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Duration: 0:37:45
Date: 23/02/2020
Typist: 949**

**Respondent: Millie**

START AUDIO

Interviewer: Make sure we're fine sound-wise and I'll pop that there, if that's okay.

Respondent: No problem.

Interviewer: The mic's quite good on it anyway.

Respondent: Yes.

Interviewer: Right, so, first of all, thank you very much.

Respondent: You're welcome.

Interviewer: Agreeing to participate. So, I think just to start, just to get a wee idea of yourself, as a health professional, what sort of role did you do within the healthcare profession?

Respondent: Well, start off from student nurse. Student midwife, I didn't really work as a nurse as such, [a trained nurse, I was in midwifery 0:00:36] and then, as a midwife. A clinical midwife for seven or eight years, I think, roughly. Then, clinical teaching in midwifery. A lot of that was in labour ward and then, that was for about seven or eight years as well, and then it's classroom teaching, as a classroom teacher for a number of years. Until I retired, basically.

Interviewer: Yes, okay. So, during your time, did you come across women who were seeking advice on pregnancy termination?

Respondent: Not on a one to one basis from me. I mean, I came across termination, but not necessarily seeking advice from me. They might be diagnosed with something, thinking in midwifery lines, an abnormality. It was usually medical staff who would have given them information etc. I mean, I would have spoken to those women, but more or less as a comfort, rather than giving them specific information.

Interviewer: So, the care side then.

Respondent: Yes, the care side. Yes, absolutely.

Interviewer: So, those women who did come in for the termination procedure then, you did care for those women then? You took part, so to speak.

Respondent: I did and I actually worked… when I started, at one point, it was a hospital where you did rotation. You were in the obstetric part [of it but you also did gynae or gyn 0:02:13]. Part of that was, there was a theatre and also women in for social terminations. That was away at the beginning of my career. I didn't have anything to do with the actual procedure. I would have prepared women. I'd look after them and I would look after them post procedure.

Then, in midwifery, in the main, it would have been in labour ward and again, there was no social terminations there, but it was for foetal abnormality. I would have looked after women right through the full thing, basically.

Interviewer: How did you feel about that?

Respondent: Well, my own personal view, I don't think, I mean, as far as I can think to myself, I don't think I would have ever had a social termination myself or foetal abnormality. The way I looked at it was, these women probably made this decision not lightly, I would think, in the first place. So, they needed care and that's how I looked at it. I had one experience when I was in the gyn ward and it was a very, very young girl.

I can't remember, she was 12 or 13 and I think, if my memory serves me right, I think it was post-procedure I was dealing with her and the wee voice asked me, "Where is it?" That was the question. So, I had to deal with that and obviously, her choice, well, it's hard to know if there was any choice given to her. I mean, her parents were the ones that did it, but I found that very, well, heart wrenching for her. Very, very difficult.

Interviewer: Did you find that had impact on you as well?

Respondent: Well, it impacted me in the sense that I could see the whole picture, I suppose. I could see she was very young. I could see her parents' point of view. It was just an awful situation. What I think was, whoever was guiding her or whatever, hadn't explained things to her. She obviously imagined something.

I think she imagined this whole baby or something, you know, and that was very difficult. What did go through my mind was, I thought, "You're 12 or 13 now, you'll grow up a bit and you will probably investigate this and know exactly what size that foetus was and what bits were where and all the rest of it." So, what I was thinking was the ongoing damage that can happen. It's not just-

Interviewer: At the time.

Respondent: You get through the surgical procedure and you go through the physical part of it, but it's what's left after that and then again, we don't know, somebody, obviously, may have dealt with her in later life for whatever problems she'll have, but you don't know.

Interviewer: Yes, this is it.

Respondent: It's just so sad that she was 12 or 13. You think of yourself at 12 or 13, I mean, that was the last thing on your mind that you had to deal with.

Interviewer: Of course, yes.

Respondent: Getting to school and probably still playing out in the street was what you were doing. So, a very, very different situation, yes. Of course, coming from Ireland, where abortion was illegal at that point, it was a whole different ballgame, I suppose, for us. We didn't have to deal with it in \_\_\_[0:05:36].

Interviewer: Is that where you were? Did you work in [country] at the time?

Respondent: No. It was in [name of country], yes.

Interviewer: Right, okay, but obviously, your background.

Respondent: Background, yes, absolutely. It's difficult. It was hard going.

Interviewer: Yes, definitely.

Respondent: Because I remember, the wards in that gyn unit, it was an old building, so there was two big wards either side of a big corridor thing and social termination women were on one side and the women who would be having spontaneous abortions or other gynae problems would be on the other side.

Interviewer: So, it was very much a clear split.

Respondent: It was very divided, yes. I suppose, you couldn't stop yourself from feeling a bit aggrieved for the poor women who were aborting through natural causes and the other women, even though you had to bring yourself back and think, "Well, they've obviously got other problems." That can be quite difficult with somebody who's losing a baby spontaneously and then looking after somebody who's deliberately aborting, if you want to put it like that.

That's harsh to say, but at the time, that's what you're thinking, you know.

Interviewer: Yes, because professionally and personally, as a person in your own right, whether you're a healthcare professional or not, you know, but you are and at that time, when you're working there, you have your professional role, but you also have your own personal feelings as well, because you're a person in your own right.

Respondent: Absolutely.

Interviewer: So, do you think that you can split the two, the professional and the personal side? Or, do you think they're always going to intertwine?

Respondent: I think they'll always intertwine and I think I've become less dogmatic about it. Initially, I was very… I mean, I looked after these women, I would never say anything that would offend them or hurt them or anything but I used to just wonder why and I used to worry too a wee bit about the women on the other side. You think, "Do they realise what's going on?"

These are two separate wards and maybe they just thought, "Beds are beds and you'll be put wherever there's a bed," but you think, "If you're in there long enough, you might work this out, you might know." The thing was, I never had to go into theatre [when I was on 0:08:06], that was my choice and I never did and never had to. I was never made to or ever felt that I had to go in and do anything. So, that was the other thing, yes.

Interviewer: So, would you say you were a conscientious objector?

Respondent: I was a conscientious objector in the sense that I didn't want anything to do with the… for the women who were having social terminations, anything to do with the procedure. For the women who were coming in with foetal abnormality, when I was a midwife in the labour ward, I didn't not do anything, if you know what I mean. I did whatever had to be done, sort of thing. If there were drugs involved, I gave them drugs.

Interviewer: Yes, gave them out. Yes, okay. Which brings me to the question of participation then, as in participation in the procedure of termination. So, what would you constitute as participating in the abortion process?

Respondent: For abnormality or for social termination?

Interviewer: Let's just look at the two of them differently for just now, right?

Respondent: Yes.

Interviewer: So, for abnormality, what would you say?

Respondent: Well, I think if somebody was objecting to it, I think I've got to object to the whole thing because you can't take care of the person. Giving whatever you have to give is part of taking care of them. It's part of the explanation. I don't think you can ever be in midwifery in a supervisory role completely. I mean, even if you're running the labour ward, there comes a time when you might have to do something. It just is impossible. I can't see a divide.

So, when I was doing it, I mean, I would have been… I'm trying to think, was I sister level? I must have been sister level because I was sister level for a long time and I would have been looking after women, so I would have done it, yes. Although I wasn't in a supervisory role, I may have been looking after other people. I would have done both.

Interviewer: Those who were in for the social terminations. So, would you just not, you know…

Respondent: I would prepare them for theatre. They were never in that long. They would come in, possibly, the night before and then be there in the morning. I would look after them and I would pre-med them, or do whatever had to be done that way. Then, I would look after them post, but not in theatre, because they were all surgical terminations.

Interviewer: Were they? Right, okay.

Respondent: Yes. There was no medical terminations.

Interviewer: There's a lot of medical now, isn't there?

Respondent: A lot of medical that you would never see. I mean, I don't even know who deals with that. I mean, you can… would they deal with that themselves now? I think, some of them, yes.

Interviewer: Sort of, early, at home, really.

Respondent: This was always surgical, yes.

Interviewer: Yes, okay. So, you had opted out of the theatres then.

Respondent: Absolutely. As I said, there was never… I mean, during the day, when this was being done, there were specific theatre staff. So, I suppose the situation never arose where I was actually… although, we did go in to help and I can't remember having the conversation with anybody saying, "I'm not going in."

Interviewer: Okay, so you would never really have been forced into…

Respondent: No, I wouldn't have been forced. I'm trying to think if I probably made my feelings known.

Interviewer: Yes.

Respondent: I probably did, but there was never an issue.

Interviewer: Never an issue.

Respondent: No.

Interviewer: Yes, so it was always accommodated-

Respondent: Always accommodated and I think I probably knew other people in the same boat and yes, it was accommodated.

Interviewer: So, what does conscientious objection mean to you?

Respondent: I mean, I firmly believe people should have the choice. I really do. If somebody wants to take, if you want to call it, the full way where they don't want anything to do with the situation, even admitting the woman or… because what else can you do? Otherwise, it's piecemeal isn't it? I suppose not being in the position to do it. I think probably there are people who feel that they want absolutely nothing to do with it.

Interviewer: To do with it at all, yes, even the post-care side or the pre-care side.

Respondent: Yes. I remember working with a doctor who wouldn't have performed anything himself and if he was in the position where one of his obstetric patients was diagnosed with some foetal abnormality and was going for termination, he would just automatically pass them on to somebody else, but he would have seen them up to that point and then passed them-

Interviewer: And then hand them over. Which is obviously that, participating to a point, but then signposting at…

Respondent: At that point. I suppose he's not really participating because as soon as the results come back, the next time he saw them or whatever, it would be a case of explaining himself and then passing them on to somebody else.

Interviewer: Yes. So, for somebody in that situation, what would you identify as limitations to conscientious objection?

Respondent: I'm just thinking, if I was in there just now and I had a total objection to abortion, it's very difficult to think about it.

Interviewer: Isn't it? Yes.

Respondent: Because I can see the person's point of view. It's legal. They've made this very difficult decision, so who am I to turn around and say to them, "You can't," or, "I don't want to have anything to do with you." On the other hand, there could be midwifes and nurses who do feel that strongly about it and it's usually for religious reasons.

Interviewer: That's what I was just going to ask you actually, what you're touching on, the religious reasons, do you think a lot of the factors involved in conscientious objection come from a moral place?

Respondent: Or religious.

Interviewer: Or religious, because there's different ways of…

Respondent: This is a total guess, I would say the majority of them come from a religious stance. I would say so, yes, absolutely.

Interviewer: Yes.

Respondent: That could be very, very difficult I think.

Interviewer: When it comes to having an impact on that healthcare professional's own wellbeing and things as well. Who says they shouldn't have a choice then to-

Respondent: They should have a choice, yes. I think with this one, there's other things that people mightn't want to do, but I think with this one, what some of these people certainly feel… probably I feel it myself, is the right of the unborn child, which, in law, doesn't exist as such. So, it's not as if you're refusing to deal with somebody else in the hospital because of their actions or whatever, because it's just solely them and their actions.

I can't think of anything else, but just, there was something else [you objected 0:15:25]. For instance, homosexuality or something. If you decided, "No, I can't do anything with them." I think there's a whole different meaning because of that third party. I think it's their standing up, in a lot of ways, in their mind. Maybe there are people even without religious beliefs who feel that. I don't know.

Interviewer: Yes, it's such a vast…

Respondent: It is, but I think what worries me is you can have… you hear on the media and things about… and that angers me sometimes when you get [lay 0:15:59] people putting in their tuppence worth about people objecting to do this that and the other and, "They shouldn't be allowed," and, "They shouldn't do this." Just go to another career and you think, "Well, some of these people, a lot of them are very, very good nurses and midwives and you're going to lose them out of the profession."

Interviewer: For one aspect of…

Respondent: One aspect, yes, which they feel very, very strongly about.

Interviewer: Yes. If, as you said, just touching on what you said, not so long ago your choice is accommodated, so there's staff there to cover.

Respondent: Exactly, yes.

Interviewer: So, why push someone out of that?

Respondent: I would say things have changed so much these days and staffing levels are just so awful that you can see managers' points of view because all it does is put this, "What am I going to do now? One of my best midwives or nurses is not going to be here to do A, B and C."

Interviewer: Yes, it's very difficult.

Respondent: It's very difficult. Very difficult.

Interviewer: Very difficult, yes. So, obviously, you have your views. Where do you think your views and beliefs originated from?

Respondent: Well, you could say my religious background and for a long time, it probably was that. Even out with that, reasoning it out, I have to think that these women are not doing anything illegal. Then, there's the other point of view of personal experience. Not as a midwife, but from family and friends who have gone through… a friend's niece, a few years ago, this was in Ireland, had diagnosed with a non-viable foetal abnormality at about 26, 28 weeks.

She would have had to come over here if she wanted something done. If she'd had a choice, she probably would have had a termination, but that would be about 28 weeks, she would have to go through labour and all the rest of it. What I felt at that time, what was coming across to me, a third party, was that she wasn't getting a lot of support.

I think, if you're going to have a law that says you can't have a termination for that, you've got to have the utmost good support there to keep people going. She actually went into labour about 36 weeks, as it turned out, which was good and had the baby. It all worked out very well. She had her family with her and all the rest of it. The baby didn't survive.

Seeing that and knowing that this baby wasn't viable, and I know that there are trains of thought, my own personal thought could be as well, if she's really well supported, it's actually maybe better just to let her go on and be supported well. When the support isn't there, that's a bit difficult. So, there's situations like that, where you think you can't condemn anybody for making the decision. It's their decision. It's their life. I'm sounding as if I'm confused.

Interviewer: No, not at all. I understand. I can see where you're coming from.

Respondent: It's almost on an individual basis. What I would say is, I don't think my views are as strong as they were way back. Definitely not. Much more, if that's somebody's choice, that's somebody's choice.

Interviewer: So, you think then, it's fair to say that experience, whether it be direct experience or more witnessing what others have gone through, plays a big part in how the views are shaped then and also how they can change and alter.

Respondent: I always think, I did look after women with foetal abnormality. So, I haven't changed my views on that. I wouldn't have done it myself probably, but I've never changed my views. As you know, in [name of country], the whole thing's changed now. I did have another relative's daughter, just before… I'm not sure if that vote had happened, but it hadn't gone into practice yet, because they had to do various things.

Interviewer: It took a wee bit, yes.

Respondent: She was diagnosed with a non-viable foetal abnormality early on, about 12 weeks, 13 weeks, and she had to decide what she was going to do. It meant coming over to [name of country] and at the time, we were actually going away at the time she would have been coming over and I did offer my house to her, to come over to [name of city], if she wanted to organise it in [city] with her husband and she could have had our house while I was away.

If I was there, she could have come as well, but it just so happens… it would have been nice if I was away so it was just the two of them.

Interviewer: Have their own space, kind of thing, yes.

Respondent: As it turned out, she got an appointment with [name of clinic] in [name of city] and got it performed there. So, that hit me personally as well.

Interviewer: Of course.

Respondent: It was her choice and I would never have turned around and said to her, "I don't agree with it," because it's not that I didn't agree with it, but if you don't do it yourself, then maybe somebody else would want to do it. So yes, that was \_\_\_[0:21:26].

Interviewer: Yes and as a health professional as well then, it's so important, both, I suppose, in a professional and a personal capacity, maybe relating to yourself then, you're without judgement. You're still without judgement.

Respondent: Yes, I am without judgement. I can see exactly where people are coming from and I'm saying, "I wouldn't do it myself," but I've never been in that position.

Interviewer: Yes, you can imagine, but imagining what it's like and actually, you're in that position and knowing what it's like could be two different things.

Respondent: I only had the one child but when I was pregnant, I didn't have any of the testing done. I didn't have anything done for downs-

Interviewer: By choice?

Respondent: By choice.

Interviewer: Yes.

Respondent: Yes, so… obviously, well, scanning was reasonable then. I'm sure they would have picked up something but it probably would have been later on. It wouldn't be like… that girl was at 12 weeks when they discovered it because it was a brain and skull abnormality, so it was picked up at that stage. So, I don't know whether it would in my day or not have been. It's a different kettle of fish.

Interviewer: Yes. So, would you say then that your religious beliefs have had an impact on your decisions that you've made professionally as well or is that just something that's been there?

Respondent: I'm sure it has affected me but when it came to looking after people, I had to seriously think, "How do I feel about this and why do I feel like that and what can I do?" I drew my own conclusions that I would look after these people. That they probably needed more care than some of the women with normal pregnancies because, as I said, nobody that I looked after it ever went into it lightly and were absolutely distraught with the whole thing.

Interviewer: In the same vein then, you can see why maybe people who haven't been conscientious objectors might experience working with someone and it might have such an impact on them that they might, in the future, want to conscientiously object because it's had such a…

Respondent: A negative effect on someone. Absolutely.

Interviewer: Have you ever had any experience of that? Have you ever had any colleagues that have spoken about it or…

Respondent: No, but I know… the research that came out, I think it's relatively old now, but women who did have social terminations and the long term effect on them mentally. We know that, but I don't know how much counselling people get or anything these days.

Interviewer: What's available, yes.

Respondent: What's available. Well, yes.

Interviewer: Waiting times and everything as well.

Respondent: I know, and when you're in that dire situation, what are your thought processes and you think you're going to be okay. I'm just trying to think back, I think all the abnormality terminations, I think they were all for non-viable foetuses. I don't think I ever looked after somebody with something like downs syndrome or something, where the baby would have survived. I'm almost positive it was to do with anencephaly or some of these things.

Various things that wouldn't have survived anyway or wouldn't have survived long. I'm just thinking that.

Interviewer: Have you had experience of conscientious objection from colleagues as well? Like, I know you had said earlier that people might be aware of your feelings and you might be aware of others feelings as well, but has there ever been a time where someone has objected and it's had an impact on a staff team?

Respondent: No. I can honestly say that's never happened. I was a sister in the labour ward. I had never had anybody… these were all, again, foetal abnormalities. I had never had anybody that said they weren't going to look after somebody. Nobody particularly liked doing it, in the sense that it would be like going in to look after somebody with an intrauterine death. You know you're going to get a dead baby at the end of it.

Nobody ever was particularly jumping up and down, saying they wanted to do it. It was to do with how difficult the situation was, rather than anything else. No, I haven’t. I honestly haven't.

Interviewer: Okay. Do you think that conscientious objection and abortion, as a topic as well, is still a taboo subject that people don't really tend to want to talk about much.

Respondent: You mean just the general population?

Interviewer: Yes.

Respondent: I think so. It's only when something is highlighted in the press or something that it all starts off. Then, it's interesting to listen to what people are saying and sometimes how ill-informed people are.

Interviewer: Yes, why they're all given the wrong information.

Respondent: It makes you think about other things that you might be pontificating about, thinking, "Maybe I should learn something more about this before I start shouting my mouth off."

Interviewer: Yes, and access to information now, but also access to maybe wrong information.

Respondent: Yes.

Interviewer: On social media and everything that's out there at the touch of a button now.

Respondent: A lot of these people don't know the workings of a hospital or a unit either and they're making assumptions. Now, I mean, I go back and I'm sure a lot of this might have developed from what happened in [name of city] itself, you know, the court case and all the rest of it. I knew some of those people. Not well. I knew them as contacts because, as a teacher, we used to go over and you would meet them. The students would have known them as mentors, on a day to day basis.

They were brilliant people. Then, you would have a discussion programme in the morning or something, talking about it. Not from [name of country]. From [name of country]. You'd have these people mouthing off about these people and I used to think-

Interviewer: It's portrayed so wrong, in a sense, yes.

Respondent: Never mind the situation, but you're talking about these people and I know how good they are. There was one particular one, the students used to come back, she was such a good midwife in labour ward and they used to say she could get a baby out of anybody.

What she used to do was, if the woman was getting a bit, you know, just towards the end of labour, a bit distressed, she would turn the lights down and she would talk to them and a baby would arrive. \_\_\_[0:28:38], I mean, I feel really emotional about this because she suffered so much. I never met the girl again, never.

Interviewer: Just thinking about it.

Respondent: I didn't know her though any of that court case or anything. I just knew who she was and what her reputation was-

Interviewer: And how good she was. Yes, and again, it's how…

Respondent: I probably knew, even though I really didn't know her well, I knew her reputation, I knew her to say, "Hello," to. I knew her to say, "It's a nice day," type thing, but I knew she wouldn't have been doing anything out of malice.

Interviewer: Absolutely.

Respondent: Her convictions were her convictions and I was-

Interviewer: It's how it was interpreted.

Respondent: It's how it's interpreted. As if these people can't be bothered or they don't want the bother or whatever. I thought, "You have no idea what these people are like."

Interviewer: Do you think that's had an effect on how people perceive conscientious objection now as well? As in, the negative context.

Respondent: Well, other things in modern life, that I maybe don't agree with, become common practice, but then people think that's the norm and forget somebody else might think, "I don't agree with that," or, "I'm not keen on that," or, "I don't think that's right and something bad's going to happen from that." There's an awful lot of, what's the right way of putting this, yes, almost customer practice in general life and once that sets in, that becomes the norm.

Anybody else's idea of it, who might have moral objections or religious objections are shouted down. They're thought of as the freaks in the corner and they're not allowed to open their mouths, basically, or they're actually being told that you're discriminating, which is actually putting down freedom of speech but then you've got other people…

Interviewer: It's so difficult.

Respondent: Yes, it's a balancing. I always laugh, I said to my husband, you know, usually when we're eating dinner, Coronation Street and these things are on and we're always laughing about the bedhopping.

Interviewer: Yes.

Respondent: The time that that programme's on at, but everybody's sleeping with everybody. Then, there was one incident a few years ago on Corrie where the man slapped his daughter or his step-daughter or whatever, he slapped her and my God, social media went bananas because he'd done this. You think, "What?" Okay, he shouldn't have slapped her, but, to me, that was minor compared to what's going on in these programmes every day of the week.

Interviewer: Absolutely. It's, sort of like, cherry picking, isn't it?

Respondent: When you see young people watching it and thinking it's normal. That's absolutely normal. That's how I can behave and I should behave and if they want to behave like that, of course they can, but it's what becomes custom and practice and becomes normal in people's heads. People's rights without the responsibility a lot of the time. So yes, it's quite [difficult 0:31:37].

Interviewer: Do you think it's fair to say as well, that education should have more of a role in informing people, to be armed with the right information? So, does that come from properly educating them on… like, with this topic, sexual health and the abortion procedure and everything that goes with that? How do we get people to talk about it and highlight it? Should they be encouraged more to talk about it?

Respondent: I don't even know what level. Are you thinking with school level? From school level up.

Interviewer: Well, yes. I mean, a lot of people that I've spoken to throughout, have said maybe from an earlier age is best because they tend to take more in. Also, talking about maybe midwives in training, nurses in training, pharmacists, all healthcare professionals that we're talking about within this context. Encourage them to speak about conscientious objection and what constitutes participation. Should we really encourage more?

Respondent: I suppose, education to the point where they should probably realise that some people do have certain viewpoints that can affect them as well. It's not cut and dried. If you don't agree with termination or whatever, you don't become a nurse, that type of thing.

Interviewer: So, is it really about respecting the rights of-

Respondent: The rights of other people.

Interviewer: Yes, and the rights of the healthcare professional as well.

Respondent: Yes, absolutely, because, as I say, I could have been in that position myself. I could have strongly felt I wasn't going to do something, but the rest of my work is absolutely fine. So yes, people should know.

Interviewer: Yes, because people then-

Respondent: But these people are not doing it out of any malice, because I think the bandwagon to jump on is that they just have a notion and they want to make a name for themselves. The last thing these people want is to be in the public eye. They just want to get on with their work.

Interviewer: Or to be labelled as almost fanatics as well.

Respondent: Fanatics, yes, and to have such strong feelings is to be admired, I think. They actually stand up for themselves.

Interviewer: And to speak about it.

Respondent: Absolutely, yes.

Interviewer: Well, that all makes perfect sense. I'm just wondering if there's anything, perhaps, that I haven't asked or that we haven't spoken about that you feel might be beneficial to add.

Respondent: I mean, what always comes to mind too, you do have people, I suppose, in this day and age, with our people with very strong, so called, religious beliefs, probably aren't religious beliefs, doing all sorts of things in the name of God. I think that maybe skews people's objectivity as well. If you're in any way strong in belief, then there must be something wrong with you. They haven't worked out, logically, what it's all about.

Interviewer: Yes.

Respondent: It's probably a difficult world to live in if you've a strong belief. I mean, a strong belief that's within the law.

Interviewer: Yes, sure.

Respondent: Because you are sneered at or laughed at or whatever, because you're not on the same wavelength, as they say.

Interviewer: Yes, or you're not running with the crowd.

Respondent: The majority, yes.

Interviewer: So to speak.

Respondent: The world has changed so fast, definitely.

Interviewer: And is still. It's just, yes.

Respondent: Absolutely. This morning, you probably heard Phillip Schofield coming out yesterday, all that sort of stuff, and they were talking about it this morning, they had two guys on, a rugby player who came out, I don’t know how long ago, not long ago, and he was married. Similar to Schofield, but he's younger, and then a guy about the same age as Phillip Schofield. When Phillip Schofield and him would have been born, homosexuality was illegal.

Then, as you said, then you had to be 21 before you could have a consenting relationship and you went through all that and how things have changed. So yes, changing-

Interviewer: So quickly.

Respondent: Quickly, yes.

Interviewer: Which, almost, to the point, makes you think, we should have a more balanced society really. Even in this topic area as well, because the conscientious objection clause, there is still really very grey. Whereas now, in this day and age that we live in, because of the way other things have moved on, should that have moved on already as well? I mean, is there some way of getting around that? It's so difficult.

Respondent: Very difficult, but I go back to the point that there's an unborn child. Most other things it's just the person themselves or a group of people who are adults and can speak for themselves. You have this and it's people's belief as to when life starts and all the rest of it. If they truly believe that, then who am I or anybody else to turn around and say, "That's not right," because we don't know really.

Interviewer: Yes.

Respondent: Just because somebody's made a law to fix it or whatever.

Interviewer: Thank you very much.

Respondent: You're welcome.

Interviewer: Thank you for taking the time to speak to me.

Respondent: There was something, just an American detect-

END AUDIO

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