I Ok [Pharmacist name] so you know what the research is about. It’s in relation to sort of what are the limitations in relation to the conscientious objection clause, because it is a grey area we feel and people sort of have different views surrounding that. So just to start off with, how long have you been a pharmacist?

P Er, [number of years working as a pharmacist] years.

I Ah ok. And where are you working at the moment?

P [County name] CCG.

I Right ok.

P Up in [name of area] way.

I And are you in a pharmacy there?

P No I work in a GP practice and I do domiciliary visits one day a week as well.

I Ah right, ok. Right, that’s interesting yeah. Because we’ve sort of got locum’s and people working in hospitals, so that’s a really good background actually. So do you often have to prescribe the morning after pill?

P I’m not a prescriber.

I Oh aren’t you right.

P No. No.

I So what would your sort of involvement be in relation to that?

P Erm. If I ever did like community locum’s or anything like that, you can dispense it if a patient presents looking for it, if there’s a PFG in place.

I And have you been in that situation?

P Once, yeah. It was years ago.

I Have you, yeah. And how did you feel about that?

P She needed it and she fitted the criteria, so I didn’t really have an issue with giving it to her.

I And what, in relation to conscientious objection, what do you think would actually be participating in abortion and maybe not, from your perspective?

P Mmm. It would all be parts of the process wouldn’t it? It would be signposting to abortion services, to actually giving them something that would get rid of the baby or the foetus. Erm. I don’t know. Anything really. Or even advising people on abortion.

I Yeah. If you were in that situation where you were giving some advice maybe in relation to emergency contraception, would you feel ok to give that advice and then prescribe?

P Yeah. Absolutely yeah.

I Yeah.

P I’m doing a prescribing course at the minute so. And I’m actually looking to specialise in sexual health, hormones, contraception, HRT, so I have no issue with that.

I Yeah. So that probably would be quite a fair part of your role wouldn’t it?

P Yeah. It will be yeah.

I Yeah. When you sort of say that it would be everything because some people would say it’s only the active participation in relation to it, how would you feel about that?

P Mmm. But if you’re against abortion surely you’d be against telling someone where they could get one? I don’t know. I’ve never really thought about it that much but, I would of presumed you wouldn’t be encouraging anyone or you wouldn’t make it easy for them to get an abortion if you didn’t think it was right.

I Yeah. Yeah.

P But then that’s not right either. I don’t know. If you’re a health care professional, surely if you can’t do it you should send them on to someone that will.

I Yeah I mean, that is in the clause you know but we are sort of trying to establish what people think is, you know active participation I suppose and what isn’t yeah. So in relation to sort of colleagues or maybe people you’ve worked with, have you ever sort of come across anybody or worked on site with somebody who does object?

P I’ve heard of a pharmacist. I never actually saw it myself, but I’ve heard of one in the hospital that wouldn’t sign, he wouldn’t final check a prescription for the morning after pill, because he didn’t agree with it.

I Right. And how did that work sort of practically do you know?

P I think somebody else signed it in the end. But he didn’t say anything, I wasn’t in the dispensary, I only heard about it later on.

I Yeah.

P But he just left it to one side and kept ignoring it.

I Oh right.

P And it was only later that they figured out that was why.

I Right. But he didn’t actually verbalise it.

P Not until he was asked I don’t think.

I Yeah.

P Yeah.

I And do you think that, that does sort of happen in pharmacy? Do you think there are people…

P Yeah. There definitely is. Yeah. Yeah.

I Yeah. But would say that it’s not explicit?

P No.

I No.

P No I don’t. And it’s not common. It’s definitely not common.

I Yeah. And do you feel there is sort of an ability to undertake the role, maybe sort of the role you’re going to be doing which is focussing on sexual health, and have an objection as well? How would you…

P Mmm. Isn’t that a bit of a conflict of interest though isn’t it? Surely you shouldn’t put yourself in a position where you’re going to be uncomfortable with what you’ll have to prescribe or what needs to be prescribed.

I Mmm. Mmm. And there was a recent case, I don’t know if you heard about it, the two midwives who went to sort of the court of human rights in relation to what constituted active participation, because they both objected you know they were conscientious objectors and it was well known. But they had said things like you know taking a phone call from somebody, giving the advice. I mean it was over-ruled however, you know going back to what you said before, would you probably say anything that involves you know giving advice or signposting or…

P Yeah. I would.

I Yeah. Would be part of it.

P I do. Absolutely yeah.

I Yeah. Yeah. And obviously that is the grey area because what they actually said in relation to that court case eventually was that it was only hands on. What do you feel about that?

P Mmm. I don’t know. I would’ve presumed it would’ve been all of it. If you’re directing someone to abortion services you’re contributing to it aren’t you?

I Mmm. Yeah. Yeah. And what elements of the abortion process do you think people should be able to permit to withdraw from? It’s following on from what you’ve just said.

P You mean like people that object to abortion?

I Yeah. Yeah.

P [Sighs]. Well, obviously the actual physical act of you know performing the abortion but, I mean it [sighs]…If you can’t help them you should be able to send them to someone that can, but then that is part of the process as well isn’t it? You’re, in a kind of roundabout way, facilitating that abortion anyway.

I Yeah. Yeah.

P But if you’re a health care professional you know, that should be part and parcel of your role. You should know that you’re going to come up against that at some point.

I Yeah. Yeah. It’s really interesting because there are some countries that don’t permit conscientious objection at all.

P Right.

I If they’re in a health care professional role…

P Well it should be objective shouldn’t it? It should be about the patient, not about your beliefs.

I Yeah. Yeah.

P But it’s hard to kind of separate the two isn’t it?

I Yeah. Absolutely yeah. I think that’s really important yeah. And, sort of where you’re working is there ever any discussion anyone ever has or?

P No. Never. No-one’s ever really thought about it. No.

I Yeah. That’s really interesting. And in your training was it something that it focussed on or…

P No. Recently, because I’m doing the prescribing, I’m writing a case study that’s starting someone on the pill.

I Yeah.

P And this is really weird because [friend’s name] emailed me, or messaged me like the day after I was reading all about like, Kant, and deontology and all of those ethical things. And there was, I can’t remember the fella, but it was a paper he wrote on conscientious objection, so I had literally read that the day before.

I Oh that’s really good. Yeah.

P That was really strange. So that was kind of the first real exposure. Because I’ve heard of it but I’d never really thought about it.

I Yeah. Or maybe seen it in practice apart from…

P Well I’d only heard about the other pharmacist. I’ve never actually seen anyone, object to supplying the morning after pill or any kind of contraception.

I Yeah. And do you think that’s possibly because people have made sure that they’re not in that. Because I assume as a pharmacist though you would be in that situation quite often?

P Yeah. Especially in community. Maybe not so much in hospital because there’s other people who could sign the prescription, or could you know dispense it and stuff, but in community you would definitely see it.

I Yeah. Yeah.

P Especially of a weekend, when maybe you can’t get to the doctor for a prescription.

I Right. Yeah. Mmm. So I wonder whether people remove themselves from weekends? I just don’t know do you?

P I don’t know. I don’t know either.

I So it’s just interesting sort of, there’s very little discussions around pharmacists would you say or, in relation to the…

P Yeah. It’s never really been something that’s, that’s been obvious.

I Yeah. And would you say there are many instances where people, a pharmacist is working on their own where you know it could be problematic, that you know of?

P Yeah. It would. Like of a weekend because it’s one pharmacist, possibly a dispenser. You know, there would be no one else to do it, it would have to be the pharmacist. And if they’re not going to do it they’d have to sign post you somewhere else wouldn’t they?

I Yeah. Yeah. I mean we’re probably only just unpicking your views on conscientious objection aren’t we, because would you say that it’s not something that you really have thought of before?

P No. Well I think everyone should get objective care, so it’s not something I would ever really think. I don’t know I just can’t imagine anyone in the same position would have a different point of view. Obviously people do don’t they?

I Yeah. Yeah. So it almost feels a bit unbelievable doesn’t it really?

P Yeah. I mean you’re going into a health care role, which means it’s something you should be aware of that’s going to happen at some point.

I Yeah. Yeah. And I suppose what we do in the UK is, we try to ensure that anybody can go into a health professional role and the clause is there just to sort of you know protect them in a way but, would you say that’s protecting the pharmacist or you know…

P I mean, we’re seeing it from our point of view aren’t we not there’s. Like they could be very religious, they could have had, you know a bad experience. There’s a reason that they object to abortion, you just don’t know do you? So you have to think about it from their point of view.

I Yeah. I mean it is interesting because there was a paper done and the reasons behind conscientious objection were really far reaching. Religion actually wasn’t the top reason you know. Sometimes it was because, actually because it is lawful, you know you can actually conscientious object so people supported it from that perspective. Yeah.

P Oh right. Ok.

I Or thought people could conscientiously object. Or there was sort of the moral, you know underpinning as well, which is what you’re delving into a little bit now with your advanced prescribing isn’t it?

P Yeah. Yeah.

I Yeah. Yeah. And in relation to sort of your thoughts about it, have they changed at all since you approached your advanced prescribing?

P No.

I No.

P If anything they’ve probably strengthened because I’m like yeah, these people need this. It’s all that counts. You know, not give them something. Because if you deny them that and, you know they have a baby or you know if it’s something that they haven’t wanted, they come to you, they kind of trust that you will help them and if you don’t, you’re kind of damaging their relationship with health care professionals on all aren’t you?

I Yeah. Yeah. So actually it could lead to a bigger…

P Yeah and it’s kind of, it’s hard to go and ask for the morning after pill. You know it’s hard to go and ask for contraception, because there is that judgement isn’t there so. And if you’ve got someone there who goes, yeah I’m not going to, I’m not doing that. Then you’re going to damage that relationship, in some way.

I Yeah. Yeah. And I think that conflict as you’ve said before, there is a conflict between sort of the pharmacist’s or the health professional’s views and beliefs and providing that care, and that sort of is you know, a grey area really. What do you think’s helped form your views around you know, you would not, not prescribe the morning after pill? Is that health care?

P Yeah. I would say. Yeah. It’s just…Yeah it’s health care. Erm. It’s media in some way, you know we’ve had the abortion referendum in Ireland recently haven’t we, so it was a hot topic for a while. It’s, I don’t know. It’s ethically just feels like it’s the right thing to do.

I Yeah. Yeah. So would you say some of it’s a personal belief as well?

P Yeah. Oh yeah.

I Yeah. Mmm. Because sometimes we talk about it being anti-abortion or pro-woman, you know pro-choice I think is the sort of…

P Yeah it is pro-choice and it doesn’t matter what I think about abortion but it’s yeah, everyone should be able to choose whether they want one or not. Or they need one. It’s not. It shouldn’t be denied.

I Yeah. Yeah. I mean they are very difficult to separate aren’t they conscientious objection and abortion, it’s so hard. I mean every conversation we have, you can’t really do that. So your views haven’t changed. So going back really to what constitutes actually actively participating, would you say you’re looking at a broader picture in relation to that and it isn’t just the hands on?

P Yeah. It’s definitely the pathway as well isn’t it? Sort of getting to that point.

I Yeah. And is there sort of a pathway that you would follow?

P I don’t know. I’ve never actually had to see anybody in that way.

I Yeah. Yeah. But I presume there is something in place isn’t there?

P There will be. I would imagine it would come from the GP. Maybe?

I There a group we’ve got a lot of research in relation to them, we don’t have much from pharmacists, nurses, midwives, so that’s why…

P Oh ok. I wouldn’t actually know how to refer someone, for an abortion.

I Yeah. You know your advanced prescribing though, will you be in a position where you are dispensing then, emergency contraception more often would you say? Because you’ll be in your new role.

P Erm. If I start a clinic. Yeah. I probably will yeah.

I Yeah. Yeah. So that will be quite interesting won’t it, to see who you are working with and, yeah, what happens there.

P Yeah. Yeah.

I I’m trying to unpick this. It is a grey area in relation to someone say actually is active participation, hands on, but I suppose from a pharmacists perspective hands on is a different thing isn’t it? As a midwife we would be physically hands on, but for you…

P Yeah. It is different isn’t it.

I Yeah. For yours, if somebody phoned you know where you were working, and they were asking information would you say from what you’ve said that, that be actively participating?

P Yeah, it would be yeah. Because you’re helping someone get to the end point aren’t you.

I Yeah. Yeah. That’s really interesting yeah. And I think there is a difference between what clinician’s in a hospital would be doing and you out in community or in a clinic would be doing. Yeah.

P Yeah. Definitely yeah.

I We’re not sure whether there are limitations to conscientious objection to abortion in that it’s not clear enough. Would you say in your mind, you’ve got it clear in your mind as to what would constitute actively participating and then say if you were objecting, you could say yeah I know the point at which I would not do things?

P Yeah. I think so yeah.

I Are there any people around you think maybe would difficulty with that or would have a different view from you, pharmacist wise?

P I don’t think so. It’s not something we really talk about.

I Yeah. It’s really interesting that.

P I just don’t. I couldn’t see anyone in my team objecting.

I Yeah.

P Erm…No actually, I really couldn’t, see anyone having a problem with it.

I Yeah. I’m going to your course now. I mean, how many students are on that course?

P Forty. There’s about forty. Yeah.

I Oh forty right. And it’s just not really been a topic for discussion has it?

P It came up. We had a few ethics and law talks and stuff ages ago, and it sort of came up then. No one really does do they? Like stand up and go, no I’m anti-abortion. No-one. But the vast majority from like the discussions seem to be kind of, all for the health care angle. You know if they need it or want it, that’s fine. Because we were made to like argue, from different perspectives as well so it was interesting. Yeah.

I Oh where you. Yeah.

P Mmm.

I And I bet that was quite difficult if somebody had different views?

P Yeah. It would.

I Yeah. That’s really interesting. I’m wondering from sort of from your discussions that the fact there isn’t much training and it isn’t really seen as an issue, is that maybe going into pharmacy you’ve already got an understanding that, you know that would be problematic would you think?

P Yeah. Do think if anyone is going into a health care profession, you’ll have to think about it at some point won’t you? You should of. It’s never going to be the easiest of choices you’re going to make is it.

I Yeah. Yeah. But it’s not really high on the agenda, would you say in pharmacy?

P No. Definitely not now.

I No.

P No.

I No. And that’s interesting because you’re undertaking another course now, and I mean it’s good that you know it’s there, but it’s still not something that seems to be…

P No. It’s not at the forefront is it?

I No. No. I suppose because I’m doing the research I’m thinking why? Why isn’t it, you know?

P [Laughs.] I think if they glaze over. People won’t realise that they can object to give, to providing like abortion services or part of signposting.

I Yeah, because I think it is a difficult. There are difficult conversations to be had if somebody you know who’s in the middle of training, I mean it’s happened in our training, does say, Oh yeah you know, I’m a conscientious objector, and then sort of where do you go with that information. And because it is such a grey area, what really constitutes it you know for one person, doesn’t for another person.

P Exactly yeah. Someone will have a different opinion from me won’t they?

I Yeah. Yeah. Because I mean it’s difficult isn’t it because you’ve only heard of one case but I presume the people that work with that pharmacist would know?

P Yeah.

I Well, in a covert way that the person isn’t…

P Yeah. But it won’t happen again because they just wouldn’t have sent prescriptions like that to him anymore. So do you know?

I Right.

P So that’s probably why it wasn’t that common, because like I say they learnt their lesson the first time.

I Yeah. Yeah. So it’s known now isn’t it and then it’s sort of to be avoided yeah.

P Yeah.

I Because I could presume that could cause a delay then couldn’t it for the…

P Well that’s the thing in that they’re delaying treatment for something that needs to be given within 72 hours or you know. There’s a window there.

I So there is a short time. Yeah. Yeah.

P And if you do that in a chemist of a weekend, and the patient has to wait another day, or something like that to get it, you know. It could cause a disaster then couldn’t it?

I Yeah. That’s problematic.

P Yeah.

I Really problematic. Yeah.

P That’s why I think signposting is important.

I Yeah. Yeah. And I suppose if somebody was [a] conscientious objector, I don’t know whether them thinking they’ve got a plan B is actively participating. That’s the thing you see, is that or is it not.

P Mmm.

I I mean really the law on conscientious objection, or the clause is that you should be able to signpost a person to somebody else. Basically they shouldn’t just be left. That’s the law for the UK, it’s not all other countries.

P Right.

I Some just would not. They don’t have to sign post at all.

P Oh right.

I No. No they don’t.

P Oh. Oh.

I No. No. And some have to actively ensure that someone signposts, and in our country it’s a little bit vague really.

P Right.

I But we shouldn’t be leaving anybody in the UK.

P No, absolutely not. No.

I You’d agree with that wouldn’t you? I can tell from your. Is there anything you want to sort of, ask me about, in relation to it?

P No I don’t think so.

I I think we’ve covered everything.

P That was quick.

I Yeah. Let’s see. In the Wood and Duggan case you see, that was the one taken to you know, I think it was the Supreme Court. It was overturned eventually. They were midwives on the labour ward. So they were [saying] things like directly providing care in emergency situations. Now it doesn’t matter whether somebody is conscientiously objecting or not, our law is that you have to if the woman’s life is in danger etcetera, you would have to provide care. Well they said things like sort of ensuring family members had support, and partners had support you know in relation to a woman undergoing an abortion. I mean if somebody came in with their partner you know, would you say if they were giving information to their partner or say a partner came in asking for information about, you know on behalf of somebody, how would you feel about that?

P General information would be fine, but I couldn’t give specific patient information because that’s confidential isn’t it.

I No. No. But I suppose if they’re asking about emergency contraception?

P Oh well that would be fine wouldn’t it. I’d have no problem with that.

I Yeah. Yeah. But then do you think that could be, if they then took that information back to their partner, could that actively be part of participating do you think?

P Mmm. Yeah. I suppose so yeah.

I Yeah. This is the grey area you see. Isn’t it?

P [Laughs.]

I Yeah.

P Yeah because it’s getting back to the patient, so it would be.

I Mmm. Mmm. Because I think that was a bit like you know, in relation to the labour ward, it was even you know sort of helping the family or looking after the family. They were all part of the process, I think that’s what they were thinking about. So telephone calls they talked about, but as you said you would feel that would be active participation because it’s leading to the end.

P Yeah.

I Yeah. Situation. They also said providing a handover to another member of staff about the situation. So do you see think say a pharmacist had taking some information and they didn’t want to go any further, the fact that they actively then maybe gave the information to you. I’m challenging you now aren’t I?

P Yeah. You are yeah. [Laughs.] I mean that’s what you should do isn’t it, if you don’t want to do it yourself.

I Mmm.

P I don’t know. Probably. I don’t know. Because they’re leaving you to act on the information aren’t they?

I Mmm.

P But then they know that you’re going to act on it and it will…I’d probably say yes to that.

I Mmm. So they would be involved in that yeah. Do you always look at sort of the, are you looking at the pathway that actually, or the algorithm that actually gets to the end product.

P Yeah.

I Yeah. So are you thinking anything that contributes or sets them off.

P Well because if they were objecting and they didn’t want anything to be done about it, you just wouldn’t pass on the information. Well that’s like neglect and stuff like. So it’s kind of hard to remove yourself from that situation isn’t it?

I Yeah. Because there are discussions about people making it very difficult, you know just not signposting at all. There was even information about people giving misleading information to woman.

P Oh right. Oh no. That’s wrong.

I Yeah. Yeah.

P That’s definitely wrong.

I Yeah. But it’s difficult isn’t it I suppose because they’re trying to stop. They in their minds must be…

P Yeah but if you’re a health care professional that is neglect isn’t it.

I Yeah. Yeah. I think what’s coming from you is that there’s a conflict between your role as a health care professional and your duty of care would you say?

P Yeah. Absolutely. That should be first and foremost shouldn’t it.

I Yeah. Yeah.

P But as I said it’s hard to separate beliefs isn’t it.

I Yeah. Yeah. Absolutely. So sort of the handover bit. There was providing guidance, advice and support. Emotional support to midwives involved in the termination. So some midwives were actively you know sort of caring for women undergoing a termination, but these midwives felt even supporting them, was actively participating.

P No, no. Really?

I Yeah. Yeah.

P Oh wow.

I These are the points that they brought up you see. Responding to requests for assistance, including the nurses call bell and things like that.

P Right.

I Mmm. Mmm.

P Mmm. Ok.

I I mean I don’t know how you would have that in your scenario. I suppose it could be giving advice to somebody and then maybe asking another member of staff is that advice correct.

P Yeah. You’re involving them when they don’t want to be involved.

I Yeah. I presume that would be if there is only two of you around and one’s looking to another person, maybe someone’s more junior or…

P Yeah. Yeah. Or isn’t as experienced. Yeah. Yeah you’d be involving them.

I Mmm.

P And they might not want to be involved.

I Yeah. And do you think that would be a difficult conversation to have with somebody or, between you?

P Yeah. It would be really awkward wouldn’t it?

I Yeah. I mean in your [number of years as a pharmacist], you’re quite experienced now aren’t you, you must be sort of. Do you mentor, do you give advice to other [pharmacists]?

P No. I was a locum for quite a long time.

I Oh were you. Yeah. Locum’s are really good though because you’ve had a lot of experiences then haven’t you?

P Yeah. I’ve been around. Yeah.

I Yeah. Yeah. Mmm. And sort of been exposed to lots of scenarios. They also said that ensuring that the midwives who are actively sort of participating had a break. They didn’t want to sort of even be part of that.

P [Laughs.] God. Wow. They really didn’t want to go near it at all did they?

I Yeah.

P Jeez.

I Yeah. But can you see they sort of cast the net even wider.

P Yeah. You’d never think of those points would you?

I No. I mean I don’t know how that would transfer to pharmacy. I suppose if somebody’s gone on their break and then you’re…

P Someone comes in looking for something or something like that.

I Yeah. You could ask them to wait or something.

P Yeah. In community pharmacy you don’t really get breaks, so just call them back in or something.

I I did think, breaks [laughs.]

P [Laughs.] What are they?

I Yeah. So that, and also monitoring the person, following them up. I mean I suppose as a pharmacist if you dispensed emergency contraception, do you need to sort of get details and send those to the GP, or is that not needed do you know?

P No. I don’t think it’s needed you know.

I Right. Ok.

P Yeah. I think they keep the paper work in the pharmacy.

I Right.

P But I’m pretty sure they don’t tell the GP.

I Yeah. So they don’t need to do anything further with that. So that wouldn’t be something you would be involved with that would it?

P No.

I So I think we’ve covered what you think might entail in relation to participation from your perspective, or from a pharmacy perspective. Would you say though that’s quite clear in relation to pharmacy policies or regulations? Or would you know where to access what actually constitutes it if you needed to know?

P No because I’ve never really thought about objecting to anything so…

I Yeah. I’m thinking if you worked alongside somebody who maybe was casting the net very wide, like the things I’ve talked about there. Would you know where to go to sort of differentiate between if they were overstepping the mark or?

P No I wouldn’t actually.

I Yeah.

P I mean I would in hospital. If I was working with a team. I mean you’d just go up higher in the chain wouldn’t you and ask the manager.

I Yeah.

P But not if I was on my own with someone.

I Yeah. Maybe your new role? Although they must have a focussed policy I would presume, somewhere?

P Well I would have thought that nobody would be working in there that would have a problem with that sort of thing so.

I Yeah. Yeah. So actually from that perspective, they would’ve removed themselves from that.

P Yeah.

I Yeah. What would you think if somebody, sort of pharmacists really wanted to focus on that area of sexual health, but they also [were a] conscientious objector? How would you feel?

P Isn’t that a conflict of interest though because you can’t really. If you don’t agree with treating somebody with the medications that are involved, why would you want to work in that area? Because it is a lot of prescribing isn’t it?

I Mmm. Yeah. Yeah. Because in some countries like say Italy, they have whole hospitals where [there] is conscientious objection and, so whole institutions do the clause, and I think I was reading it’s at least sixty percent conscientiously object. So sort of, I suppose there’s a minority really of places there…

P Yeah. Didn’t they recent change the abortion laws recently?

I Oh did they?

P Was it Italy? I’m sure it was Italy where they changed the abortion laws but none of the doctors would perform them.

I Yeah.

P So they’re struggling. Is that Italy?

I I don’t know if it’s Italy but it’s interesting because there was research done. England, Italy, Portugal, I can’t remember the other country, and what they found was in a policy lots of the participants the research would say, but what really happens is we just don’t do that or we send someone else.

P Yeah because it’s quite a religious country.

I Yeah. Or we send somebody somewhere else.

P Oh right.

I Or people don’t come to us because we make it quite clear that we don’t provide that service.

P Right ok.

I Yeah. Yeah but going back to sort of pharmacy I suppose, because legally we would not be able to say to that person you can’t work in this role.

P Well no because it wouldn’t make sense would it?

I No. So they could inadvertently be in that role. And I think the other thing is that we’ve found that people have changed their views as they’ve gone through their career.

P Yeah.

I And it could be that they become more pro-choice because you’re exposed to more things. Or sometimes it could be that they change their view and it maybe becomes more narrower you know, so potentially that could be quite difficult couldn’t it for the area that you’re working in. Yeah.

P Yeah.

I If you were in a situation where somebody you felt was over stepping the mark in relation to how they interpreted conscientious objection to abortion, and it was say just you and that person, how do you think that would? I’m just wondering how you would deal with that.

P It would just makes things more harder for me wouldn’t it [laughs]?

I Yeah. I’m trying to think of a scenario to sort of…

P Mmm. The thing is if they’ve objected, I could just step in and do it couldn’t I?

I Mmm. Mmm.

P But…It’s hard to change people’s minds isn’t it, when they have a view like that.

I Yeah.

P So there’s not probably much I could do.

I Mmm. And I think that you’ve just said an interesting point, because what we’ve found is sometimes it can become a strain on other members of staff.

P Mmm.

I Because I presume that pharmacist you talked about, that work then wasn’t being given to that person so somebody else was then taking…

P Yeah that’s it. Someone else was getting a bigger share of the work.

I Yeah. Yeah. What do you feel about that in relation to conscientious objection?

P Mmm. I don’t really know. People are entitled to their views aren’t they so I can’t like. I wouldn’t do it but I can’t say that they’re wrong. Well to a certain extent. If you’re denying someone treatment and they’re, you know, sending them somewhere else like, that’s wrong. Or wrong information is wrong, but you can’t really. People have an opinion don’t they?

I Yeah.

P And people have their own beliefs.

I Yeah. Yeah. And I think with, I suppose with your scenario is, they’re coming for emergency contraception so like we said that window is very narrow.

P It’s very small.

I And you don’t want to go beyond that do you?

P No.

I So we had said think about a scenario to participation, but we’ve talked about that haven’t we with the pharmacist there?

P Mmm.

I And I think you’re sort of saying that you think the extent to somebody participating should really be taking back to is what they’re doing going to lend itself to an abortion taking place, or emergency contraception being given, have I got that right?

P Yeah. Yeah.

I Yeah. And it isn’t just sort of the physical…

P No it’s not the act is it? Yeah. It’s everything up to the act.

I Mmm. Yeah. So it wouldn’t just for you be, right I’m just going to prescribe or somebody doesn’t prescribe it, it’s. Because I presume you have to do an amount of counselling if you like when you’re giving it…

P Yeah, yeah. You have to advise them on all sorts of things.

I Yeah. Yeah. So, that also would be part of participation for you?

P Oh yeah.

I Yeah. Yeah. Ok I’ll just check because I’ve got numerous forms here as you can see. I think in your new role you’ll probably come across a lot of people asking for emergency contraception won’t you?

P Mmm-hum.

I Ok. I think that’s it really. Just in relation to conscientious objection because you mentioned it before, have you always thought it’s religiously underpinned?

P Yeah I have actually. Because that was the reason that pharmacist objected, it was because he was very catholic.

I Mmm. Mmm.

P It was only until we did the ethics, in the non-medical prescribing that I’d never really thought of other reasons why someone would object.

I And what reasons came out then?

P Like if it was a lady that had, had loads of miscarriages. Things like that.

I Oh ok.

P That’s something I never thought of. And they might be like well, you know, how can you have an abortion and I can’t even have a baby you know. And it’s not just about that fact, like her mental health in prescribing someone the morning after pill, you know things like that. That kind of thing I’d never really thought about or considered.

I So, that was more sort of the prescribers personal experience?

P Yeah. Yeah.

I And what do you think about that though?

P That’s a grey area. You can’t force, well can never force people to do something they don’t want to do but, I’d never really considered it. Someone’s personal life could have that much of an impact. But then, it’s still the patient first isn’t it, really.

I Yeah. So say a scenario, so say the opposite of that where somebody is constantly coming in for emergency contraception, or maybe using abortion as a form of contraception, what do you think about in that scenario with somebody?

P I mean they need a bit of counselling don’t they, or at least something a bit more regular. But there’s long acting contraceptive devices you can have now and injections, and implants and allsorts so, it’s just trying to get someone onto that rather than having the morning after pill every other week.

I Yeah.

P But that’s not as easy as I’ve just said is it?

I No. No. So would you say in that scenario it’s more about sort of. Because would you think that was more of a judgement on the pharmacist’s part if they said you know I’m not going to, again, give this person the morning after pill?

P I mean you can’t not just give it though can you? No matter how many times they present if they need the morning after pill, they need the morning after pill. It’s just sometimes maybe a bit of education would go a long way.

I Yeah. Yeah. So you sort of look at it from that side. And with the person who had, had a lot of miscarriages and then you know they were having to, so it would be the pharmacist who had been having miscarriages we were going to say who was giving contraception to the person who was constantly coming in for it.

P Yeah.

I Yeah. I mean that’s not religiously underpinned that. What would say underpins all that?

P [Pause]. Ah yeah it is more of a personal thing isn’t it. I’d probably, I would say that was more like a mental health kind of reason wouldn’t it? Because it’s stress isn’t it?

I Yeah. Yeah.

P Something you really don’t want to do, because of a personal experience.

I Yeah. Yeah. I think it’s really good that you’ve explored that in your course because a lot of the research, well like you said before I started this, oh a lot of it will be because they’re Catholics you know. Or they don’t believe in abortion due to some other religious underpinning, but actually we are seeing that it isn’t always [that]. I mean obviously there is a number of that, but it’s good to think that it could be due to something completely different.

P Yeah. Yeah.

I And I think sort of personal feelings can over-ride maybe, something. But I think you’re saying that really you know, from a health professional perspective you’ve got that duty haven’t you, and that should come first would you say?

P Yeah. Yeah. I mean that’s what should happen but it’s hard sometimes isn’t it?

I Yeah. Yeah.

P Everyone’s got an opinion.

I Yeah.

P And everyone likes sharing their opinions don’t they. So it’s hard to be objective all of the time.

I Yeah. Yeah. That’s right. I mean we are only human even though we’re health professionals aren’t we?

P We are yeah [laughs].

I I think that’s difficult. But yeah, that’s really interesting. And did anyone bring up the fact that because it’s set in law the clause, that you should have a right to be able to?

P No.

I No. Because that’s what some people have actually sort of utilised you know, as a basis. It’s been more about you know, well its set in law, this is a basic human right if you’re a health professional or not, we should still be able to do that. But as I said there are countries you know, Sweden, Iceland and I think Czech Republic etcetera, where you cannot work in a service. You know like say in your new role that you’re going to take on, when you take it on, if you were a conscientious objector you could not take on that service.

P That makes sense though. Like in an ideal world that’s the way it should be.

I Yeah. And what do you feel about, because at the moment we don’t have to actively sign a declaration to say that we will be consciously [objecting]. So as a midwife, I’m a midwife, when I worked on a delivery unit, I didn’t have to actually sign anything to say I was a conscientious objector. But it was better, I mean we had quite a few, it was better for the sort of managers to know who [conscientiously objected], just because of skills mix I think and who was going to be on. What would you feel about that though if you had to, before you started that role or you’d have to…

P It’s a good idea, but it probably. You can’t really force people to divulge their feelings can you or their opinions so, it should maybe be voluntary, a voluntary register maybe? Something like that. So if you want people to know, you can declare it.

I Yeah. Yeah. And I think perhaps as well since that scenario about it being a personal thing sometimes that can just happen can’t it? Somebody just doesn’t want to you know, sort of fulfil a part of their role and it’s just happened, it’s not long standing, you know underpinning. So, yeah. I’ll just see if there’s anything else. So your views haven’t changed have they?

P No.

I You’ve always sort of had that. I mean would you say you’re pro-patient really rather…

P Yeah. Oh yeah absolutely patient first isn’t it.

I Yeah. Yeah. I can see that. Yeah. And I think we’ve covered what participation you think it would be, and we’ve sort of talked about some scenarios. That’s been really, really interesting for me because…

P Really?

I Yeah. Because from the perspective of you know the conflict of patient first, health professional first, not everybody would say that you see. So, yeah. I think yeah.

P Mmm. I don’t know. I don’t know why I’ve got that opinion, I just thought everyone in health care would have that opinion.

I Yeah. Yeah. Not everybody. But also I think the participation’s really interesting from your perspective, because it’s such a grey area. We really don’t have any full guidance as to what [it is]. So it is an individual case by case, you know going to the courts because recently, well it wasn’t recent it was about 2012, there was a receptionist at a GP’s surgery and she refused to type the letters.

P Oh God.

I Yeah. Because she said she was actively participating. Now again, that was upheld. I can’t remember where she went with it but she was told she did have to type the letters. But for her, I suppose like you were saying there, that was an active participation. Would you think that was that?

P No, because she hasn’t made any decisions, or she hasn’t. But I can see how that would cause her stress, like the content of the letter. And her physically having to type that up. You can see why she’d want to object to that. But I don’t think that it would contribute to the pathway.

I No. And in that are you saying that sort of the health professional has a, well we do have a different role don’t we but you know, there’s more obviously anything we give more information, that’s a more active contribution would you say yeah?

P Yes. Definitely yeah.

I And that’s due to our role.

P Yeah.

I Rather than sort of the secretary.

P Mmm.

I Yeah. Yeah. Ok. Is there anything else?

P I don’t think so no.

I No. Ah thank you so much.

P That’s alright. No worries.

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