

This transcript is automated, and so may have some mistakes. We're working to hand correct these, but are keen that some was available in the interim so have uploaded these temporarily.

[00:00:00] **Pippa:** I'm Pippa.

[00:00:20] **Kate:** And I'm, Kate.

[00:00:23] **Pippa:** Welcome to a practical guide to death.

[00:00:27] **Kate:** This discussion episode or practical glide to death shares a conversation between writer Amanda Whittington and anatomical pathology technologist for apt Kirsty Bullen.

[00:00:43] **Pippa:** They're discussing Amanda's play Alice, so if you haven't already listened to that, maybe pause now, listen to that first so you don't hear any spoilers here.

[00:00:52] **Kate:** And if you have already heard Alice, then we hope you find listening to this conversation fascinating.

[00:01:15] **Amanda:** Hi, I'm Amanda Whittington. I'm a playwright. I work in theater and radio, and I was commissioned to write Alice for, um, a practical guidance. My name

[00:01:27] **Kirsty:** is Kirsty Berlin, and I work as an anatomical pathology, technologist, or a PT, um, and these hospital in these middle

[00:01:35] **Amanda:** and Kirsty and I met in Kirsty. It was February, 2020 before the world changed forever

[00:01:43] **Kirsty:** a long time ago.

[00:01:44] **Amanda:** Doesn't it. I know I was just looking back at emails and stuff to try and place this. And I thought, gosh, we knew what was coming, but that does seem a very long time ago. And yet, you know, I remember our conversation vividly. We met because, um, I was researching, uh, the piece that the little drama I was writing, um, for the, for the podcast series and.

[00:02:08] Kate and pepper would talk to us about as dramatizing aspects of death and demystifying, certain aspects of it. And Kate talks about the work that you do. And I was just kind of instantly really fascinated because one of the

things, what are the great things about my job, I was a journalist before I was a playwright.

[00:02:28] Is that it kind of gives you license to. Call someone up and go. You don't know me, but let's go and have a coffee and let, let me ask you loads of questions about what you're doing, who you are, and it's okay to do that in a few walks of life. Are there. So that, that, to me, learning about the work you do, which we'll talk about it in a minute or two, um, was just gave me a fantastic kind of gateway into a world that I didn't know.

[00:02:56] Anything about, and yet I was going to sit down and write about, so I kind of met you full of kind of curiosity and fascination really, and it wasn't disappointed at all. And we'll talk a bit more about the, sort of the research we did. Um, So, you know, as a playwright, that's how I come to. I still comes at no nothing.

[00:03:21] I wonder when Kate mentioned becoming involved in the research for this series, how, how you felt about it, really, and as your work, as an ATP, what kind of interested you about it? Particularly?

[00:03:33] **Kirsty:** I suppose when my favorite parts of my job is always the educational side of it. So we'll have medical and nursing students.

[00:03:41] Down. Um, sometimes I'll witness a postmortem or sometimes it's just a tour of the facilities that we have and just kind of give them a few bit more details and giving them information that we say to them. So when a person dies on the ward and we asked you to do this it's for these reasons, and it kind of all makes a bit more sense than it's really nice to be able to do that and take them through everything.

[00:04:01] And I really, really enjoy that side. So it was kind of a great opportunity to do this as somebody who was. Not from the medical world, but had a genuine interested. It's not, not quite the morbid interest that you can often get. When you say, tell people that you work in a mortuary that they're like, oh, tell me all the grizzly details as much more than that.

[00:04:20] Um, and I love the sort of opportunity to think that we can get that message out to a far wider audience of people who have no idea what happens. Um, and I think we see, particularly when we meet relative. Of our patients that you can tell there's a lot of misconceptions and a lot of things that they just have no idea about and they've never thought about.

[00:04:41] So it was quite an exciting thing for me to be approached, to be involved in being able to put something down on paper that is actually pretty realistic to what I do every day and try and dispel a couple of myths, at least on the way I hope.

[00:04:58] **Amanda:** Yeah. And I think one of the things that was interesting to me and to us was that there's in terms of demystifying death, which is still such a taboo.

[00:05:07] Uh, and, and, and, um, the border is a really hidden world and a world that I suppose we know all of us are going to end up there one day, but it's so kind of cloaked and mysterious to the sort of the lay person. So. Totally fascinated by what you said about it. That kind of brought it to life as it were, it made it real, but I mean, you talk about, what do you find it's sort of common preconceptions or misconceptions about the work that you do?

[00:05:37] **Kirsty:** I think one of the things people just don't know and they've never thought about it. And then. I don't know anything. Um, and they often, they don't realize that there are sort of trained technicians, I think maybe with medical staff or nursing staff. Um, and they've got no idea of what it's going to be like when they come down, they have seen, you know, CSI, silent witness and they think that, oh, I get to see my loved one.

[00:06:03] It will be in a room where there's all these. Deceased people behind these doors. And it's, it's absolutely nothing like that whatsoever. Um, I think they think it's quite a cold clinical environment and actually what we present to any relatives or any members of the public is, is very diff. Um, from that I think, I think also just in terms of, of the, um, members of staff from around the hospital, there's often that like, oh, I'm really always really surprised that he guys all seem really happy and jolly and everything like this.

[00:06:33] They feel that we're going to be so completely Samba and yes, our uniform is black anyway. Um, but that would be there with, with no smiles and actually we're just a group of people coming to work. So we're going to have a laugh and a joke about it, like in the areas that we can. You know, we're not going to be inappropriate, but, um, and they're sort of like, oh yeah, you always seem so happy.

[00:06:52] It's like, well, yeah, we love what we do. We like our colleagues. So I wouldn't, we'd be happy.

[00:06:58] **Amanda:** And I guess it's the kind of job that you, you must have a love for it in a kind of passion for it because it's, it's difficult and it's challenging and it's, well, we'll talk it probably in a bit about the specifics of what you do, but where, where did for you that connection come home.

[00:07:15] **Kirsty:** Took a bit of a long-winded route to it. And I think a lot of people have ended up kind of accidentally falling into the job, but it's then something that they've like you said, we all really love it and we're really passionate and that's why we stayed. So I studied biomedical science university and part of that was just study anatomy.

[00:07:31] We did that by dissection. I was incredibly lucky to have that opportunity. And that's the sort of the first point where I thought, oh, quite, quite comfortable in this environment. And I really like what I'm doing and yeah. So utterly fascinating. And even today that I can go into work every day and be like this, the human body is just amazing.

[00:07:49] Isn't it like, all right, I've done this a seizure so many times and yet, like, this is wow. I love it. Um, so I also came from like quite an academic side of it. Um, and then my interest is sort of just grown and multiplied from there. And it was a way that it was a job that I could use my practical skills that I'd learned.

[00:08:07] And I could do something that was helping somebody. In a way that enough often sometimes we get people say, I don't know how you do your job. And I think, I don't know how you work with the living far too stressful for me and overwhelming, like that much social interaction everyday. So I get to do something that is socially responsible is helping somebody, helping a family.

[00:08:28] And is in a way that works for me and my personality. So it's kind of a really good combination of like it's yes, it's intellectually stimulating. It's great. It's also the mixture of the physical aspects of the job, and it's a real good combination and it's really very, that no day is ever the same. You never see.

[00:08:48] Well, I don't say you never see the same things twice. You sometimes do, but there's always something new and something different going on. So it's never boring.

[00:08:57] **Amanda:** Well, tell us a little bit more about the D you don't have a typical day, but what might a typical week cover in terms of your day-to-day work? And cause I was really surprised by the breadth of work that you show.

[00:09:12] **Kirsty:** Um, so we have a mixture, different roles and responsibilities. So as a trained technician, we do pretty much all of them. One of the first things we'll do is we'll admit patients into the department. So we take patients who've passed away from the hospital, but also those who've passed away in the community as well.

[00:09:29] So we have different ways of, um, processing processing those. Um, we will also release them to the fender actors when they're, um, able to be released into their care as well. If any family members do want to come and see them whilst we're looking after them, we get them ready and prepped, um, for that. And then we'll take the family through.

[00:09:49] The procedure, sometimes this is the first time that they've ever been to the hospital for this kind of thing where they don't really know what's happened. So we'll be there offering sort of help and advice for them, um, and sort of take them through what they're about to see. And then the technical aspect of our role is the post-mortem side of this.

[00:10:05] So, um, it can vary our workload from day to day and week to week and season to season, really. But I work with a team of colleagues where we, um, do an invasive procedure to remove. Um, a deceased person's organs from the body, so that one of our pathologists can take a look at these, um, and sort of try and determine the cause of death from there.

[00:10:25] Once that's done, we also then reconstruct the person afterwards. Uh, getting back to what you asked about what was the biggest misconceptions? I think often people think they're going to look absolutely awful afterwards. It's like, oh no, we take pride in our work. Basically making them look like nothing's happened to them.

[00:10:39] If we can achieve that, that's, that's our aim. Um, so that's all part of the sort of reconstruction process afterwards.

[00:10:49] **Amanda:** So there's the, the post-mortem side and there's a kind of a pastoral side with the family. Would you call it that? Which must be really. It's a real skill and a sensitivity. You have to be able to equate those two sides.

[00:11:05] **Kirsty:** That can be quite challenging at times. And I suppose. Right or wrong way to grieve. And there's no such thing as a normal way to do this or a normal family. So every time you go in, you've got to try and quickly assess. So what's, so what's their feeling about this? How do they went to these? Cause some people just want you to be sort of really straightforward and.

[00:11:27] Beat around the Bush or anything other than others, you can tell that that's not quite the approach to take with them, so it can be quite, um, yeah. And I say quite challenged to try and read the room as quickly as you can and make sure that you've got the best step. And sometimes you know that you've got to give them the information, but they're just not in the right place to hear it.

[00:11:43] So you've got to have lots of ways of coping and ways around this to make sure that they're going to go away feeling hopefully little bit better about the situation or at least with everything that they need to do so that they can go home. Try and sort of come to terms with what's happened.

[00:12:00] **Amanda:** Yeah. And the stakes are very high aren't they? Because how that person experiences that situation. It's it's so on a knife edge, I guess, you know, the, the way you can, if you get it right, you can make a tremendous difference. If you get it even a little bit wrong, if you want to call it that it could, you know, there's a lot of weight in your hair. Isn't there really in terms of emotional.

[00:12:28] **Kirsty:** Again, because we've never met these people. We're not really sure what their expectations are either. And sometimes what we'll often get asked a lot is like, oh, do they look okay? And you always need to be like, yeah, of course they do. But then I've taken to sorta of fencing.

[00:12:41] Oh, I never knew them in life. So I don't, I don't have anything that I can compare them to. So whilst I might think they look great to you, it may be very different. So I'd never want to promise you something. I can't necessarily fulfill

[00:12:55] **Amanda:** and talking about preconceptions and expectations and chatting to you when I first met you and we, we hadn't, we we'd arranged to meet and go for coffee.

[00:13:06] And I was looking for who I thought would be you. And, um, and then I S I saw a young woman. I remember when your hair is orange, it's pink. Then I think, I thought maybe it's cause she's looking for some reason, it was like she's perhaps waiting for someone to, and I really didn't expect you, you are so different to my stereotypical preconception of what you would have looked like.

[00:13:36] And you look amazing and I don't know why. I didn't think, you know, you would look amazing, but do do when you, when you come around

the corner with your incredible hair and your skin and blah, blah, blah, to some families take a little bit of

[00:13:51] **Kirsty:** double-take, I've always thought that most of them are pre very preoccupied with what's happening in their life right now.

[00:13:57] The fact that I've got brightly colored hair probably like passes them by entirely and they'd get home thing. Oh yes. She had, she had turquoise hair. That was interesting. Um, and the occasional, if you do get any comments, they've always been really positive. I was like, oh, that's such a pretty color. I really liked that.

[00:14:13] Or. Especially maybe when we've got younger patients who might have hair like that themselves, or maybe have had, they've done things like that to themselves in the past now family, like, oh, that'd be, they'd love to know that someone like you is looking after them. You know, that's, that's really cool.

[00:14:28] That's, that's great that, you know, they feel that there's some kind of maybe, yeah. Somebody that's not necessarily what they were expecting, but somebody who they can see would like, yeah, you'd be made to them if you'd met in life. And that's kind of quite a comfort.

[00:14:44] **Amanda:** Yeah. And I loved how you talked about that when we met about how, you know, the, the patients, um, as you see them and as they are, um, there was a very, there was such a humanity about the way you related to them and talked about them.

[00:14:58] And I think that that will become a hope for, you know, people listening to the drama that really came across because I think we just did. I really believe that sometimes we sort of think of these places as being very dehumanizing and things you described for me, changed my perception completely.

[00:15:19] **Kirsty:** I'm glad. I'm glad.

[00:15:21] **Amanda:** Yeah. No know it was, it was lovely. I shouldn't thinking about, you know, people I'd lost and how, how I used to think about them in that time between people passing away and the funeral, you, you really do sit, think what's happening to them. Where are they? And it was such a, um, a wonderful thing to hear you talk about, um, how you relate to the patients you have and, and how you.

[00:15:48] No, you know, you do get to know their families a bit. And the fact that, you know, you're, I don't know. You, you talked to, you told me about having washed, washing hair, washing people's hair. And, and that just struck me as been incredible. Human

[00:16:06] **Kirsty:** and dignity for as patient care is the sort of utmost priority for us.

[00:16:11] And we, after having gone through a post-mortem procedure, the thing we want to do is make sure that everyone's really nice and clean and the hair is washed and smelling delicious. And, and it does make a difference that when, if say their family come to see after them afterwards, you'll unfold the sheets to get them ready to go.

[00:16:29] Oh mango. Yeah. And I think, I just think if their family come in and if they went to touch them or kiss them or anything like that, and they get to the place and they can smell something, that's, it's like this, the smell of shampoo as far more comforting for them than the smell of like, sort of maybe disinfecting that residue that may be left on them or anything like that.

[00:16:47] So we're, we very much take pride in that and making sure that we meet them as presentable as we possibly can offer for their loved ones.

[00:16:57] **Amanda:** Oh, good. And I hope that, you know, that I hope that was evident in the drama as well, because that was one of the most surprising things to me. And now having met you, I wonder why I was surprised about it, but I guess we just have this perception that.

[00:17:15] It's a kind of creepy, weird environment to be Frank and it is a Dettol is, and I think we talked a bit as well about, um, maybe how the spiritual aspects of life and death, how you, you process that because you're working with the physicality of the human body, aren't you and the, the actuality of it. Um, but there must is there is there, how do you.

[00:17:43] How, where do you sit with sort of, I think about the difference between the brain and the mind and the spirit and the soul and all of that. Is that something that

[00:17:51] **Kirsty:** you think? Absolutely. I think, I think about it more now. I work in this environment. I'm sure. Before I ever saw my first deceased person, way back in university, it hadn't even really crossed my mind.

[00:18:05] I'd never had to think about it. Um, and I was just reflecting on this early today. I thought kind of going to work is like my own memento Mori every day, just reminding me that one day you're going to die, but I find that for me, it makes me want to live life. More,

[00:18:21] **Amanda:** but we're in a kind of, um, I don't know, a sort of paralyzing level of denial really aren't we?

[00:18:27] And I sometimes say, I think it's often, it's very hard to believe that you're going to die. You can sort of think, you know, in an abstract way or, you know, a kind of, of course we know, but actually that sense of it is going to happen to me on one day, all of this. We'll be finished and over, and I'll be nowhere and nothing, which is sort of where the story goes in our, in, in the, in the podcast.

[00:18:58] I think we're in a sort of monumental state of denial about that. I mean, I would think I am, and I think culturally, I'm just, I just imagined the culture and the world, or I, you know, in terms of, uh, there are other cultures in the world that are probably way ahead of us, but in our culture, What an extraordinary transformation that could be for the better really I think if we actually believe it. Yeah,

[00:19:26] **Kirsty:** I am. I was thinking about that today. We, um, when the coroner sends us the paperwork to authorize a pacemaker. Get sort of the past medical history and things. And one of the things I was reading that, oh, the totally unexpected to die. And then you sort of look into again, okay. So they're on a couple of medications and I am looking at their age and things like, yes. Okay. So this

[00:19:46] **Amanda:** incident to fairly fit and healthy for their age, but they

[00:19:49] **Kirsty:** were clearly progressively getting worse. And there was some, a few sort of lifestyle decisions that you think would probably, um, increase their risk of various diseases anyway.

[00:20:00] And you're like, Was he really thought like, for me, I'm thinking, yes, I might be shocked, but then it kind of would rationalize how much actually considering all of this. Yeah. They were doing great to get to that age in the first place, you know, they've had a, you know, that was brilliant, but we see it so many times like, oh, was totally shot that really fit and healthy, like, um, and I think, yeah, again, that sort of, this.

[00:20:25] Because medicine is so fantastic and can eat on cake, life that seemingly inevitable people just haven't got the concept that sometimes it's just going to fail or sometimes maybe it's the kindest option just to keep on prolonging life. Just, just for the sake of an existence, you know?

[00:20:44] **Amanda:** Yeah. Yeah. And that fear of death and that sort of paralyzing fear of death that we live under is sort of deeply unhealthy.

[00:20:52] Really. I think. And I'm speaking about myself as well, you know, and I don't know, I don't know how we, how we begin to address that really. And I suppose religion has been one way throughout the ages that people have come to terms with death, but in a secular society, there doesn't seem to

[00:21:11] **Kirsty:** be any, no, no, you're right. There's sort of a gap.

[00:21:14] **Amanda:** I don't know where you look there's. This society is gaping kind of gap of where do we look to, to make sense of this? Face it and face out there and understand.

[00:21:27] **Kirsty:** I think a lot of, um, bits of culture that do deal with death are quite sensationalized and, you know, the, the CSI programs and the murder mysteries and things, and it's, it's certainly quite a far way off the day-to-day reality of what I see all the time.

[00:21:45] **Amanda:** Hmm. Do you feel sad? You must feel, I mean, this is a really, I can't quite think of how to phrase this question, but do you think death is a sad thing? That's a really weird, I don't know.

[00:21:56] **Kirsty:** Yeah. Yeah. It's going to be some kind of level of sadness that it's an end of end of a life, but that doesn't necessarily make it a bad thing to happen. If that makes sense.

[00:22:08] Um, does

[00:22:09] **Amanda:** the immuno, I hope that I live a great life, but I hope that I still can do all the things. At the age that I died, that I went to be able today, but I'm not interested in living forever.

[00:22:22] Um, and I think you've got to you, you're at that place every day where you look that in the eye and you know that, and you understand that you're not going to live forever.

[00:22:31] And most of us are living in with our eyes and. So kind of going back to it, I suppose, the spiritual, do you feel, do you feel that there's a spirituality about the patients? You don't know, what, where are you

[00:22:45] **Kirsty:** seeing for me? I kind of feel that like your, your physical body is just the vehicle within which you as a person and whatever that is your, your spirit, your soul, whatever entity that takes places that, that lives within you when you're alive.

[00:23:01] And when you do that, They are now separate. And what remains are your physical remains? And that's what I look after, but I, for me, I'm not feeling that this person is still there. Um, but I know that that's, I mean, that's just my own sort of personal thing. I know a lot of, uh, relatives come in and they, they chat to them as if they're there and they're kind of fully believing that they can hear them.

[00:23:24] You know, if that, if that helps them. Then great. But for me, I wouldn't want to go and see any of my relatives once they've passed away. Um, because then all that. And if I want to talk to them and if there is any kind of afterlife and they can hear me, I can probably sit on my sofa and say what I want to say.

[00:23:43] And I know it's very much more. Me saying that then necessarily them hearing you, so going back to that kind of facing death every day, it's kind of, I realized, yeah, don't wait till them die to say that. Say it now.

[00:23:57] **Amanda:** Yeah, but I know, I mean, that is

[00:23:59] **Kirsty:** so true because I always think that it's probably a really strange scenario to have even considered, but say that my partner was involved in an accident on the way to work.

[00:24:10] I I know immediately, I think, oh my goodness. I went to see him because I never seen him again. But actually the rational part of me says, no, you kissing him goodbye saying I'll have a nice day in the morning is actually, that's what I want my last memory to be

[00:24:22] **Amanda:** when, um, not to ask you, did you think, what did you think of the drama. I'm not asking you to say it was great. It was brilliant. I must say I just wondered how you felt when you, when you listened to it. Did it, what did it bring up for you? If anything

[00:24:36] **Kirsty:** was, it was great or they it's kind of slightly inevitable. Oh, oh, oh, oh, those are elements that are definitely me. That's kind of my side.

[00:24:47] Um, but it was also just really nice kind of hearing something like, oh, this, this really accurately reflects what I do every day and it's not, you've not made it sensationalized. Everything. It's just, yeah, this is, this is what happened. This is how we look after deceased person. And there's still sort of moments that, um, I remember when I read through the draft and we're talking about when we removed the brain and like, how sort of like a, what are those special memories?

[00:25:14] And I remember like getting tingles down my spine, but yeah, it really is. And it was just kind of, kind of wonderful to sort of see this and not in a way that's like removed from, from me actually being at work, doing lovely.

[00:25:28] **Amanda:** Well, that really jumped out on me when we were talking. Cause we talk and if people listen to the drama, they'll hear the post-mortem see.

[00:25:37] And then, and really you talk me through that in, in great, fascinating detail. Um, and it was really gripping to listen to you talking about that. That was case kind of dramatic in itself. It didn't really happen. Bring anything to that. When you talk about picking the brain up and holding a brain in the house, that, to me, that felt very spiritual actually. It very, it felt like a very profound, I

[00:26:01] **Kirsty:** remember talking with you at the time and just saying that holding the brainy. Gosh, this is, this is a thing that powers a person and people are amazing and human bodies are incredible. Like, and I have this really soft thing that's like about a kilogram in my hand, but does it look like it's kind of quite mind blowing?

[00:26:23] There are moments. And if you have to take time, just take stock and think about it. It's incredible.

[00:26:30] **Amanda:** Yeah. And all the things about the brain, we don't know. And the extraordinary who capacity it has. And then it just doesn't end up with this, this, it reminded me of a baby, like a newborn baby or something

[00:26:46] **Kirsty:** funny. You should say that. I'm among my local WWI. Somebody who wants green is ginormous calls yet. And there was a case of like, guess the way it was the cornea and like you get, you win it. And so all these women like, oh yeah. About, I guess in terms of weighing babies and I'm

going, I'm comparing this to weeks of brains, but I can't really say this out loud because I don't think this it's probably, I was like, Yeah.

[00:27:11] Maybe two, two, and yeah. And like, I was quite accurate with McKesson. I'm like, Hmm. Yeah. I worked on my secret,

[00:27:19] **Amanda:** whereas not as much as a brain, but I've got one amazing thing to have gone to that place in. You have done that. That is so extraordinary, you know? I mean, gosh, wow. I never get a match that ever and no, it really, it, it, and it was in terms of the writing.

[00:27:40] It was, I was interested in, you know, the drama approaches your work and the work you do. And your department from the point of view of the patient, which from a dramatic point of view was kind of great because it. How it, how does sort of magical realism we might call it, that, that, that patient could talk to us, the audience, but I was really interested in as, as relating to that patient as well and empathizing with them and thinking when our time comes and we go on that journey, this is what we're gonna encounter and experience.

[00:28:19] And these are the people who are going to be there for us. And it's all around. You know, and that's really, and I was speaking to someone the other day, who'd heard it and said they found it quite comforting. So I was really

[00:28:32] **Kirsty:** pleased about it's nice to know that.

[00:28:34] **Amanda:** Yeah. Yeah. And I think that was what you were originally set out to do wasn't it really, to just sort of. I kind of say, you're going to be okay. Yeah. You might've died. You'll

[00:28:48] **Kirsty:** be all

[00:28:49] **Amanda:** right. Don't worry about it. Yeah. Come in. Um, and I guess I ought to ask you because it's, um, there has been a pandemic since we met, you know, how's, how's it been for you and it

[00:29:01] **Kirsty:** not without its challenges, shall we say? I bet it's been a learning curve. I think it's been different for. Technicians all across the country, depending on the circumstances and the way that their mortuaries operate, but we've learned so much and do things quite differently to how we did before. Um, but it's great. It's improvements for the patients improvements for us.

[00:29:23] So it's, um, it's, it's been okay. And it's been sort of, it's actually been quite nice. Having a purpose of coming to work every day, even though working as a gang or certainly at the beginning of, oh my goodness. All these patients, the dying of COVID, this is just awful, but I guess it kind of also brought the reality home of what was doing so we could, we took it really seriously when maybe others possibly weren't.

[00:29:47] Um, but yeah, so it was good to be able to leave the house every day. Have purpose coming to ignore that you doing something as well, that was helping people help in some small way. Um, so yeah, that was, that was there had been positives out of it or.

[00:30:05] **Amanda:** Yeah. Yeah. When you were most definitely on the frontline of that, uh, well, Kirsty has just been fantastic to talk to you again and, and, uh, remember the conversation that we had that led to the drama and just, just hear again about your, your work and, and.

[00:30:25] All these fantastic, amazing things, you know, you do it really, um, just, you know, we're all so thankful there's people like you out there doing what you do. And it's been a real pleasure in G and a, all the very best.

[00:30:48] **Pippa:** we hope you found this conversation as absorbing as we did.

[00:30:52] **Kate:** Our thanks to everyone involved and our sound designer, Ian Armstrong and editor Fraser Youngson.

[00:30:59] **Pippa:** His podcast is produced by. She works. It's support from our commissioning partner, Nottingham Playhouse and funder arts council of England. Thank you.

[00:31:08] **Kate:** And find out more about the series and other. She wants a dog series. Follow us on social media at she wants a dog or visit our website. She wants a dog podcasts.com.

[00:31:22] **Pippa:** Don't forget to listen to all five plays in the series. And look out for other series from us, including Sickbabe exploring life with invisible disabilities and the perfect podcast, a queer audio cabaret.

[00:31:34] **Kate:** And please do rate, subscribe and share if you enjoyed these and join us again for more extraordinary explorations into a subject that affects us all: death. .