s not only me.

A: So it is actually a shared experience with this other guy.

P: I just feel that I need to do what I want to do…in between….laughter

A: Thanks for those responses so far. You mentioned a little bit already about the physical activity stuff. When some-one does mention physical activity what is your first reaction?

P: My first reaction to it was…,I am going to give it a go. When I first got told about this group up here. My Doctor put me onto it, and Ted the Physio. I thought I’d give it a go. I could not get in to Murray Bridge. I am 16 Ks east of Murray Bridge further out and I come up here two days a week.

A: What was good about the program? Why did you like coming. After you gave it a go you you obviously liked cos you kept coming?

P: After the first fortnight, I was getting fitter, I had somebody there who was showing me what to do and how to do it, giving us guidance. That was the main important thing. I do not think I would have gone to the gym if I would have been there by myself. I needed that guidance, somebody that deals in studying in that field

A: And they were Physios weren’t they so they had the medical part as well as the fitness instruction and how to use the gym equipment.

P: Yes that was Sue, I have been with Sue all the time. And then I looked at it, it was the group of men I met that had prostate cancer. It got to the stage where we started this group.

A: Ah, so you started the group because you were all …

P: We were thinking of having a cup of coffee together and then we started the group and I miss it, I miss it badly. Because I used to walk in there and say to this guy riding the bike, you still riding that thing? Yeah he said, I ain’t getting very far.

Laughter.

He would go out of the gym area up to the aerobics area and do his floor exercises. We would say Sue he’s gone to sleep up there and she would go to wake him up or I would be doing something and they would say he has gone lazy over there

A: It was a fun atmosphere?

P: Yeah, fun group. If somebody was on weights we would go and put a little bit of extra weights on there and we would just laugh and help each other. As far as the group goes up here, what I like about this group, see I am a member of two groups, 2 prostrate groups, Murray Bridge and the Hills. But they have the wrong attitude. The last few speakers is… how to grow cotton. Its nothing to do with our area. A bloke that used to do a bit of flying around in Paua New Guinea… I think running drugs.. and they had him in there and I had to talk to him and I did not like that idea. Whereas Mount Barker is still looking for that… answer questions.

A: The medical side of the prostate cancer experience

P: Yeah and also like if you haven’t got it think about having a person for your care… for your health side ,if something goes wrong that you can’t decide. Think about having a power of attorney, if you are too crook.

A: Yeah very practical…

P: Yeah practical. Another person said this is available. It is looking at all different angles. A: Yeah and I noticed that people aren’t afraid to just ask and (laughter)

P: .and catch up with the dietitian, from here. She comes in and we had her once or twice a year and one bloke there he said to her, I’ve got a balanced meal - Kentucky fried in that hand.. and chips in the other hand. Its balanced. She just laughed. It is a fun group

A: Yeah it sounds like a really good group

P: And we sort of look after each other. I asked Sue where one of the original members went , she had no …. so she is going to see if he is still going or what. So as far as I am concerned it was the friendship, meeting everyone on a Tuesday morning. Someone might not get in until ten o clock and they say huh! slept in this morning did you? It was that sort of atmosphere.

A: Yeah and joke around, and supporting each other.

P: And if Sue wasn’t there, we would help each other and that’s what I liked about it and I miss it. And the boys keep asking when I’m coming back and I say I’ll be back the day they give me permission to come back

A: Yeah so you have to await permission from the doctor…

B: Well with the hernia I was not allowed to do any lifting or anything and Sue was not allowed to touch me, now with this in I haven’t touched.... and I have had drains in me all the time so I haven’t gone to gym.

A: Are you doing anything else at the moment are you able to walk a bit?

P: Yeah if I sneak out. My brother and sisters got me in cotton wool so I don’t do too much

A: Well you are able to move around the farm a bit

P: They like me sitting inside watching TV. I may drive around the sheep but I am not able to get out of the vehicle and it’s got to me so I’ve got to do something otherwise I am going to go crazy. My biggest thing is that you get in a situation like I am at the moment, I need exercise, so I have got to pull a few of my own strings. Like Ted said, he didn’t give me a very big session today you know I am just treating it gingerly but what he’s done I already can feel it. He said you most probably won’t walk tomorrow. I said yeah I’ll kill you tomorrow (laughter)

A: You have got to listen to your body

P: I knew before I saw him today that tomorrow is going to be a bad day for me. But for the next three weeks I will be happy, I’ll be good. And know he has fixed the problem. But doing that lamb tailing just feels fantastic. When my brother was shearing, I did four blades on thes side of a sheep and I had this machine hanging off me and I felt good and my brother said Why don’t we do it again and I will take photos and I will put them on facebook to show my eldest brother who said I should be in cotton wool and I rang some friends up and she said to me what’s wrong with you. Why? You sound very happy and I said I have done two sheep and four guys on each sheep and she said that’s why, you have got back to what you want to do. But since he’s finidhed shearing he has wrapped me up and that is annoying. I’ve got to get back to physical exercise. Its the best medicine as far as I am concerned

A: Does it help kind of physically and mentally for you as well?

P: Yes, yes, if I go out and dig three postholes in a day and that is all my body lets me I’ll go back home and say to myself, well that’s three more post holes done. And my friend said to me, when I put the hay yard up, and said how you going and I said I dug a couple of post holes today and that was not long after I got the prostate out and he said you must be getting closer to the finish and a few days later I rang him up and said I finished the hay yard today. He said I told you you would….. and you could see that finished result.

A: Yeah yeah it is physically there

P: So… I’ve got to keep exercising and like I say I miss the gym and I am itching to get back to it.

A: Is there stuff you could possibly do at home. Have you ever learned about the home based stuff like using the wall or using a chair and things like that or would you like to wait for a more professional support.

P: My biggest problem is that I am not allowed to put any strain at all in that area. So as far as I am concerned I do not want to try too much at home

A: I can understand. So the medical restraint means that you can’t do anything yet.

P: Tailing those lambs Wednesday I took a chance on. It was just some of them were getting a bit big but when I went to the hospital yesterday there was no blood in that machine. There was no more opening, there was more closing of that wound so I had not done any damage there.

A: So you say it was quite a risk to do it.

P: It was a risk because I am not meant to be lifting and I am lifting lambs up into a cradle but I thought I will do it until I thought there was trouble and I also did it on Wednesday so that yesterday when they pulled it all apart

A: They had to redo the dressing.

P: There was no blood on it, there was nothing in the machine, it is just the normal stuff that’s been coming out.

A: That’s really encouraging then. You have already answered a couple of these questions just by chatting with me. Do you have a bit of a sense of what the physical guidelines are for some-one of your age or health condition?

P: Not really, I only go by what Sue says. No. I put my faith in Sue because Sue has really helped me and like she said when I first started doing the gym, I had not long finished shearing. My leg strength is good and my back strength is good so she worked on other areas. She can sort of spot where you are losing your strength so that’s why I went that way. But I am a long way from where I should be.

A: When you initially had your prostate out, did the surgery impact your ability to move at all? During that recovery period and a bit after?

P: Yes, because I wasn’t able to drive a car for about a month. Well they took three inches or so off the urethra so it was major surgery.

A: Your body had to heal

P: So for three weeks my friends had me walking around the kitchen, hopping the ute while they were going around the sheep and then when the three weeks was up they did not let me loose. He was out doing sheep work and he had to get a mob of sheep in after he finished the mob he was on and I said well can I help and have a go at getting them in because I did not know how good I was, so he said well you have got your phone, you’ve also got your VHF radio. After a while, I rang him up and said I think we have forgot to shut some gates. He said where are you? I said nearly two thirds the way up your laneway. I better go and shut some gates for you. But like I said he was pleased but it still took me another week before I was confident enough to drive into town in the car. I always like to do something like that first.

A: To test where you are at.

P: The last operation when they took the ? out, it was 3 weeks before I was able to drive and I took all the back roads home for nearly a week after that. I picked on Tailem Bend which is easier to get in and get groceries than Murray Bridge for nearly that month.

A: So that you were able to build your confidence back up again,… surgery does knock you around.

P: So this time I starting driving straight away because they did not cut any of the muscles, they went around the muscles so I was able to drive straight away. But I still ……..not get into very much trouble. Laughter…..(indistinct remark)

A: Obviously a lot of my questions have been about physical activity and you helped me last week about why. My team is looking to design a web site that will cover a lot of information about physical activity and it will be more of a self-help tool so I’d like to ask your opinion on those and I will also ask you some questions about how you use the internet at the moment,.

P: Don’t.

A: You do not use the internet at all? No computer? Ok would you feel comfortable going to a library or is that just not your thing?

P: AAh, I haven’t really got into the computer yet. I am having trouble with this bloody phone (laughter). I am having trouble getting used to that and I have only got that because the specialist sends me messages otherwise I would just have a normal call in call out phone.

A: A couple of the other blokes I have talked to in the last couple of months and they were saying that people assume that you have got the internet and a lot of country people have not because the NBN has not got there or they are not interested, it is not part of their lives, you are busy with other stuff..

P: Also you have got to think of cost. I am on a pension. But maybe in twelve month’s time you ask that question I would say yes because the government is looking at eartagging sheep electronic so you have got no choice you have got to put it through a computer.

A: A lot of the government services are on computer so there is not a lot of choice for that either

P: Yeah, tell me about that because I had one sent me a letter wanting my email address and I said do not bother and they said well if the post office does not deliver your money for your renewal for your property identification code on time you will be paying the late fees. I said hey mate do you have an office in Muuray Bridge, do they accept money? He says yep but we do not like being paid in money. I said well you had better get used to it because that is where I am going and I have talked to a lot of people and they are doing the same.

A: So it is not working out there at all.

P: No its not. The bigger boys are but the little fellahs not. They don’t worry about us so its not fair. Even some of the government departments I deal with. They say are you on computer and I say no. They say we will send you a letter and I said when. And then one bloke sent me a letter - this was before I got on the pension and I had to reply and I was four days late. I rang him up and he said sorry you have been squashed because you did not ring me up and I said hang on mate I only just got it out of my letterbox. He said what do you mean the postie delivers them every day. I said not where I live.

A: Really, how often do you get the post out your way?

P: We got to go and pick our own mail up from the post office and I said to him I do it once a week or once a fortnight. I said I am sixteen Ks out, I said I have got to look at every cent I make because I am on a pension. I can’t go and just check the letterbox.

A: Because when you go in you have got to do all your other stuff

P: I said if I run out of milk I said that’s stiff cheddar that’s my problem. I’ve got to use something else until I got to go in there for or I’ve got an appointment to go into. He said but people do not do that, I said welcome to the real world boy, and he just could not believe it and I said you come and do my job for a week. We have a lot of trouble getting speakers past Glen Osmond, past the Toll Gate, actually we are lucky here that we are getting someone who will come.

A: Mount Barker because it’s such a central hub people are willing to come

P: No we are still having a bit of trouble some of our speakers won’t come past Glen Osmond but we have got Dr Wells here was here the other day but some of them say n. We have got to stop that stigma.

A: Yeah that country-city divider is still there

P: Yeah and I think you should have a talk to Sue because.. I can’t remember who her name was, went over to England and it seem if you have any type of cancer over there you have a gym ticket.

P: That is part of the process is it? Wow

P: Yes as preventative medicine

A: That’s cool

P: And I think that is what it has done for me if I had not been doing all that work I have been doing I do not think I would be here honestly.

A: You do not know what could have happened if your body wasn’t fit enough

P: That is right, I have got no immune system or very little, radiation killed it, but touch wood. Except for these operations, like flues and that………I try to keep active, I have a little bit of air-conditioning in my house but I don’t heat it up all that, I just keep natural temperatures and work on that

A: I think that is really helpful because if you are probably… on using the internet that is really good for me to be like if some-one’s never touched it before how would we make a program that’s easy to use, simple. If you were seeing something for the first time on the screen what do you think would appeal to you, text, pictures, audio, video, tutorials? What are your thoughts.

P: I would say, um my idea would be text, but have a person doing it along the side so you can actually work out what he is doing and maybe from two angles.

A: That’s a really good idea, like a profile shot and then like a face on.

P: Yes and if there is an exercise, like some of the exercises I had to keep the weights at a certain angle, so that would show you. If you don’t do it from side on you might not get that

A: Yes you might not see the angle very well, that’s a really very good point. Hypothetically would you think that if some-one had said there is an eight week program would that feel like a good length for you or is that too long, too short?

P: My opinion is it may be too long for an initial one because it took me about a fortnight, four visits to say yes I need it and I saw the benefits. If you tie some-one in for eight weeks they might walk out of it.

A: That’s a really good opinion. Thank you

P: And also I would say, tell them only do what they can…if they can’t do the whole program…. do bits of the program when they can. Don’t put out a half hour program now and say, you’ve got to do this. Say you can do your sit-ups, later on you can do your leg curls and whatever. You don’t have to do it altogether so that you can do more without hurting yourself.

A: That’s a good point. Hypothetically do you think a weekly login or a fortnightly login would be easier to manage?

P: I would say that you would have to log in at least a fortnight. Some people would like it weekly. It depends on the individual because there was two people coming to the gym originally when I started and they would only come in once a week so they would not like to log in every week where-as if I was on the computer I would want to login weekly…or it depends what results you wanted or something like that, I’d say at least a fortnight.

A: Yes of course. Now I want to tell you about the two ideas that we have for the program. It would be more about a tool to help give skills to improve activity levels. So you would log on and the first sessions would give an introduction to general physical activity in cancer and that kind of space and then you would type in this is where I am at the moment and the feedback would be ok, that’s good, you are here, then we would recommend this and this, but if someone say, going from almost zero or if they were really high the information that the program gives out would be different. As it should be. So the idea is that it would go for about eight weeks and each week you would login and you would do the little feedback thing and it would give you some encouragement and ideas but then there would also be topics covered like appropriate goal setting. I mean you’ve done all this before so you’ve probably heard a lot of this but…building up the skillset… so it would be very like A B C, very logical kind of program so I was wondering if that’s something that hypothetically would interest you. If it was a logical kind of one.

P: It would, but I think you’ve got to let the doctors know the program’s there or you follow up people.

A: So you think that having a doctor on board with someone would make it more likely be used?

P: What I mean is, I only found about this program through professionals. Now if you had it sitting on a computer…

A: You are not going to know about it if you do not know about it

P: Yeah you’ve got to have your local GP or Urologist Or some-one like that and somebody that will tell you it’s available

A: Yeah thank you

P: Otherwise I don’t think it will get a lot of time. Because like I said I only found out about it through the RPS otherwise I would never have known about it. And then they said you can go to Murray Bridge but I couldn’t get into the gym down there so I come back with Sue. Actually Sue can’t really do it because I am the other side of the river, the Bremer river so that I am just a visitor. But I think that whether you have a flyer or something in the hospital where the cancer is done to say later on look at this or if you have got a follow up person who is willing to say, this is what’s available I don’t think the program will be used.

A: That is a really good point, Yeah!

P: That’s the way I look at it, because there is a lot of stuff out there that I have shown people that they did not know that it was around because it is sitting in a rack.

A: Yes because it has not been highlighted

P: Not highlighted and I think you have got to find somewhere to start it, even if it’s only a flyer to say this program is available take it home and think about it.

A: Yeah good idea, so just going back to the second idea. The second idea is pretty much the same as the first but the difference is instead of being each week you log in and it unlocks a new topic, you’ve got access to all the topics that you want and you can access it whenever you want and you can pick and choose what you read or do but it still has the ability to put your progress in and you see a graph or whatever of your activity. Do you think that would be something you would be interested in more than the first, at all…. A free choice model.

P: The only thing I am thinking of is you can get too much information.

A: So if some-one was bombarded with too much do you think it would be like oh too much of a ..

P: Yeah, chuck it out

A: That’s a really good point

P: Yeah because I will give you an instance of it…,Murray Bridge. There was a bloke came in who was diagnosed with prostate cancer. He had not been treated he was just diagnosed and he was going in to see his specialist to see what the … so they told him what the treatments are and the person got up and said righto Ivan get up and say where you are and he got up and talked about it and next minute he got bombarded…. And he said that specialist is a waste of time, that bloke is a waste of time and actually I saw his death notice in the paper the other day…

A: So it’s really easy to be bombarded with information

P: So that’s where I think you need a more structured approach. Yeah I think groups like this are good, what we have got, because we bring up new ideas, what we want. There’s a library there if people want to take it home. But the trouble is to keep your topics up to date you are going to have to be reviewing and reviewing every twelve months.

A: You are right, it changes so quickly

P: So you are going to have topics up that are stale, against the new topics

A: We will mostly be sticking with stuff to do with improving your physical activity and improving your confidence til you feel you can be active. We are not going to talk about the treatment pathways but it’s still a growing field and there’s always new things coming out and new recommendations but yes you are right it is a tricky space

P: See, when I originally had this prostate cancer they would have told me, not much exercise but now..

A: as the research changes

P: The research is changing and as that lady in England says they give you a gym ticket so you have got to keep up with it.

A: No no, I think it is a really important point,

P: You could ask Susan who she was, you could have a talk to her have a talk to her….

What that policy was… Because Sue is always updating stuff for us in her job as a physio

Yes she is keeping up with her new ideas. She comes along with new ideas so it is an ever changing one you’ve got to keep up for us

A: That is a really really good point

P: I am not trying to knock it

A: No no no I am totally here!, I am good. I think it is a really important thing to be aware of..

P: You’ve got to keep up work otherwise you are going to get people that will go off

A: Yes if it is not updated and they recognise that the program is not updated then they go…I found this out myself. Yes I think that is a really important point.

P: Then also on your program, it might be a good idea to book groups like Sue’s if there are groups around.

A: One of the things that I was thinking was if there is a section about exercising alone versus exercising as a group, I don’t know maybe you could chuck your post code in and it would spit out options of things that are around your area that could be appropriate or something like this or there is a program called strength for life older adults program and that is more suitable than going to a gym and seeing all those twenty something …

P: Trouble is you are going to have the exercise that’s not going to do any damage. See it depends what state they are.

A: Yes because It is hard because I think that you.. at least I would be, the sort of person that would go in and go too fast and then you would, if you fail the first time you would be like aagh! don’t want to do it. But if you realise..got to go gently… got to build up

P: Yeah, Sue had to cut me back… Sue said to me you might be more capable but start here and gradually build up. You might be able to go over half a kilo every week until get to where you should be but please start here

A: Was that hard for you do you think because in your head you might be here but then they bring you back…

P: No because she explained to me that it is a new system for me and different muscles could be involved and I could do more damage by starting higher where I think I could be than starting down low

A: So she was able to give you that knowledge and helped you be like OK I totally get it now, I am good to go

P: Yes and I found out there was a problem with my muscles…even with shearing where you use so many muscles there was still muscles there I hadn’t used

A: Yes I agree sometimes you try something new and you go I don’t remember you existing.

A: You have to improvise start and gradually work up.

A: I mean the idea with this thing is if you are higher up already, if you decide to do this program and you are already…you are more confident doing push-ups or something that will tell you to start from there but if you are someone who is starting from scratch you will start with gentle wall practice and yes start low.

P: Yes but don’t forget I was already physically active with shearing and not long before I had prostate cancer and was operated, I dragged out eighty rams each averaged 60 kilos or so you work out how many kilos I was dragging out that day and what muscles I was using but Sue said no you’ve got to start back here.

A: But because she explained why, I think why is very important I think it is difficult to hear medical information and stick with it if you don’t know why you are doing it. Alright I won’t keep you any longer because I know that this room is being used in about ten or fifteen minutes.. So naming interventions are very difficult because it is …marketing, if you saw a flyer as you were saying and you saw a name and you were like you know what’s that, you might not want to grab it but if you saw an interesting name or a name that you thought was ok then maybe you are more likely to grab it. So we have got a list of names we have been brainstorming so I was wondering if you could have a look at these and tell me what you think or put some ticks or crosses or label them one two three, I like those ones, and tell me what you think then after that is done that will be the end of the interview part and then we will move onto the survey.

P: AAh you could use that one, prostate cancer, a stronger me, er, how could I put it, a healthier me.

A: Can you write that, feel free to write that, it’s good

P: Because you most probably could look at a bit of diet as well

A: No because that is going to be outside the scope, it is extremely important, in the real world those two need to go together most often but my Phd is very limited if I start putting diet in there I would be there for years.

P: No but what I am getting at is a healthier me because you would be able to do a lot, you would be able to get around more

P: Yeah I like that and healthier I think it is less… sorry I am going into brainstorming mode with you now

P: If I saw a flyer saying a healthier me instead of prostate cancer and then underneath put fitness for cancer or something in small writing or a healthier me or a healthier lifestyle in bigger print, that will get you to have a look at it, then you can put all your information underneath. I am just saying what I think.

A: I think that your opinions are very important. This is really good.

P: A healthier me or something of that description and then you can put under, exercise to keep you mobile then you could aim it at people with breast cancer.

P: I appreciate that but I am thinking very small at the moment, but in general yes

A: But if some-one with prostate cancer and his wife went in to where these flyers were A healthier me? Hang on, this could be for me as well.

A: So do you think broadening it out could be better?

P: I think so. It is like we invite the spouses here, and we do get spouses here. Murray Bridge, they get a few but they are mainly more in administration roles.

A: So you think that making sure that more people are involved.

P: If you put , a healthier me on there I think you would be getting what you want from the prostate cancer, but there are a lot of blokes out there that would not grab it

A: Hmmm do you think that if the partners sees that and if the partner sees that as an accountability or you should be doing this we could be doing this together

P: Hang on we could do this together, because I know a bloke that had incontinence problems and I told him to come down and see the incontinence research team… he said I can’t be coming down there because people would see me going there. I said hang on don’t be embarrassed. I gave him all the information. Since then he has died. But you have got to get past that mental attitude. If you had them at the Adelaide show for instance, which you might never do, the blokes might never [pick them up whilst if you say a healthier me or a healthier us, the spouse might pick them up.

A: I like that, I think that is really interesting because you talked something about something that some-one else mentioned a couple of days ago which is putting in the words like wellness and health and its about being the whole person and working towards a better health for the whole person

P: I found out that doing exercises has improved me all the way around, mentally, physically and my attitude. I am down in the dumps at the moment.

A: I appreciate you coming here then because I know it is tough

P: And when I get out of it and get back to work I will most probably come up with ….. but no I am really down in the dumps at the moment because I know….. and I am being wrapped up in cotton wool and all they are doing it for is, they want my money. And they ain’t going to get it.

A: I think that is a really good point, thank you for sharing that.

P: Yeah a healthier me or a healthier us and then aim it at the both of them. It is something to think about. Then you can put all that other stuff in fine print. Exercise for your health, exercise for your mentality. Exercise for your arthritis, for a healthier body. Stay in your own accommodation longer.

A: So that brings us to the end of the interview. There is a short little survey that requires a little bit of reading and getting your opinion so these are taken from current cancer websites and I was wondering if you think that these actually make sense to you, if the tone of voice is ok. Are they relevant to you at all because these are very broad cancer statements from different cancer websites across the globe so some of these are from the UK, some of them from the Cancer Council so we will be finished after that so I might leave that with you for a bit and I am off….