

# LT E4

**Candice Coghlan:** [00:00:00] Welcome to Living Transplant. The podcast that takes you behind the scenes of the transplant program at Toronto General Hospital and brings you open and honest conversations about the transplant experience. My name is Candice and I'm the Education and Outreach Coordinator for the Centre for Living Organ Donation.

I'm also a kidney transplant recipient. This is where I developed my passion to support others in their journey to navigate the world of transplant. Full disclosure, I'm not a physician and I'm not here to give you medical advice. Think of me, your guide through the world of transplant, to educate, inspire, peak your curiosity and fuel your passion.

Living Transplant will show you the world of transplant you've seen before.

Welcome to the Living Transplant Podcast. Today I'm joined by amazing Alley, Alley Adams. [00:01:00] We'll be discussing Alley's personal journey today with diabetes and her kidney pancreas transplant. And then later we will be interviewing Andrea Norgate Clinical Transplant coordinator at UHN. Thanks for co-hosting with me today, Alley.

**Alley Adams:** Yeah, thank you for having me.

**Candice Coghlan:** So I'm wondering if we can start at the beginning. Can you tell me a little bit about your journey with type one diabetes and when you were diagnosed?

**Alley Adams:** Sure. So, I was diagnosed, May 5th, 30 plus years ago. It's an important date to remember. I promise I'll bring it back to that.

I was diagnosed when I was five years old. No history of diabetes in my family. It was kind of a surprise. It just turned a little green in the face and I was going to the bathroom a lot and really thirsty, and my mom took me into a, a walking clinic in Toronto and the next day I was in Sick Kids and diagnosed with type one diabetes.

And so I have lived for [00:02:00] 32 years with type one diabetes. And all of that changed a year later, which I'm sure we will talk later about, but, diabetes, I think is a, is a tough disease. It's cruel in many ways and, and takes a lot and

doesn't give a lot. It's been a real interesting journey along the way to, to get to where I am now.

**Candice Coghlan:** So fast forward through that time. You're managing your diabetes, it's been 30, some odd years living with it, and you're working in a serious, fast paced working environment at a corporate law firm. Traveling, seems like everything is going fantastic. And then you had a shocking health episode. So what happened?

**Alley Adams:** So I was on FaceTime with a girlfriend. It was like a Tuesday evening at 7:00 PM. And she was talking to me and she was saying something. I don't even recall what she was saying. And it just wasn't registering it. [00:03:00] It's hard to describe, the actual feeling, but it was basically as if someone was talking to you and you could see their lips moving, but you weren't hearing anything.

**Candice Coghlan:** That's so scary.

**Alley Adams:** Super scary. And being diabetic, I think you are a bit more attuned to when things feel off. Maybe it's not perfect, you don't know what it is, but I think generally people know when something's wrong. It, it just felt like something was wrong. And so I called the paramedics and they showed up and my blood sugar was fine.

I, I looked fine. They, they did all the, the vitals and they were like, "Nothing nothing's wrong. We're gonna leave." And one paramedic was Like, "oh wait, I forgot to check your blood pressure."

**Candice Coghlan:** Oh my gosh.

**Alley Adams:** An important thing evidently in the end. And he checked my blood pressure and it was, 220 over, something crazy.

**Candice Coghlan:** Wow.

**Alley Adams:** And they were like, "Well, you're on the verge of a heart attack. We should probably get you into the emergency room."

**Candice Coghlan:** Oh my gosh. [00:04:00]

**Alley Adams:** "That would be lovely. Appreciate that." And so, yeah, I went into the emergency room, like really not having any idea what was going on and not even thinking that it could be my kidney or, I had no context.

And so, landed in the ER and then sort of from there, that's like really the starting point of my journey with kidney failure, and all the subsequent sort of events that happened thereafter.

**Candice Coghlan:** So you're in the emergency room with this terrifying episode that happened and, are people coming in and out and telling you things? Or are you kind of just there waiting to hear what's going on?

**Alley Adams:** I think Andrea can probably attest to this, like having been in the ER. Like when you're in the, ER, I don't think people are searching for answers to chronic conditions. They're basically looking for like the acute thing that is happening to you in that moment.

**Candice Coghlan:** Right.

Did they send you home and [00:05:00] say "Here's some blood pressure medication and we'll talk to you later?"

**Alley Adams:** Yeah. And I mean, it was a little bit of both. So I bought my first blood pressure machine at 31 years old, following the ER visit, which would like become a very important thing for me to have. And I still have it by the way, I like travel with it just because I'm a little bit OCD like that.

**Candice Coghlan:** I do too. Yeah. It becomes part of our body almost.

**Alley Adams:** Yes. Yes. It's like a third limb. They did some blood work and I got a call, a few weeks later basically saying like "Your creatinine is, is quite high." And I had no idea what that meant.

**Candice Coghlan:** Right.

**Alley Adams:** And I was told that I would hear from the doctors and that's sort of what I heard from the MultiCare Clinic Team.

But I really truthfully had no idea. They would say, "We're gonna look for lupus. And we did a kidney biopsy." And there was just an element of which I was so young and so naive about the complications of diabetes impacting me, like quite what I felt was quite early on in life that I could have drawn a

thousand [00:06:00] lines and I don't think any of them would've connected to kidney failure.

**Candice Coghlan:** For sure. That was somewhat like my story as well. You know what? I didn't have diabetes, but I was a crash start and it was shocking to everybody at age 24 that I could have kidney failure because it's not something when you're sick or when you have different symptoms that they think a young person is gonna have, right?

So it's like all of the other things around that could be going on. So like could be allergies. It could be, lupus, it could be all of these other things rather than direct to kidney failure and kidney disease.

**Alley Adams:** Now we know that the kidney does everything in the body. And so every time someone says anything, I'm like, "Get your kidneys checked."

**Candice Coghlan:** Get your kidneys checked. Yeah. There's your PSA for our day today, "Get your kidneys checked. No matter how old you are, right? They're our powerhouses.

So you got the call to go to the MultiCare Kidney Clinic.[00:07:00] You showed up and what happened from there?

**Alley Adams:** So, I Googled the MultiCare Kidney clinic as you do.

And, this sounds like my dream clinic. Like everything is all together. "How lucky am I?" and ever the optimist I go in.

**Candice Coghlan:** Right.

**Alley Adams:** I'm ready for all of these excellent specialists to tell me what's going on.

I went by myself, not really expecting to get the news that I was about to get, but

I met Dr Cherney who has been a monumental, amazing, incredible force in my life for the past three years. And he sat me down and said "You're gonna need a kidney transplant." and I just wasn't expecting the news.

**Candice Coghlan:** Of course.

**Alley Adams:** It was, I, I heard it and kind of in the same way that when I went into the ER, I heard it, but it took a second to register and it was mostly [00:08:00] disappointing and it felt like not only was my kidney failing, but I had failed.

And I think that's the part that I struggled the most with was just that, I tried to be a successful person in all avenues of my life. And here was this big thing that I was told that I couldn't do anything about, I couldn't fix it. There was no.

**Candice Coghlan:** Yeah.

**Alley Adams:** Like take blood pressure medication and it will, it will, resolve itself over time. It was like a really acute failure across a lot of dimensions. It was disappointing, but Cherney was also amazing and extremely thoughtful in the delivery and in the subsequent sort of conversations thereafter, which made a huge, huge difference in how I think I approached this whole process generally.

**Candice Coghlan:** So when you were there and you got that diagnosis, did they tell you, you were gonna need to start [00:09:00] dialysis?

**Alley Adams:** Not immediately. But I knew that it was coming, and again, I went to trusty Google and Googled what end stage kidney failure was. I think I was stage four at that time.

And so "Okay, if you're on dialysis, like what do people eat?" And all of this stuff. And so I went full blown, like kidney diet. I got rid of all, I went through all the cupboards in my apartment and if there was any massive, portion of sodium and anything, all the canned foods was gone.

It immediately changed my life, in many ways. But, yeah, I don't know. I don't know how, how people take that news other than this is something now that you're gonna have to deal with. And it's like one of two ways, like you can lean into it and really give it your all, or you can fight it. And I think I was smart enough to know that fighting this was not going to lead to any [00:10:00] optimal results. And so it was all about how can I make the best of this really unfortunate situation.

**Candice Coghlan:** And so after your diagnosis, how long were you able to stay off of dialysis?

**Alley Adams:** Yeah, two and a half years.

**Candice Coghlan:** Wow.

**Alley Adams:** I think that's right. It was a while, it was kind of a slow progression. At the start and I think as kidneys do, it teeters and then all of a sudden it's okay we're caputs and it's time to, to go on dialysis.

Dialysis again, all my friends are buying houses and having children and getting married. And "I'm going on dialysis." There was like a real contrast in the way that I felt like my life was taking shape and the way that my friends' lives were taking shape and this like old adage of comparison is the thief of joy really rang true for me. And it was very difficult to rewire my brain to be [00:11:00] like, "It's fine to be on dialysis. And it's also fine to have kids and the two can intersect and exist at the same time."

And I started dialysis in the basement of Toronto General and met Patrick and Marty and all the people and the nurses there and we just had a grand old time. We would bring each other sandwiches and whatever, trade, life stories. And it was just, it was fine. It was really scary, but it ultimately ended up being kind of this little other community that, again, I wasn't expecting, but was a real source of life in many ways.

**Candice Coghlan:** It's funny, I always say, that the dialysis community is one that I would never wish anyone to have to be part of, but once you're in it, they become family and you're rooting for each other because you've, you've hit one of the lowest points in your life and [00:12:00] you're now doing treatment for hemo, it's three times a week for minimum four hours.

And I remember I, I stopped university during that time just because it was too hard for me to focus with all the brain fog. And I was going into dialysis and I wasn't seeing anybody who looked like me. Everyone around me was much older, which in some ways was great because I had people who kind of like took me under their wing and supported me, like a kid almost right? Like I was 24. So I was the kid in there, in their unit and they took really, really good care of me. But it was also hard to know, like you said, that my friends were going out to party on Friday nights and I was doing dialysis and there was no way after dialysis.

It's a shocking place to be when you had expectations of what your life was gonna look like and you end up on dialysis and in that waiting space of [00:13:00] not knowing what's next.

**Alley Adams:** Yes. The wait is the hardest part.

**Candice Coghlan:** So while you were dialyzing, you talked about transplant, you were worked up for transplant?

**Alley Adams:** Yep. Yeah. Yeah. So I had originally, been told that I needed a kidney. And I remember the day I went and met with Andrea to learn about kidney and pancreas.

And I will tell you that before meeting Andrea, I was like one organ transplant feels like enough. Two seems too much, a little bit much, but, but again, I didn't know. I didn't know enough. I was, I was really going off of my own fears and not reality in many ways. And then I met Andrea and she was like, "You would just be so much wiser to do it."

And she kind of in very elegant, simple ways described to me like why it is a good idea. And when you [00:14:00] think about it logically and you sort of weigh the, the realities and the benefits, you're like, "Yeah, it does seem like a good idea to get, to get both." And I couldn't even fathom what it would mean not to have diabetes. I still sometimes catch myself being like, what is life without diabetes? It's, it's insane. The magnitude and the weight, that type one diabetes carries and had it not been for Andrea, Dr. Reichman and others who gave me the opportunity to learn more about KP I think I would've done the quote, unquote one organ route and is the best decision I've made in my life. It's changed my life in, in ways that I didn't even know were possible. So I, I went the KP route.

**Candice Coghlan:** So did that mean that you were worked up for transplant and then you [00:15:00] went on the wait list to wait for a kidney and pancreas? Or did you also go through the process of looking for a living donor for your kidney?

**Alley Adams:** Yeah so I did both. I put my call for a kidney out on LinkedIn. The good old professional network of LinkedIn. And listen, it was the pandemic and people weren't meeting in person and I've never had to ask for a kidney before. I've seen advertisements on the side of a bus and on the side of a highway, but I had never heard anyone's story and what was going on.

And I felt like in my professional life, I am a communicator and I know that stories are the most memorable thing for people to consume in order to retain information. And so I sat on my living room floor and I put my iPhone on the coffee table and I said, "here's the situation." this is a little bit of the story of [00:16:00] where I've been, how I got here. I am looking for a living kidney donor. If you don't donate a kidney consider registering to be a donor, give

blood. I wanted to give people optionality and not just feel like it was, the singular request. And then I put the link to the form where you can register. And I don't know what I was expecting, to be honest with you, but what I received was exceptionally overwhelming in that random strangers would just say, "I, I filled out the form and I hope that I can give you my kidney."

And I was just perplexed at humanity. I was perplexed that people were this generous that people were this thoughtful that, I also had to reckon with myself. "Would I have done this? And could I have done this?"

And so was a real emotional [00:17:00] journey to, to not only share the story, and sort of all the subsequent conversations and opening us up that came from that. But to really witness what I feel was the very best of human.

**Candice Coghlan:** It really is. It is shocking to know that there are people out there who love you enough to want to consider this in one realm, right? Those who we know who step forward, who are willing to risk that to save our lives. And then that there are this other group of people who hardly know us, but have this incredible altruism within them, that they wanna donate and give back because they can. And I think that's one of the wildest things that when I talk to donors that they say is, "Why did you donate?"

And they'll say, "Well, I can. I have two kidneys. I can donate [00:18:00] a piece of my liver." And it's amazing to hear that perspective.

**Alley Adams:** Yeah. And also I think what they may not appreciate at the time is just the lifelong impact that, that will have on someone. I think you can never, even in words, say thank you in the way that it has meant thank you to you. There's no way I have found to describe the meaning that, that has, it is so deep and it is so complex.

People say life without diet Coke is life altering. No, this is like life altering stuff.

**Candice Coghlan:** Have you been able to express in any way what that was like to go through the process? I mean, for me, it's my, it was my mom who is my donor. So it's a little bit of a different situation in that I see her every day and I'm able to thank her when, whenever I get emotional or when something goes wrong or all of the things that you do already with your mom [00:19:00] it's heightened that I can share that gratitude with her every day. Have you been able to share on social media or, talk to your donor family?



**Alley Adams:** At three months you can write your donor family a letter which I did. The thing that I wish is that I could write them a letter like every month. Because what it meant to me at three months and now a year later are two completely different things.

And the way that, that I view this is, the letter is an important acknowledgement. But what feels like the real acknowledgement is being responsible with these organs and living a life that meaningful and like outside of myself and not to suggest that I'm like the super altruistic person that is like, painting rainbows and butterflies all over the city. But like I do acknowledge that this conversation couldn't necessarily be [00:20:00] possible without my donor.

Me going to Chicago couldn't be possible. And I like will sit on the plane and you're up there at 35,000 feet and things get a little emotional and I like start to rub my belly and it's like, okay, a little organs, like we're going Chicago.

It maybe means nothing or it, maybe it means something I'm not sure. But to me, I have just felt like the best way that I can say thank you and show my gratitude is to continue to talk about organ donation. To continue to talk about what it's meant to me. To be thoughtful and kind to these two organs that are now on loan to me.

**Candice Coghlan:** That's amazing.

So we skipped forward a little bit, but, we, we gave a spoiler, you got your kidney transplant and your pancreas transplant. Amazing. And I'm, I'm gonna ask you, what day did you get those?

**Alley Adams:** Yes. Well, I guess we said we would come back to this. [00:21:00] May 5th, 1993, I got diagnosed with diabetes. It was also my mother's birthday. Fast forward May 5th, last year, 2021. Also my mother's birthday. I am cured of diabetes the same day, 30 plus years, that I was diagnosed.

**Candice Coghlan:** Wow.

**Alley Adams:** It's so eerie and, and serendipitous, I, I always thought, I don't know why, but that, I would get my, my transplant on a serendipitous day. Maybe it'll be Christmas or maybe it'll be my birthday. I never imagined in this like crazy mind of mine that it would be like, on the same day I was diagnosed on my mom's birthday. Like the whole thing was just, it's a super emotional

experience to go through, but my mom's there with me and just looking at her, like, "Can you believe that this is happening today?"

It's just unbelievable.

**Candice Coghlan:** So I I'm guessing then it wasn't planned that [00:22:00] day. That you got the call that day to come in for your transplant. Had you gotten the call before as well?

**Alley Adams:** Yes. I had gotten the call four times total.

**Candice Coghlan:** Wow.

**Alley Adams:** The thing I say is this, we get a big binder. I think that Andrea wrote about kidney/pancreas what to expect, all of the considerations.

Somewhere in the book, it says, "You may get the call for the organs, but it may not work out, right? I read that book cover to cover and that portion of it, I read, and maybe I'm just really not good at consuming things is maybe what I'm learning from this, this episode talking out loud, but again, kind of one of those things that I, that I read, but I like didn't, really understand the weight of it.

And so over the course of, I wanna say like eight or nine months, I got three calls in pretty short sequence, and then there was a bit of a, a wait and the first three calls [00:23:00] were kind devastating, you know?

It was emotional for sure. And one thing that, that I kind of appreciate now, having gone through it is, going in for a, a transplant is just like this huge, unknown, right?

And so like ever the optimist, I appreciate having gone through it now or having gone through it three times that I was like, "OK, I kinda get what happens. Like you go in and you get worked up, and these are the conversations that you're gonna have." And it gave me like a, a bit of a training, but it was devastating.

I didn't appreciate how devastated I would be. And I just kind of like moped around for a few days and felt like I was just like a little bit out of it. And, and, I, I shared these things on social media again, to like, just provide some clarity or like a line of sight into like what this process meant, because I, I think like many people think you get the call, you go in think bang, [00:24:00] boom you're home. It's like rainbow and butterflies, and that was not the case. But on fourth call, I got it. It felt good, from, from the call, I don't know. It's funny,

these like things that are not real, but for the first three calls, I was really nervous and felt really, really scared.

And on the fourth one I went in "this feels good. Like I am ready." And I didn't say it out loud. I didn't tell anyone that it felt different. Cause I was scared to jinx it, but it did. It felt different. I went to bed that, that night in the hospital and I, I woke up the next morning at, 5:30 and I was like, "Any word, like, is it happening?"

And they're like, "Yeah, yeah, it's happening in an hour."

**Candice Coghlan:** Oh my goodness.

**Alley Adams:** I was like, "Oh, ok." Okay.

I call my mom. "Mom's it's happening." And I call everybody I know. And my mom walked me down and porter wheeled me in and that was it.

**Candice Coghlan:** That's amazing.

**Alley Adams:** Yeah. It was great.[00:25:00]

**Candice Coghlan:** Thrilling.

**Alley Adams:** It was thrilling.

**Candice Coghlan:** Yeah. That, that feeling of walking through well or being wheeled through those doors to go into that surgical room. For me, I didn't think it was gonna happen. I had a scheduled transplant. My mom was my donor. She went in at 9:00 AM and I don't know why, but I was just so nervous. And I just kept thinking, "I don't know if this is still gonna happen. Don't get your hopes up." And it wasn't until I was literally laying on the bed, looking up at the lights and them saying, "Okay, we're gonna count backwards from 10 and you're gonna fall asleep."

That was when I was like, "This is happening. We're, we're doing this." And it's, it's thrilling and it's terrifying and it's all of those emotions that are the highest, and the peak of either side of the peak of happiness, the [00:26:00] peak of fear, the peak of depression, I feel like you're flying with all of these emotions when you go through that process.

**Alley Adams:** Yeah. I saw it when I was wheeled in, I saw my donor's organs, like on the back table.

**Candice Coghlan:** Oh my gosh.

**Alley Adams:** And I was just like, "Okay this is, this is it."

**Candice Coghlan:** Those are mine.

**Alley Adams:** Those, yeah, those are mine. But those are also someone else's and I heard this story where someone, back to my earlier point that I'm not all this altruistic, human being, like somebody had said, I went in, for my transplant and I took a minute to recognize my donor. I think a lot about my donor. I don't know if that's right or wrong, but I just happened to think about this kind of unknown person a lot. And before they got on the operating room table, they said let's just take a minute for my donor. And that is just so nice and wonderful and thoughtful. And I wish I had so thoughtful, but [00:27:00] it is this sort of like realization that it is happening. It's happened. You get on the table, same thing. Like what's your name? Count down. OK. I'll see you on the other side. Hopefully.

**Candice Coghlan:** Hopefully. Yeah. Amazing. So you made it to the other side, obviously. You are on the other side now. You're doing well?

**Alley Adams:** I'm doing great. Again, I just didn't know what I didn't know. So I was living with diabetic kidney disease. And I was tired, but I didn't know how tired it was until I had the transplant. And I realized what, you're actually supposed to feel like as a human being, because it's like a slow decline over however many years.

The brain fog is a, is a great example of something. I just never acknowledged. I mean, I worked this whole time leading up to my transplant on dialysis, and at like three months, all of a sudden I was like, wow, like I'm just a lot sharper than, [00:28:00] than I used to be. Things make sense. I can read a book, I hadn't read a book for a really, really long time.

I feel unbelievable. It's why I feel so like grateful for this whole thing. It's because it has fundamentally changed my life. This kind of like concept that like change happened slowly and then all at once. Once I recovered or felt like I fully recovered. Like I just had this new kind of lease on life where I was like, "I'm just gonna go for things. I'm get a new job. I'm gonna get a new apartment.

I'm gonna like, do the things I wasn't doing. I need to go to the gym more." I have work to do on that front.

**Candice Coghlan:** We all do. Yeah.

**Alley Adams:** It just gave me this like sense of, of like lift off that I, that I didn't have before dialysis like really kind of limits any of those things.

And, knock on wood. I've been fairly lucky, in terms of complications. And, and I, I realize [00:29:00] that may not last forever, but I've, I've enjoyed sort of every moment of feeling as good as I, as I feel.

**Candice Coghlan:** So for all of those people who are waiting right now, do you have any advice for them?

**Alley Adams:** Yeah, so the thing that I, that I would remind myself of, especially following, sort of like the false starts that I had transplant was it gonna end with me. It feels in the moment, I think as though, like it's never gonna happen or it's taking too long and it feels kind of cruel that like when you're sick time just takes forever.

**Candice Coghlan:** So slow.

So slow.

**Alley Adams:** The years are long, long, long. I feel like I'm 95, but it was a long three years. Now that I'm on the side of it, like time flies by. If you're going through hell, keep going. It will happen. It will happen when it's right. It will happen when it's meant to be.

The other thing that I found really helpful, was knowing that on the other side, they're planning [00:30:00] and working for the best possible outcome. And to remind myself that it's not about, like, they just wanna do it to get it done and over with, they wanna do it because they want it to be right and right for you and right for everybody. And that I think was a really helpful framing for me because I am a bit of a perfectionist, OCD person and, and that really allowed me to sort of ground myself in like this concept that it is not an emotional thing. It is strictly like what will lead to the best possible outcome? And if it's been a month or it's been three months, it's just a month. It's just three months. You'll get there eventually.

**Candice Coghlan:** That's awesome. Thank you. Thank you for sharing your story with us and for all of your knowledge that you've brought to all of our listeners.

I really appreciate everything that, that you've brought today. And I'm really happy that we get to have somebody who was part of that journey with you to join us today. I'm [00:31:00] hoping that you can introduce Andrea for those who are listening today.

**Alley Adams:** Queen Andrea.

**Candice Coghlan:** Yes.

**Alley Adams:** It would be my divine pleasure to introduce to you Andrea Norgate, who her official title is the Kidney and Pancreas Transplant Coordinator at University Health Network. Andrea is the most incredible, thoughtful, realistic, amazing voice of reason, and has been such an important part of my journey and has made this journey for me so much better by her sharing her wisdom.

Andrea, can you tell us a little bit about your background in healthcare and why the decision to specialize in transplant?

**Andrea Norgate:** Well of course everyone who is in transplant is in transplant by accident. No one thinks about transplant until you need one. No one ever, right. Ever, ever. No one [00:32:00] thinks about blood until you need it. No one thinks about any of these things until you, until you actually get it.

So I was graduated late eighties. And I came to Toronto General and I worked on an Oncology ward. And of course that's when there were no jobs, no one got a full time job. So most of my class went to Texas and they actually are there right now.

**Candice Coghlan:** Wow.

**Andrea Norgate:** And then you just sort of floated around to different floors, as you do. And nursing sort of waxes and wanes and joined transplant just sort of filling in a shift. And from that point on, it would just seem like the most logical thing for me to do. It just seemed like there was lots of shifts. It was a dynamic group. No one ever left transplant because once you were there, you realized that it was just "Wow, this is great," because you got to see every single organ system, you got to see, cancer, you got to see palliation, you got to see diabetes,

you got to see everything new that was happening, the immunal. And you gotta remember we're [00:33:00] coming off aids we're coming. Like we were in the aids, like back in the eighties. It was like, "Ugh!" And our infectious disease was actually just sort of blossoming there too.

Everyone who wanted to do anything in the infectious disease world, then you sort of had to go into the, into aids research and transplant was an immunosuppressed community that actually benefited greatly. So it was so much learning to be done. And the people were really cool and they were all ages. And all of the, the nurses that I worked with back in like 1990, still work there today.

**Candice Coghlan:** Wow.

**Andrea Norgate:** And you just sort of like go through and you, you become a coordinator. So it seemed like a no brainer for me. And it's, it was, it was great. It was hard work and shift work, and everyone was a, a family back then and a family with all of our patients.

I can tell you names of every single patient I've ever had.

**Candice Coghlan:** Wow.

**Andrea Norgate:** Yeah. Yeah. [00:34:00] It was terrific. One thing I wanna say just, just before I forget, is Alley mentioned like when she was diagnosed with kidney disease and there's this source of, of blame that you felt that you felt as though you blamed yourself that you were a failure at having a childhood disease that no other childhood disease actually has that kind of, sort of feeling that you're failing, right?

It's not something to do with you. And this is one thing that I would just wish, I think I was put on this earth to sort of get rid of, is that feeling of blame. It's just, this is a disease. The number one risk factor to the kidney is hyperglycemia. You have a disease that makes your sugar go up and down because you do not make insulin.

It lays heavy on all of my patients and there's this sense of guilt, with everyone. This wouldn't have happened. If I didn't, go to a party when I was 16. Its like, are you kidding?

**Candice Coghlan:** Yeah. And even the way we talk about. Things like, [00:35:00] kidney failure, it's, it's, its right. Ingrained in there or organ failure, right? Like the way we talk about.

It's rejection. Right? Yeah. And, and then, there's other diseases out there where, you're a survivor and you're fighting and there's this like empowerment of the patients that you're fighting it and you're getting through. And I always felt like when I would walk down the hall and get connected to my dialysis chair, that it was like, you said, like this sense of "What, did I do to put myself here?"

**Andrea Norgate:** Exactly. Well, the semantics of healthcare are garbage, right? So like you think about, kidney failure, rejection of an organ.

One of my patients recently was admitted for rejection and he goes, "I'm really scared. What did I do? I tried to do one day. I was like a half an hour late and taking my meds. Is this my fault?" And I'm like, "Oh My God. No you're a superhero. You have an inevitable [00:36:00] response to an organ that isn't yours. Your immune system is doing exactly what it's supposed to do."

**Candice Coghlan:** Right.

**Andrea Norgate:** "Everyone is different. So good for you. You're better."

I dunno whether you actually believe that, but he's okay now, but like it's a hard, it's a hard sell to sort of say, we, we put all these negative terms on things.

**Candice Coghlan:** We do.

**Andrea Norgate:** You're human, we are not smarter than the immune system, we're just barely ahead of the wave. We like we're getting smarter. But I think about what we know now to what we knew like 25 years ago, it's an incredible amount. The problems are still the same.

**Candice Coghlan:** It's funny thinking about dialysis changes even. My dad's mom had kidney disease and she did dialysis at home. And I remember she used to either microwave her peritoneal bags or she would throw them in her sink.

And thinking about that now, for me, I'm like, [00:37:00] it's filthy, like throwing a dialysis bag in this sink. Like we're so cautious about sanitizing our hands and wearing our masks when we set up our peritoneal machines. And then, you know she'd be in the kitchen making food while her bag was warming



up in the sink because she didn't have a machine. It was all manual, right? But the amount of infections that you could get back then. And like the things that we didn't know that now we're so cautious about it's as much as we sometimes feel like we haven't made as much progress as we want, it's amazing that I was able to hook up to a machine at night, go to sleep and wake up in the morning and be able to survive my day because there was a machine that could sit beside my bed and do the work of my kidneys.

It's amazing.

**Andrea Norgate:** Yeah. You're fortunate with the kidney because you do have dialysis.

**Candice Coghlan:** Exactly.

**Andrea Norgate:** That's sort of like your little [00:38:00] it's, I'm always reminded of that.

**Candice Coghlan:** Yeah. It's like our backup.

**Andrea Norgate:** Yeah.

**Candice Coghlan:** Our backup generator.

**Andrea Norgate:** Allows you to wait the wait's wrong. Yeah. But allows you it's the privilege of waiting.

**Candice Coghlan:** Exactly. Yeah.

So, talking about waiting, and the wait there are over 1400 people in Ontario right now waiting for a transplant. And Alley talked about how she had four calls before she got her transplant. So why would that happen to one person and why don't those calls end in transplant, always?

**Andrea Norgate:** It's an unpredictable science. So we call people in prior to actually looking at the organ. And it's not all about blood work. It's not all about the history of the donor or any of those things. It's what the organ looks like actually at the time that we retrieve it.

And we don't say [00:39:00] harvest because it makes it sound like there's farm somewhere, we're growing kidneys. We actually retrieve the organ from a

person. And we get the best history that we possibly can. However, like when we actually operate on the person. And we call the recipient in because we wanna be ready to go, right?

But we call the recipient in before the actual kidney and pancreas actually arrive at our hospital. And there's a lot of things that can go wrong. We have a general idea that it will be okay. But sometimes the anatomy of the kidney is a little wonky and we don't have the right vessels to hook it up properly. Sometimes it's a little bit too fatty. The pancreas is the ultimate jerk of all the organs, because it has to be pristine right. In order for us to put it in. But sometimes it's a bit fatty. Sometimes there was abdominal trauma. And we try and sort of make the best estimated guess to see whether or not this would be a good [00:40:00] donor. And for the most part, for the most part we're right. It just so happens with Alley, she was called in four times.

Now with Alley, that was not the issue. It was the pancreas, which is the diva organ, of all the organs. So we were able to transplant the kidney to the backup that came in for Alley, but not the pancreas, the pancreas we could not transplant.

And of course, Alley is on a kidney pancreas list and that is separate from the kidney list. And so Alley went back home and the kidney was transplanted. And so Alley would just wait her turn for the proper donor to come.

**Alley Adams:** And so there was really no context. I knew something was wrong, but I, I didn't know the long term, implications. I don't know. Andrea, what do you think? Like is that normal?

**Andrea Norgate:** Oh, absolutely. Emerge is very unsatisfying. So you find out what you're not as opposed to what you are. So are you going to die tonight? No. So you can go home, but we're [00:41:00] not gonna figure out what is actually wrong with you.

And because there's so many people and there's like sort of a hierarchy of triage, you having a high blood pressure, we can treat that, but then really high blood pressure is for your family doctor. So unless they did labs, we wouldn't know. But it's a, it is a very unsatisfying place. Unless you're gonna die, and then it's very satisfying. And then we can do something about it.

**Alley Adams:** Andrea, you talk about kidney transplants separately. You have donated a kidney.

**Andrea Norgate:** I did.

**Alley Adams:** Do you wanna talk about the story behind why you donated your kidney, and what that's meant for you, and why you made that decision?

**Andrea Norgate:** Sure. It was 2013 that my son was diagnosed with type one diabetes. And I had been in the Kidney Pancreas Clinical Coordinator job for some time. And my kids were always very [00:42:00] involved in work with me. Like they would come out to all talks and we would talk about my patients, it always very involved. And my son, he was thirsty and tired and I thought, and he grew four inches in six months. And that was his event. And type one, diabetes is an autoimmune disease. That's not hereditary. And so usually people with type one diabetes are just sort of parachuted into a family. No one else has diabetes, nobody in the family has it. And that's what everybody looks for. They look for someone to blame and it really is just 0.6% of the population. Type one, diabetes has been around since, 3000 BC it was described and that it is 0.6% of the population. And so it turned in terms of, sort of disease processes. It's bad luck. His name is Joey and he was diagnosed with type one diabetes.

And, it was quite literally the [00:43:00] worst day of my life. And, and when I say that I just, your children. No one has more control over you than your children. I mean, they could destroy you. They could destroy you, they could make you sad or happy. They just have so much control over you. And so I could not go another day without thinking about "What is gonna happen to my child? Is this gonna happen?" And the knowledge base of transplantation and diabetes within, where he was diagnosed was so limited. I was like, "Are you kidding me?" So they would say to him, oh, there's a cure between, in five years.

And every single one of my patients has been told this and including my patient who was diagnosed in 1965. And I know that Alley was told I 100% positive that Alley was told this too. "Five to 10 years, [00:44:00] don't worry about it." Well, that's not true. And I always look for hope and things, so I needed something to sort of like latch onto. And so I thought to myself, well, I cannot possibly go through life with two working kidneys and you always wanna think, "Oh, save my kidney for my child." And you would, except for, by the time my son would need, or if he needs a kidney, I would be like 90 and nobody wants my crusty 90 year old kidney. And so I thought, "Well, why not use it now?" and it was a bit of, I did it for two reasons. One, I was trying to parent by example, and I was trying to let my daughter see that you can donate a kidney. And so when, if the time comes that your brother needs a kidney, then you can donate it and you saw your mother go through it. And it, there was no one

perished. I was perfectly fine. And I wanted for them both to see a little bit of give back.

And then the second reason is I did it in honor of my patients. And again, nobody thinks about [00:45:00] transplants unless you need a transplant. Like it just doesn't come up in your daily thoughts. And I did it on behalf of my patients because I know that every single one of my patients would donate a kidney in a heartbeat.

There would be no hesitation. If there were the opportunity to sort of say, "Listen, can you donate your kidney?" They'll go, "Sign me up. Yes." And so I did it in honor of that. And because my patients, as you said, "they have a great ripple effect."

Like one kidney transplant has a massive ripple effect and it's not hard to do the right thing and donating a kidney is the right thing.

And a lot of people say, I never take a donor. I'd never take a kidney from my child or my sister or my mother or father. And you should allow people to do the right thing because it's not about altruism. There is selfish that, I don't believe in altruistic acts. Everybody gets something out of it.

And what I got out of it is [00:46:00] thinking that the ripple effect of me has sort of, or my donation. It was an anonymous donation. And what it did is it started a chain of period exchange. And so that sort of had a ripple effect. I'm quite attuned to this right now because the reason I was off this week, my dad just died yesterday.

**Candice Coghlan:** My gosh, Andrea.

**Andrea Norgate:** Yeah. And he had 85 good years and the month of garbage. And so I feel as though he's very fortunate, but his actions, you learn from who you are influenced by. And his actions have had a great ripple effect of those people around him.

And you're very introspective when something like this happens. And so, writing a eulogy about him, I think about all the things that he's done and I'm like, "Wow, if didn't do this and this wouldn't happen."

And he's no great feat, but he's a very nice and kind, man. And I think just that in itself really has a great impact on everyone. And [00:47:00] I feel very fortunate and I know when I was donating my kidney, the first thing that my

dad said to me, cause he never thought about donation. He said, "Can you have mine? I'm like, no, you're now old and no big right now. Keep your own kidneys." But that's all he wanted to do, right? But you knew someone beforehand, you would think of that too. That's about it.

**Candice Coghlan:** Wow. I'm so sorry, Andrea.

**Andrea Norgate:** It's not a sad moment. It's not a sad moment. It really is a moment to sort of like reflect back on who had the greatest impact on you in your life. And my mother died when I was very young and so it was a great privilege, to actually be his daughter.

**Candice Coghlan:** Wow. I, I can't, even express to you, you know what I think your kids must think of their mom.

**Andrea Norgate:** Well, that, and you asked them, and it's not a big deal. [00:48:00] Like when Joey was asked about trying to get this emotional response out of Joe and Georgia and they were so funny because they said, "It's what she does."

It's just that's what you should do. And so that's what she does. And then Jordan's like, "She gives blood too." And I'm like, "Oh." it's not a big deal because it's something that transplant's always been in our lives. Like none of us have needed the transplant, but transplant has always been in our lives. And so it's always been, it's just, of course, of course you would do that. Of course you would do that. If you have the opportunity and you have the knowledge and you have, the, the very great privilege of having a job that will pay you to be off, right? Mm-hmm, that's another big privilege, it's the least you could do.

**Candice Coghlan:** Wow.

And I mean, how amazing is that to walk into probably one of the scariest appointments that you're going to ever have in your life, knowing that you're going to talk about [00:49:00] transplant and then sit in front of your coordinator, who you see as, a healthcare professional who may not be in touch with what you're going through at all. And then they say to you, I donate my kidney anonymously and honor of my son, like that has such power and weight.

**Alley Adams:** I think I found out later, but when you talk to people and they know, there are so many times, especially as a diabetic, you go and talk to a doctor and like, "Why are you not checking your blood enough?" or "Why are you not doing this enough?"

And to Andrea's point, there's a little bit of like, if you were living with diabetes, you'd have a much more empathetic, rational discussion. But of course, like if you have not experienced this yourself, it's very easy to sit and say, "Why have you not checked your blood enough?"

And I think when I met Andrea for the first time, I kind of mentioned it earlier, but she was just so reflectional and it made so much sense. And her empathy is the wrong word, especially after hearing her talk about what it has meant for her and, and, [00:50:00] and sort of why, why she did it.

But, she spoke to me as if I was a human and she spoke to me as if she had a real sense of like understanding of what I was going through and I think as a patient, the patient experience is completely different when you're speaking to someone who's understood the journey from perhaps both sides.

**Andrea Norgate:** There's a lot of blame in healthcare. There's a lot of blame in kidney disease too. Right? If your weight's up it's "what have you been doing?" Like your potassium stuff. "What have you been eating?" Like everything. It's obviously your fault completely, everything's your fault. And if we set people up to lie all the time, "How is your glucose?" And you should say, if someone asks you, if you diabetes and someone asks you, "how is your glucose control?" Your answer should be, "The same or just like glucose control garbage because I don't make any insulin how's yours?"

Right. It's just a dumb thing to ask someone. It's just like more so how's it going? How are you? And, and, Joey actually always said, about checking your sugars. [00:51:00] And now it's a little bit different. There's these machines and it's a little different, but it's still all on you. Like you're the you're in the equation of like complications that happen in your life and everyone just wants to be out of the equation. Right?

If I said to you, "Listen, you're in the equation. Your actions will definitely impact every single thing that happens, that's wrong in your life."

And you're like, "Oh, why survive? Why am I in that situation? I'm just trying to be good."

Joey actually said, one time, just asked, "Why don't you take your sugar enough times? Why don't you take your sugar, like six times a day?" And he was asked this during dinner at when we had a large family dinner and like what a way to put a kid. He was like 17 on this, like at the time. And so luckily he's a bit cocky. That's diabetes did that actually made him a bit more cocky, but he

actually said, " Whenever I check my sugar, there's only two answers. One I'm normal or two I'm a failure. And I do [00:52:00] not like the reinforcement that I'm a failure, six or seven times a day, and so I just ignore it."

And then the person that asks him the question, with good intentions, right.? Nobody's trying to be mean, they say, "Well, you know what, if you're normal, isn't that good?? And he's like, "Well, wait an hour. And I won't be." And and then if you a you check your sugar, then everyone's gonna ask what it is and it's nobody's business, right? Like it's no one's business.

Like imagine being as like, what's your blood pressure or every time you go out, it's just sort of like, well, if your blood pressure's elevating, that's one thing, but at least, everyone can say, "Oh, well, it's, it's not the same."

And I don't know, Alley can attest to this, but I know this to be true. Everyone is an expert in the disease that you have. And especially with diabetes, people will come up to people. If they, if they see your monitor on you, they will [00:53:00] freely give advice that is not good or inaccurate. And the same with transplant. I mean, everyone, they find out that you're on the list. Everyone's an expert in transplant because their Uncle Bob had one in 1970.

**Candice Coghlan:** Or how you walk around, at eight months pregnant in the grocery store and everyone comes up to you to tell you what you should be eating, or how you should breastfeed and what your kid's name should be, because you've put a sign out that says, "Please, please give me advice."

**Andrea Norgate:** And my patients are remarkable. I mean, I have the best patients of anyone, but they're remarkable. And so far as they actually are quite attuned or they're very adept at ignoring people and, you just have to sort of smile and nod and just say, "Okay. Thank you. Thank you."

Like Alley was saying, take the responsibility of the life of their donor's organs. They don't screw [00:54:00] around with it and they take it very seriously and it's almost it's so they're lighting the candle for their patient for their donor every day, all day.

I have one patient that everything he does, he's like it's for my donor, you know? It shouldn't be lured and over your head or anything like that, but it's just sort of a, a remarkable attitude to just sort of have that little, that's why they're better people than the regular population. They're just sort of better just because they can appreciate things. And they appreciate it from a different level. And then the level is, is the importance of good health and gratitude. And that's why

all my patients write their donor family and some people get letters back and some people don't, and that doesn't matter. It's just sort of that circle of gratitude. You need to say, thank you. And it just sort of takes away a little bit of that sort of like, "oh, was any of this my fault."

**Candice Coghlan:** So thinking about, pancreatic transplants, are they a cure for [00:55:00] diabetes?

**Andrea Norgate:** No. It's not a cure for diabetes. What it is is a different method of insulin delivery, right? So you don't make any insulin. And so people with diabetes have to have a exogenous insulin, so a lab made insulin that they inject into themselves. And it's not about just food and insulin. It would be very easy if it was about food and insulin and having your glucose go up and down and, and glucose is sort of like a little shard of glass. If you think about it as a, a shard of glass.

And so if your glucose is elevated then mean it's not inside the cell and it's not protected. So you've got shards of glass spinning through your body and complications happen within decades. Right? So decades, it seems like, "Oh, it's a very long time," but Alley was diagnosed at five. Decades come by pretty quick, right?

So 30 to 40 years, it goes by very, very quickly. Time, it's very odd. The older you get the faster it seems to come. And so diabetes, like a transplant, you're on immune suppression medication and you're gonna be on [00:56:00] that for the kidney. And so we put the pancreas in, and it's only 2% of the pancreas that makes insulin are the eyelet cells. And so we transplant a whole pancreas just for 2% of its function. And that pancreas now delivers the insulin, but it is much easier, to have a pancreas transplant than it is for you to manage your insulin by yourself. So some people who have the transplant think it's a cure, but you're still immunosuppressed. So it's not a cure.

With type one diabetes, we're looking for a cure after it's already happened, right? It's very counterintuitive. Sometimes I think we should sort of look for how do we prevent this from actually happening in the first place and it's a 0.6% chance. It's completely random. There's not a lot of predicting value of factors. It's very difficult, but it's a matter of how do we get eyelet cells? How do we replace someone's eyelet cells with their immune system? Not actually paying attention.[00:57:00]



**Alley Adams:** Andrea, can you talk a little bit about what would make someone eligible for kidney pancreas. And if given the option for kidney or kidney and pancreas, what you would tell someone?

**Andrea Norgate:** You were very nice when you were describing, when I talked to you and you said I gently told you that it would be a good idea to get a pancreas. I think I said, "Are you out of your mind? Of course, get the pancreas."

because diabetes, like actually having that sort of pressure of having to manage your own glucose and your own insulin all the time forever and ever, and ever.

So me, like having a, a kidney pancreas transplant is just sort of like, of course you would get the pancreas and to qualify for a kidney pancreas transplant, you need to have end stage kidney failure from any cause at all, it doesn't really matter and you need to have type one diabetes.

We also do transplant people with type two diabetes. However type two diabetes is little bit more complicated, type one diabetes, you don't make any insulin at all type two diabetes, you make [00:58:00] insulin, there's just a resistance. And so, it depends on how great that resistance is. And so eventually people with type two diabetes or some people do end up having to have exogenous insulin. So injectable insulin as opposed to tablets. So if you're on a reasonable amount of insulin and your weight is within a reasonable BMI, we can transplant a kidney pancreas for those people who have end stage kidney disease and type two diabetes. But 90% of our population has type one diabetes.

**Alley Adams:** Can you, Andrea talk about from your experience, what patients should be thinking about as they await the call? Maybe even some like perils of wisdom, it doesn't work out, like how to think it? I always felt like what you told me was always so helpful, like if things were too fatty. It was always very practical and rational. So maybe, just talk a little bit about how people should be thinking about that whole, sort of process.

**Andrea Norgate:** Waiting [00:59:00] for transplant, you have to remember, the recipient side of things is 50% of the transplant. Right? And so we never really feel talk about the other 50% of the transplant. And so that person has had something tragic or something devastating happen to them and they are pronounced and their family is approached. We talk to the family and the family decides. We look to see whether or not the patient had any kind of preregistration and the family decides, and then there's a questionnaire and then there's an identification. And then the patient is pronounced brain dead. And so

it's a very long process that happens before that. And there's teams and then the allocation system is province wide. So where is the greatest need? If it's a younger donor, would it go to a child? In which, children's hospital would it go to?

And then once, the allocation system deems that a kidney pancreas is suitable for [01:00:00] our hospital and it's for this person in this blood group and they don't have any antibodies that match it, then we'll call them.

But we call that recipient in long before we actually go to retrieve the organs and donors don't move, they stay in the same spot and that's for a whole bunch of reasons. It's easier. And plus they are brain dead, but their organs are being supported with, a ventilator and artificial respiration. Right?

So our team goes out there and we retrieve the organs and there's teams. There's a lung team. There's a heart team. There's an abdominal team. And the abdominal team for the most part is retrieving for maybe Sick Kids or maybe St Mike's or, for all of the transplant hospitals. And if you're lucky enough to get called in and we're crawling in, and while you're coming in, all of this other background work is happening. And so when we say, "No, the organs are not suitable."

It's not "Oh, well a waste of my time." There's a lot of work that [01:01:00] went into this and we just wanna make sure that the right organ is going into you and the most successful outcome and we care about you. We care about what happens to you and we care about what happens to the donor too, because we have a responsibility not only to you, but to our organ donor's family, to ensure that the best outcome will happen for each individual graphs.

And you're one of eight organs. And it's amazing every single time, but, while you're waiting, waiting is very difficult and it's also completely outta your control, you're just like, "Yeah. Listed!" And then it's "Now what do I do?" But I, I feel as though, especially for kidneys, you have a disease process that you have something to look forward to. And a lot of diseases do not have that privilege. Right? You have something to look, there is a light at the end of the tunnel. You are not in control of it. And you just have to sort of trust that your team actually has your best interest at heart. [01:02:00] And truly, truly do.

**Alley Adams:** One of the things that Andrea told me, I think our first meeting was to keep living. Like not to wait and put everything on hold. I think it was such good advice and I feel very important for other people to know, because I did. I kept playing tennis and working and doing activities. And I think

mentally, that was such an important thing to have been told because it allowed the like freedom in this like extremely unknown situation. It kind of takes you outside of yourself and like removes the yeah.

**Andrea Norgate:** And go on holiday too. Right? "Should I go on holiday?" "I'm like, absolutely." You're not losing your place. You just go on hold for a bit so that we don't waste time contacting someone that's not there. And then when you come back, well, let me know and you'll be activated again. So you should still live your life because life is precious. And important and you're making memories and I feel as though [01:03:00] dialysis is a chapter, right?

Hopefully one you'll never have to repeat, but if you do have to repeat it, it's a chapter in your life and you can learn something from it and you can look back on it, and you can sort of say to yourself in Candice, you would not be in this position had you not had that chapter. Right?

**Candice Coghlan:** For sure.

**Andrea Norgate:** And I find that people who have had some kind of experience or used their OHIP card, they have a greater appreciation for health and for life and for other people.

**Candice Coghlan:** Absolutely.

So, you've given us a lot of really good advice today for people. Is there anything else that you would want to share with recipients or potential donors or even family members who are out there going through this process?

**Andrea Norgate:** It's not hard to be nice. It's not hard to do the right thing and whatever you [01:04:00] can find, if you just make yourself aware of what is out there. Giving blood is a huge, huge, huge thing. And I'm very pleased to announce that people with type one diabetes can give blood now.

**Candice Coghlan:** Amazing.

**Andrea Norgate:** Yeah, I know that was never the case and that always irritated everybody, especially Joseph. If you just are aware of your fellow man and if someone actually approaches you and said, "I need a kidney transplant, I need a kidney, or I need a liver," and we can actually do a living donation for those things.

Really think about it and it's a week out of your life. And the difference in that week now, mind you, I did, sleep for three weeks after, but I just felt as though I was a cat, I just kept and I woke up. And then after that, I went back to work after like a month and everything was fine and I didn't feel any difference. And you don't change the person that you are, you just did what seemed like the most natural and almost driven choice that you would ever make. And again, it's not [01:05:00] altruistic at all. It is something that is inherent in you. And I think that if you have the opportunity to donate, take it in a minute. And the last thing you wanna talk about after that is your donation, but here I am. And I never even think about it.

**Candice Coghlan:** Wow, thank you for sharing your story today. And for letting us ask you all of these questions that you may not have wanted to talk about, that we've pulled out of you.

**Andrea Norgate:** So I think my patients' stories are actually far more remarkable.

**Candice Coghlan:** So I have one last question for both of you for Alley and Andrea, I'll start with Andrea. If you were a tree, what kind of tree would you be?

**Andrea Norgate:** I think it's a white pine. Because they're the ones that are in the group of seven ones, the ones that are just like, like they're not very organized, they're just sort of like twangy over. And most of the stuff is on [01:06:00] top and the bottom is there and they're, they're actually always like a little windblown and that would be fine. That would be me.

**Candice Coghlan:** I love it.

**Andrea Norgate:** The tree I'm talking about, like the one called the group of seven crazy ones.

**Candice Coghlan:** They're kind of bent to the side.

**Andrea Norgate:** Just very, they're they're affected by life.

**Candice Coghlan:** They have a lot of character.

**Andrea Norgate:** Yeah.

**Candice Coghlan:** And what about you,

**Alley Adams:** Alley? So, I took a quiz. I must admit about what kind of tree I should be. This is like a thing that exists.

**Candice Coghlan:** That's amazing.

**Andrea Norgate:** You need to take the quiz.

**Alley Adams:** It said I was a Southern Oak. Which I don't really know what that means. I did also ask some, some friends and they said a Christmas tree and I think that's a hilarious answer. I don't know why Christmas tree, but I think, maybe some colorful present sort of, joyful kind of person that likes to bring [01:07:00] joy.

**Candice Coghlan:** Yes. From, from how much I know about you and our conversations that we've had to me Christmas is just the symbol of magic and the Christmas tree is the center of that. And so I think what your friends were trying to say is that that's who you are. You're the one who brings magic into their world and joy and, colorful, bright light that you are. I love that.

**Alley Adams:** That's very kind of you to say, thank you.

**Candice Coghlan:** That's awesome. So our Christmas tree and our white pine.

**Alley Adams:** Candace. What about you?

**Andrea Norgate:** Yeah.

**Candice Coghlan:** I asked this question, but I didn't often think about it. Putting me on this spot and this is recorded. I love Birch trees. I don't know if I would be one, but I spent my summers as a kid up in the Kawarthas all the time. And we'd peel the old Birch [01:08:00] tree bark off and we would like write each other messages and, roll it up into funny little things. And so I think Birch trees just remind me of nature and having your feet bare in the lake and sunshine and all of those good, happy moments that you can kind of hold onto when you think about Birch trees.

So thank you so much, Alley, for sharing your story today and for co-hosting with me. And thank you, Andrea, for taking the time to explain to us about the KP process and all of the things that patients go through, as well as your personal story, about being a donor. We're so grateful to have had you today to share your story. And we will continue to ask you to share your story, even if you are not wanting to at times, because it's very important to hear what you

have to say and, and all that you've done for your patients and continue to do so.  
[01:09:00] Thank you for being here.

**Andrea Norgate:** It was my pleasure.

**Alley Adams:** We love Andrea.

**Candice Coghlan:** Yes, we do. We love Andrea. That'll be in the final notes of the episode.

Awesome ladies. Thank you so much for today.

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