Interviewer: Okay, so if you just start by telling me a bit about your role here.

Percy: I’m the [name of job role] here. I’m looking after, obviously, gynaecology, which includes all the general gynae issues, the gynaecology/oncology patients who get admitted onto the ward feeling unwell. So we have palliative care, palliative Macmillan nurses, and we have a palliative consultant who comes every Wednesday, who looks after those patients. I also look after the [name of fertility clinic] Centre, which is for fertility, and I also look after [name of abortion service], which is for abortion.

Interviewer: Right. That’s a massive role. (Laughter) It’s enormous.

Percy: Yes. (Laughter) Gynae outpatient and urodynamics as well, so yes, that’s all- [fall 0:00:52] within my remit, yes.

Interviewer: Wow. And how long have you been a pharmacist?

Percy: Since 2002.

Interviewer: Right, okay. So you’re quite experienced.

Percy: I wouldn’t say so but… (Laughter)

Interviewer: (Laughter) And have you worked here long?

Percy: I started here since 2006.

Interviewer: Oh right, so you’ve been here long enough [for it 0:01:12]…

Percy: Nearly 14 years.

Interviewer: Right, okay. That’s brilliant. So what, to you, constitutes ‘conscientious objection’?

Percy: That’s something that I’m a bit unclear about. So I’m not really sure. To me, ‘conscientious’ means… (Phone ringing) That’s dad’s phone. I’m sorry. To me, ‘conscientious’ means you know what you’re doing. So you’ve got a very clear mind and you’re very sure of what you’re doing. To me, that’s the meaning of ‘conscientious’. What was the other one?

Interviewer: If you add that to ‘conscientious objection to abortion’, what do you think that entails?

Percy: Erm… Don’t know. (Laughter)

Interviewer: No, that’s fine. So if I said to you… Do you think it’s just the actual active participation of dispensing of the drugs that would inform a termination [in 0:02:22] [name of clinic], or would you say it was wider? If someone wanted advice from you in relation to a termination, and then you refrained from that, would that be conscientious objection?

Percy: It’s a debatable thing. Obviously if someone is in that situation, all I can imagine is- because I’m a mum, I can only imagine if they are young and they just think they’ve made a mistake, they don’t know what to do, they can ask for advice. I know [up on 0:03:12] [name of clinic], if someone wants to come in for an abortion, they would not do it straightaway. There would be several appointments and things and going through a lot of things before they make the decision, and I know there have been people who have been quite adamant they want to go ahead, and then at the last minute, they said, “No, I don’t want to go ahead.”

I worked in the community in the past and we do sell the morning-after pill. I’m always quite reluctant to sell them, and before I sell them, and I know before we can sell them, we have to do some training, which I have done. Even though I’ve done the training, I’m still a bit reluctant to sell them, and when I’m selling them, I talk to the patients and kind of, like, find out that… Are they adamant and clear that they want to do it? So what you’re asking is a little bit debatable. There is no clear answer to that to me. I don’t think there is any clear answer.

Interviewer: So I suppose, why are you reluctant? What’s the reason behind that, would you say, sometimes you feel reluctant to- or you have done in the past, to administer?

Percy: Because the morning-after pill that we can sell, only for 72 hours… It’s only [full license 0:04:40] up to 72 hours. So obviously, we can still sell them after 72 hours, but the success rate reduces after 72 hours. So the success rate is the highest if you take it within 24 hours obviously, and 48 hours, it drops a bit.

So I just think sometimes, you know, a patient who wants to come and buy the morning-after pill could be just because they’ve just made a mistake and they just think, “Oh yes, it’s fine, there’s a morning-after pill I can take.” And then they do take it and then… There are two ways: if the pill doesn’t work, then it’s something that they come back and say, “Well, this medication you sold me doesn’t work.” If it works, then, well, they may regret later.

So I’m kind of, like… Difficult. And sometimes- yes, I’m kind of quite reluctant to sell them usually. And it’s quite expensive to buy over the counter, really, as well. Previously, when I was working- they sold it at about £25, so…

Interviewer: Yes, that’s really expensive, isn’t it? Yes.

Percy: Yes. I don’t know the price now, because I haven’t been working in the community, but I know it’s very expensive. And I know there is one that is licensed now in the community for up to seven days.

Interviewer: Really? Gosh.

Percy: Yes. So there are two. The levonorgestrel is up to three days. There is one, ulipristal, up to seven days. Or five days, probably. Five or seven days, but it’s definitely longer than the levonorgestrel.

Interviewer: Yes. And would you say it’s an ethical reason, why you feel probably uncomfortable with selling it or…?

Percy: Yes. To me, yes.

Interviewer: Yes. And is it a religious reason as well or…?

Percy: Mmm… Probably. Probably. Yes.

Interviewer: So to explain that a bit further, is that because it’s when it becomes a baby, would you say? Is it from that perspective or…?

Percy: Well, during the early stage, probably because it’s just early stage, it’s not a baby, but I just find that… It becomes more difficult for me if I know that they are misusing that, if you know what I mean by that. Like, you know, misusing the ability to get the medication.

Interviewer: Do you mean more frequently or maybe in advance or…?

Percy: Yes. And also, there are times where people will come in and say, “It’s for myself,” but actually, it’s not for them; they’re buying it for somebody else. That’s why I’m reluctant, I’m kind of reluctant to sell it. And at one point, they were saying, you know, “When you sell it, you need to satisfy yourself that it’s the person who’s buying it that needs it.” And sometimes you can state- well, we were told that you can do it by saying, “You have to take it here and then. You have to swallow it in front of me.” But it won’t be nice if you have to do that to someone.

Interviewer: Yes, of course. Yes. And when you didn’t sell it, would you refer them onto somebody else?

Percy: Yes, I would then give them the option and say, “Go to your GP,” or, “Go to the walk-in centre,” or, “Go to the Abacus Clinic.”

Interviewer: And you felt fine about referring them on?

Percy: Yes, because at least I know referring them forward, they probably would get the further information before they make that decision, rather than me just selling it over the counter (Laughter) like that.

Interviewer: Yes. Or leaving them- I mean we have heard cases of somebody who just won’t sell it but then won’t refer on because they think that they’re actively participating, then, in the termination. So what do you think about that scenario?

Percy: I just think that it’s a bit unethical if you’re refusing to sell but then not pointing them to the right direction. Because at the end of the day, as a pharmacist, you’re there to give advice, and you’re there to help the patient, or the customer. So if you are not going to sell something to them, then I think you need to then advise them to go further and…

Because there would be many reasons why they probably wouldn’t want to go ahead with the pregnancy. Obviously, everyone would have different circumstances and situations why [sic] they would not want to carry on with the pregnancy. Every patient would be different, every customer would be different. But I just think it’s better if they get the right advice to make the right decision. So yes, I wouldn’t agree with not referring them to other places. Yes.

Interviewer: Yes, okay. And if we look at actual active participation in abortion…

Percy: You mean having the actual abortion?

Interviewer: No, you as a health professional or in your role, or if you think back even to your role in the community… If I give you an example, I don’t know if you remember the case in Scotland where there were two midwives, they were on the delivery unit, and they won the case but they lost it eventually in the Court of Human Rights. And what they said was that taking a phone call or giving a leaflet or advice, or caring for the woman or her family, all constituted participating in abortion. What do you think about that?

Percy: Yes.

Interviewer: Yes, you would say, sort of…?

Percy: Yes, you are involved in the process. You are giving advice. Although you are not telling them what to do, but you are giving advice, so yes, I agree that you are participating. Yes.

Interviewer: Yes. And this is the grey area because obviously, some people think- eventually what the Court of Human Rights said was, “No, it was only if they actively terminated the pregnancy.” So actually inserted the drug or did the \_\_\_[0:11:45] or whatever they’re going to do. However, the court before that said, “No, it is anything that leads up to the termination.” So what do you think about that final result, which was the physical participation in the abortion?

Percy: That is the final result of, like you say-

Interviewer: That case, yes; that’s what they said, yes.

Percy: … giving the medication or- for the termination. But prior to that, giving the advice as well, I would arg- I wouldn’t say ‘argue’, I would say, “Yes, you are participating,” as well. Because you’re giving the information. So how can you say you are not participating in the abortion? Although you’re not physically giving it, but you are indirectly involved. So yes, I would say yes.

Interviewer: Yes. And in relation to conscientious objection, would you then say, based on that, that somebody could- if they did conscientiously object, it could be that whole remit? So they could refrain from giving care or information or…

Percy: Yes, I would say they could. Yes. I would say yes.

Interviewer: And would you say… You may only just be thinking about this now because some people haven’t thought about it [or whatever 0:13:20]. Would you say your views surrounding that, and maybe in relation to measures of contraception, would you say they’ve changed? You mentioned being a mum; have they changed since then or have they always been the same since you’ve been, you know, at least a pharmacist anyway?

Percy: I don’t know about the selling of the contraceptive pill, the morning-after-pill, over the counter. I know it’s still available. I don’t know if the legislation has changed but as far as I know, I don’t think it has changed.

Interviewer: Some people do change their views, you see, as they go through their career.

Percy: No, I think it’s the same. I just think, at the end of the day, it’s up to the patient. You can give them all the information. If they are adamant they want to have a termination, no matter how much you’re trying to talk them out of it, they will want it.

But it’s those that are, kind of, a bit unsure. You could give them the information, then they can think about it, and then you’re kind of giving them the guidance, not leading them to one- either to, “Yes, go ahead,” or, “No,” but give them the information so that they can process themselves. Those are the ones that really need the guidance. So it depends on the patient, depends on their situation, depends on their reason.

Interviewer: It’s complex, isn’t it? Yes.

Percy: It is, it’s complex. Yes.

Interviewer: And if you think back to your training, did you have much discussion surrounding conscientious objection to abortion?

Percy: No.

Interviewer: No. It’s interesting, isn’t it? So many pharmacists have said that. And why do you think that is?

Percy: I don’t know, probably because it’s a sensitive subject. Yes.

Interviewer: I mean some people have said, “Because you wouldn’t be a pharmacist if you were going to conscientiously object,” but what do you think about that?

Percy: I wouldn’t think it would go that far. I wouldn’t think it would go that far, so no. I don’t think that you should use that to determine whether you can become a pharmacist or not. That’s not fair. (Laughter)

Interviewer: Yes. Because again, there are some countries- so Sweden, which is a very liberal country, isn’t it, for example? If you’re a conscientious objector, you cannot be a health professional in certain areas. You just can’t be. I mean obviously we don’t have that here and, you know, [consider that 0:15:55].

Percy: Yes, I didn’t know that.

Interviewer: Yes, there are s- Iceland as well. You know, there are countries that… That’s the rule. So what do you think about that?

Percy: I would not think it’s a good thing to do, because you’re kind of forcing people, probably, to lie, just to get the job they want. Or you’re forcing people to go against what they want to do, as well. And probably, also, forcing people to go against their religion, faith, things. So I don’t think that that rule, it’s fair, in terms of human rights.

Interviewer: Yes. And have you ever worked with anyone who has conscientiously objected to maybe dispensing- on the grounds, say, of religion or, you know, maybe here, giving medication? Have you ever worked alongside anybody? Or you know of any incidences?

Percy: No. Not that I’m aware of, no. No, I don’t think I can think of any, so… Yes.

Interviewer: No, okay. And… So I think your views have been quite static, haven’t they, surrounding conscientious objection? Quite a few pharmacists have brought up the idea, particularly here, because it’s a women’s health unit anyway, that would somebody who conscientiously objected- would they even place themselves in a role where maybe they were actively participating? I mean would you agree with that, that it’s probably unusual for somebody to apply for-

Percy: It would be unusual for somebody to apply for those, if they knew what they are putting themselves into, I think. So yes.

Interviewer: Yes. And have you ever been asked, in any of your roles, whether you object? [Say 0:18:15] when you’re [going for]- recruited by some-

Percy: No. Not been asked that question, no. Not [that I’m aware]. (Laughter)

Interviewer: Yes. And are you aware of a policy here in relation to conscientious objection?

Percy: No, not that I’m aware of as well.

Interviewer: Okay. Would you say it’s something you don’t really talk about, you know, in your team? You probably will now. (Laughter)

Percy: Yes, I would say so. Yes.

Interviewer: Yes, it’s not something that’s really covered now. Because we have heard about pharmacists who have conscientiously objected but they’ve not made it known to the rest of the team. And then they’ve maybe been put in a situation where, you know, they’ve needed to actively- or what they think is active participation, and then they’ve not really told anybody. So they’ve just, sort of, covered it up, really.

Percy: No.

Interviewer: No you’ve not come across anything like that? No. I mean these have been in community situations, sometimes where somebody’s on their own at a weekend and they need to dispense something and… I mean there was also a case of somebody in a hospital where the secretary wouldn’t type the letters for the consultant who was involved in… I mean what do you think about that? Would you say that was active participation, from your view?

Percy: Mmm… That one, again, is debatable. I wouldn’t say it’s active participation. That would just probably… The person’s personal views. The secretary’s personal views, rather than active participation. I would say, in that scenario, that the secretary’s just not fulfilling her job.

Interviewer: That’s actually what came out of it. Yes.

Percy: Yes, it’s just her not fulfilling her responsibility of her job. It’s her personal view and she should not have brought her personal opinion or views into her job. That’s how I would see it.

Interviewer: Yes. It’s an interesting case, that one, isn’t it? And do you think the rights of the patient can override the views of a health professional in relation to participating in abortion? Or do you think the health professional should always have the right to object? Because we’re getting a lot of discussions about the conflict…

Percy: No, I think the patient should be given the right. Yes, the patient should be given the right because at the end of the day, patients are patients. They should have the final choice, final decision. They should make the final decision to… Yes.

Interviewer: Yes. And would you say there is a conflict between conscientious objection to abortion and maybe the duty of care to the patient? Because that’s come up quite a lot.

Percy: If you know that that’s somebody who is known to have the conscientious objection, then if you have known about it, I don’t think it’s fair that you put that person to care for a patient, in that situation. Unless you do not know about it; then that’s fair enough. Yes.

Interviewer: So minimising it, really, that situation? Yes.

Percy: Yes. Because if you do not know about it, obviously you wouldn’t know about the conflict, but if you know that that person is going to object and you are putting that person to care for a patient in that situation, then you are just creating more conflict there. So why create the conflict when you can prevent it?

Interviewer: And obviously, the reason we’re doing this research is because the guidance is, you know, sort of vague really. What do you think needs to be in a guideline?

Percy: It’s difficult to say, because it’s a very, very grey area. I don’t think you can have a very clear guideline because, like I say, it’s a very grey area. You can have a guideline and no matter how well you put it, people will read it from a different point of view. So they will be saying, “You are being biased [to here 0:23:17],” when you’re trying to be in the middle.

So I would say it’s difficult to have a clear guideline, but I would say, maybe, just to say… Depends on circumstances. A lot of this situation [sic], all these things are depending on circumstances and depending on situations, because there is not a scenario that would be the same. So you have to use your professionalism and judgement based on every single different case. Yes, I don’t think you can have a very clear guideline on this.

Interviewer: Yes. Do you think it would be better just to say, “Right, these are the following things that constitute active participation; these are the things you could legitimately refrain from undertaking?”

Percy: You can probably do that, but again, where do you draw the line? Where do you draw the line as in, “This is classed as active participation; these are not?” Where do you draw the line?

Interviewer: Are you able to draw the line at all? (Laughter)

Percy: I’m not able to draw the line. It’s difficult. So you and me, we may see things very differently. I may see that this action is active participation, whereas you may see that, “No, that’s not active participation.” It is difficult to draw the line, to separate it.

Interviewer: Yes, that’s very true. And finally, really, going back to what you said earlier about referring on, would you say, at the very lowest level, even somebody who objects should be referring that person? I mean that is something that has come from a number of pharmacists, that there’s a duty of care there.

Percy: Yes. I know they have pharmacists in community that would refuse to sell the morning-after pill, but just because you’re refusing, that doesn’t mean your duty of care stops there. You can refer them to the GP, you can refer them to the walk-in centre. There are still many other resources you can refer- you can even refer them to our gynae emergency department here.

So, yes, because at least then, they are being seen by another healthcare professional. And the Abacus Clinic, the walk-in centre, our emergency department here, are more like the appropriate healthcare professionals who would be able to give better guidance or advice or things.

Interviewer: Yes. Because I suppose, from what you’re saying there as well, if they weren’t referring, where could those people end up going? Is that really what you’re thinking about?

Percy: Yes. Especially if it’s a patient who is already in a very, very worried state and anxious state, and basically, obviously, they put their trust in us, as pharmacists in the community, and you’re refusing to sell something, then you should then be able to guide them. Whatever reason you’re refusing to sell, you should then guide them somewhere else, rather than just leaving them there, not knowing what to do.

Interviewer: I mean those people you’re referring to, is it usually a religious underpinning why they’re not selling it? Or is it…

Percy: I don’t know.

Interviewer: You’re not sure?

Percy: I’m not sure.

Interviewer: Yes. Because it’s really interesting; there was some research done and actually, even though we- I mean would you usually associate it with religion if somebody conscientiously-

Percy: I would. I would, yes.

Interviewer: Yes. I think everybody said that, but sometimes it was a personal experience somebody had, that changed it, or sometimes it was the fact that you have a right to object, so the ethics side. So I think, like you said before, you know, it is very complex and…

Percy: It could also be because the pharmacist hasn’t done the training for some of the medications.

Interviewer: Yes, it could be something- yes, completely different, couldn’t it? Yes. Okay.

Percy: There are many different things, so I wouldn’t like to say that it’s just one reason. [Anything 0:28:05].

Interviewer: Yes. Okay, I’ll just double-check if there’s anything else in here. I think that’s everything. Is there anything you’d like to add at all?

Percy: No. (Laughter)

END AUDIO

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