I As you know the research is about conscientious objection to abortion. And, one of the main questions that I want to ask you is, what do you think constitutes conscientious objection to abortion? When would you feel that people can say that they’ve actively sort of contributed to abortion, or would you say something like taking a phone call, to give advice.

P You know because I’ve always been really in favour of it, I’ve never really considered where involvement begins really.

I Mmm.

P I don’t know if that’s bad?

I No. When you say that you’ve been in favour of it, do you mean that you’ve been in favour of giving say, emergency contraception to somebody?

P Yeah. Yeah. Absolutely.

I Yeah. Yeah.

P And just in like a wider context, pro-choice, I would say I am. Erm. And like liberal I guess as well. And I’ve never been in a position to have to really think, you know, twice about it I suppose.

I Yeah. You know say in you’re training, are you doing a course now?

P I’m doing my prescribing.

I Right. Is it being discussed in that course?

P [Pause] The course is so, generic.

I Right is it?

P Because it’s got people from different professions who are going to be practising in completely like disparate areas.

I Right.

P They’re from completely separate backgrounds and I’m looking at anticoagulation, so it’s not come up.

I Yeah.

P It’s not come up at all.

I Yeah. What do you think about that? Do you think it’s something that should be discussed?

P Thinking about it now it probably should be worked in more. [Sighs.]

I And, do you know of any pharmacists, or heard of any pharmacists that have objected?

P I’ve heard of it on like religious background.

I Yeah. Yeah.

P But I’ve never been present. This is the thing with pharmacy, community pharmacy at least is, nine times out of ten you’re the only pharmacist on.

I Yeah. Yeah.

P So when I’m on, I’ve never refused emergency contraception.

I No.

P The nearest I’ve come is you know, considering is it the Fraser guidelines regarding sort of age of consent? I’ve never had someone referred to me because another pharmacist refused. It might happen more in different sort of geographical areas, where there is a higher prevalence of various faiths.

I Yeah.

P I presume that’s why it’s never really come up for me.

I Yeah. And, do you get a lot of people coming to you for emergency contraception?

P It’s dependent on location and day of the week.

I Ok. Yeah.

P So I worked in town over Christmas, and yeah, I must’ve done four or five.

I Really?

P Yeah, in a shift. Whereas [different town] on a Saturday morning, you don’t do any. I’ve never done one there.

I Oh really.

P So it’s very much sort of location dependent, I find.

I Yeah. And would you say, sort of working on your own like that if you were an objector, say there was a pharmacist who was an objector, how do you think that would effect, or you know practically, what do you think about that?

P [Pause] The pressure. I would feel pressure. All of my experience is with emergency contraception. Or the vast majority.

I Yeah. Yeah.

P I feel a duty to the patient. I don’t know how it would be. I don’t know how you could refuse it. But then like I say I’m coming from like a real sort of, liberal perspective on it.

I Yeah. If we talk about what constitutes conscientious objection. So if you’re thinking on it on a broader sort of subject. Would you say, say you did object, or you knew somebody who did object, and somebody came to you for advice or phoned you, or you know giving a leaflet out, would you think that was contributing to abortion? I know you haven’t thought about this before, but where do you think you sort of draw the line?

P Erm. I don’t. I don’t draw a line personally.

I Yeah.

P I’ve had girlfriends who’ve had early medical abortions, and I’m just massively in favour of it.

I Yeah. Yeah.

P Obviously ideally you’re not in that situation, in the first place but the fact that it’s there is an option.

I Yeah.

P I would facilitate anyone accessing it really.

I Yeah. So would you think that a pharmacist say, should have the right to conscientiously object?

P Erm.

I Thinking about say your role.

P [Sighs] No. No really I don’t.

I Um-hum.

P No because, it would be distressing for the patient. And it’s hard enough to go. It’s hard enough to find time to go.

I Mmm.

P You know? So I guess I’m against objecting to it at all.

I Because there are some countries where you can’t be a Health Professional and be a conscientious objector. So like Sweden, Czech Republic and Iceland, you know. And then there are other countries, so like Italy where whole institutions conscientiously object.

P Yeah.

I And obviously there’s religious background there isn’t but, I suppose we’re trying to establish where do people draw the line and would you say you were saying that you just shouldn’t be in that situation, you shouldn’t be practising?

P Yeah I’d go with that. Erm. I can’t think of another example were you could refuse a supply.

I Yeah. That’s a point.

P When you are competent and you’ve got the stock. Obviously refusing a supply when a prescription is out of date or whatever but, when you’ve got the choice, I don’t know of any other examples of where you’ve got that choice. It’s bizarre. I guess now I’m thinking about it there should be more, there should be more education or discussion around it when you’re training.

I Mmm. Yeah. If you worked in a team of pharmacists, I suppose you can object can’t you and then maybe pass the work to somebody else. What do you think about that? I mean there cases of that, that we know about.

P Yeah. Yeah. I mean…If it’s accessible to the patient, I’m not really interested whether Pharmacist A delivers it or Pharmacist B. But then surely there would be interpersonal friction there, regarding its supply. Yeah I’ve never thought about it.

I Mmm. And I suppose with you saying that it’s distressing enough for somebody to come anyway, were you sort of saying from that perspective to then be refused it or to be passed on…

P To then be refused it stigmatises it in a way, and also you know, you can signpost to somewhere where they can get it, which sort of undermines the objection in the first place. But then also, it makes it more difficult, and it’s time critical.

I Yes. Yeah. Other pharmacists have said that, yeah.

P In referring someone, if they’re at the end of the window for say one of them, the most commonly used one, and you send them somewhere else, they mightn’t have the other one. The Ulipristol. If you’re at the end of the window for that, I think it’s 120 hours, then they’re stuck then.

I Yeah. Yeah.

P And then you’ve got to the clinic, which invariably is taking time out of work. Which is not ideal yeah. I’ve had to do that. Like, personally with a girlfriend so.

I Have you. And was that because somebody wouldn’t give it?

P No. I can’t remember why it was but I’ve been there, it was years ago.

I So you can how that situation can…

P I think we didn’t know.

I Right, about the time?

P Yeah.

I Right, yeah.

P No we knew about the time limit, but we didn’t know that there was a pregnancy.

I Oh I see right. Right. Ok. Yeah.

P So I know, personally, it’s a rigmarole to go and get the Miso. It’s misoprostal they use isn’t it?

I Yeah misoprostal. Yeah. Yeah.

P And it’s distressing.

I Yeah. So would you say with that, that sort of the rights. This is difficult, because would the rights of the patient override maybe their beliefs. Well it is a right to conscientiously object, we understand that but, what would you say about that one against the other? So a pharmacist…

P The patient has got to come first.

I Mmm. Mmm.

P The patient has got to come first. I think. In a nutshell and everything else, everything we do discuss regarding sort of ethics and practice it’s sort of, that’s pivotal that the interests of the patients come first. But then you’ve got this right to refuse supply of this, which is not putting the patient first, which sort of jars with everything else really. I’ve never thought about it this deeply I guess, which is bad.

I Well I think it’s, because other pharmacists I’ve interviewed, I think it’s because it doesn’t seem to be on the agenda with training or your advanced, you know, you’re prescribing [course] now because other people have been on a prescribing course. So I think it’s normal that people aren’t thinking about it if they don’t sort of have a view on it.

P Are you speaking to other people who do object to it?

I Yeah we will recruit some objectors. Yeah. Yeah.

P You’re going to have to do that. You’d have to find some yeah.

I Yeah. Yeah. And some people might not object, but they may have quite broad parameters as to what they think is contributing to abortion. There was a case, I don’t know if you know, it was two midwives in Glasgow and they took it to the Supreme Court. I mean it eventually got overturned, but they’d said things like taking phone calls to arrange the medical termination of pregnancy was actively contributing to abortion. What would you think about something like that? If somebody phoned…

P I guess it does, but to just impede someone whenever you possibly can, is not being professional. I think that if they need to access the service then. Yeah I guess it does, I guess every step, even signposting is contributing to it.

I Yeah. Yeah.

P But I think like. Bill Clinton said that abortion should be cheap, legal and rare.

I Mmm.

P And obviously, cheap and legal addresses…Like access to it.

I Yeah. Yeah.

P Whereas rare, goes to like a fundamental, societal thing about educating people as to the importance of contraception and family planning

I Yeah, Yeah.

P But regarding it being cheap and legal, I think he’s addressing access to it, and yeah I think obviously I’ve made it clear that I facilitate people’s access to it. But I understand what you’re asking there regarding is referring someone taking part. I think it is yeah. But it’s a positive intervention, if you can refer someone.

I Yeah. Yeah. Because they also said things like providing a handover from sort of one member of staff to another about somebody who was having it. I mean these are obviously later abortions, do you know what I mean. I mean how would you feel about that? What do you think about that?

P Again, I mean patient care is pivotal and a full handover, is part of that.

I Yeah.

P I guess it is sort of facilitating abortion as well really, but I don’t see how you could object to sort of doing a proper handover really. It’s patient care.

I Yeah. Yeah. So you’re saying that would be part of your role?

P Yeah.

I Yeah.

P Did they refuse any sort of…

I Yeah, these are the things that they said. They also said, responding to a nurse call system, or an emergency buzzer from somebody who was…

P It’s amazing. I wasn’t aware of it, but…

I Yeah. Ensuring that the family are provided with appropriate support, so the wider circle. I mean what happened was, eventually the court overturned it and actually said it was only hands on that could be constituting as contributing to abortion. But, what happens now is, that was an individual case and each time this happens an individual case is having to go to court you know, to sort of decide what the parameters are. And are they very narrow, as in it is only very physical hands on? Or are they wider, as you’ve said you know, taking a phone call, signposting? I suppose that is facilitating.

P Yeah. Yeah it is isn’t it really? I see why the court wouldn’t really want it framed like that because it gives people a hell of a lot of scope to sort of impede timely access to medicines.

I Mmm. That’s a really interesting comment you’ve made. Yes, because on the back of that would you say that sort of employers would not want it to be as…

P I know. It’s where do you draw a line there I guess. I would presume that’s why the court has said it’s hands on.

I Mmm.

P Or you don’t take any sort of responsibility, but I think fundamentally, you have got some responsibility.

I Mmm. Yeah.

P Whether you’re hands on or not. Erm, yeah. I’d never thought about it that deeply but…

I Yeah. And this is sort of what we’re trying to find out, what do you think the parameters are if you know you sort of were faced with it. Have you ever worked anywhere where they’ve asked you explicitly whether you are an objector and whether you know people…

P No I’ve never had that.

I Now that’s interesting.

P No I’ve never had that. I’ve worked for [name of pharmacy]. I’ve done locum shifts for [supermarket name] and [name of pharmacy] and, I guess they’d be a fear of like litigation if they were asking questions which could be construed as enquiring as to your faith.

I Mmm, yeah. That’s an interesting point. But also it’s interesting that, say you were a stand-alone and they’ve not asked you, you could be in a position where you know you’re not able to provide care.

P Yeah. Yeah.

I I mean the clause says, to the abortion act, that you would signpost. You know, you would make sure that the person goes somewhere else. But I think in your role, with emergency contraception as you’ve said, it’s time critical isn’t it?

P Yeah. And often people are running out of work.

I Right.

P To come and get it done.

I Yeah.

P And so signposting them then, I question sort of, the value of it.

I Yeah.

P If people say, “Oh I’ll go after work”. You know anything could happen in that six hours, and they don’t get to go. And yeah I’m against, I’m just massively against sort of refusal of supply.

I Yeah. Yeah.

P Yeah.

I Ok. Have you always felt like that, or have you changed, because how long have you been a pharmacist?

P About [number of years] I think.

I Oh ok. So it’s been quite a while. Yeah.

P Yeah.

I Have you always felt like that? Is it something that’s always been conscious to you?

P I’ve always felt like that. Yeah.

I Even without personal experience?

P Yeah.

I Yeah.

P Erm. Yeah. That’s pragmatic, I feel it’s…like liberal and pragmatic and a lot of my viewpoints regarding ethical dilemmas come down to like what’s in the patient’s best interest and what’s sort of pragmatic, and right for them.

I Yeah. And would you say then it’s sort of a conflict then for people who maybe are a pharmacist and they’ve got beliefs? They’re not always religious belief’s, but I think we put it down to religious beliefs quite often don’t we?

P Yeah. Mmm.

I There was some research done and a lot of the beliefs were things like, well it’s the law so we should be able to invoke it, and practically people who were against it said, well you know it’s the delay and issues like that. It wasn’t always due to religion. Would you say it’s a conflict? Yeah, it’s a problem, would you say? Or it needn’t be a problem? I’m sort of giving you two…

P It’s a major problem. I can foresee how it would be a major problem to a girl who needs it.

I Yeah.

P Or who wants it.

I Yeah.

P In certain circumstances, it would be, immoral to refuse it.

I Mmm.

P Obviously if you’re talking about the centre of [city name] on a Saturday afternoon, then they’re going to be able to get it somewhere pretty close, but I can envisage circumstances whereby it’s a major problem.

I Yeah. Yeah. And is that just because of location?

P Yeah. Or someone goes to a late night pharmacy.

I Ok.

P So they’ll be one in the area that’s open later then the rest, for access to whatever. End of life meds and all that.

I Yeah.

P If that’s the last place you can go and you’ve got someone who’s going to object, I can see why that shouldn’t be allowed really. So I guess there should be some sort of…provision in place.

I Yeah. And that’s a really good scenario you’ve given there I’ve got to say. You said you’ve got some personal experience, but before that what do you think’s helped form your views of being liberal and, in relation to…

P I don’t know. I was raised Catholic.

I Mmm.

P Erm. I had to go church all the time, so I hate having to go to church because it’s boring…But then, I guess I’ve been raised in a sort of liberal environment as well really.

I Mmm.

P Yeah and then…Having relied on services like that myself it’s like…

I Yeah. It’s sort of, added on then has it?

P Yeah. Yeah it has. Yeah.

I Did you say you’d heard of a pharmacist who objected?

P I’ve heard of it.

I Mmm. And what have people said do you know?

P Well the places I’m working…I guess…the people who I’ve worked with, have not agreed with it

I Yeah.

P And I’m putting that down to the places that I’m working in but could be down to anything.

I Right. Yeah. So you’re not totally sure what’s behind there.

P No. No. I’m stuck on this concept of it’s on religious grounds.

I Yeah.

P And I’ve only done a few shifts in places where there’s people with those views, as a significant proportion of the population.

I Yeah.

P It’s hard to word things really without sounding. And I’m sure there are people of certain faiths who don’t object.

I Oh yeah, yeah. There will be won’t there. Well you’re one of them really aren’t you if you think about it?

P Well yeah, I suppose but I’m not like practising. I’m not like a good catholic.

I Yeah. Yeah. Has there been any conflict between you maybe and people who’ve made their views?

P It’s never been, stood in front of someone who’s got opposing views like that.

I Ok.

P That’s never happened. Erm. That’s never happened.

I Mmm.

P It’s very rare that I work with people who aren’t a lot like me.

I Yeah. Ok. Right.

P I guess.

I And do you think that’s because of the service that you provide you need to have your views?

P [Pause]. No. No I don’t because a large part of my cohort studying pharmacy were of faith.

I Right ok.

P So it can’t be.

I Yeah. But they weren’t objectors though?

P I don’t know if they were or not.

I Right because it wasn’t brought up was it?

P Yeah.

I Yeah. Yeah. That’s interesting. Do you mean there was a lot of Muslim?

P Yeah.

I Yeah. Yeah.

P It was primed for a sort of discussion on it, I guess. A great sort of environment and set up, but it wasn’t really.

I Do you think it was avoided by them?

P Yeah I do now I’m thinking about it. It must’ve been avoided, because it was perfect for it [a discussion].

I Yeah.

P And I had friends, who I would expect would object, but we never talked about it.

I Oh.

P We should have really, I suppose.

I Yeah. I mean it is really interesting isn’t it? I mean the other pharmacist’s are in exactly the same position. She said it just wasn’t dealt with. But in her advanced course, they are looking at case studies and one of them has brought this subject up, which I think is interesting don’t you?

P Definitely yeah.

I Yeah. And, you worked at [name of pharmacy] didn’t you?

P Erm. [Name of area Pharmacy is located].

I Oh right, was it [name of area Pharmacy is located]. Yeah. Because that’s quite a different environment isn’t it?

P Yeah.

I There was never any sort of discussions there, in a different environment to what you’re on normally?

P No. No. It’s a male prison.

I Oh right, [prison name]. Right ok, I thought you said somewhere else.

I And yeah, it was a strange environment. It was really like process driven. There was no patient interaction.

I Ok.

P There was nothing that could come up really whereby you would have some sort of. I guess depo injections of anti-psychotics, was the only sort of prickly, ethical subject that would come up. Yeah.

I I suppose you could work there if you’re an objector then.

P Yeah. Yeah. Quite easily.

I Can you think of environments, sort of pharmacy wise, where people who are objectors could place themselves where they didn’t offer emergency contraception, easily?

P So in specialists services that don’t do it.

I Ok.

P Erm. I guess in hospital pharmacy where you could just get a colleague to do it.

I Yeah. Yeah. There was a case where a pharmacist just wasn’t, is it counter signing or second signing the…It was a form that they needed to sign?

P Oh right.

I They didn’t say anything, but they just weren’t signing them. And they piled up I think.

P So, but did the patient receive it?

I I think it was delayed. It was being delayed. What do you think about…

P I would have little qualms signing them, forms.

I Mmm.

P Procedurally, and I think legally you won’t be allowed to but I would sign a hundred of them, in sort of principle.

I Yeah.

P To get it through.

I Yeah.

P Erm.

I And that’s because you are thinking about patient’s best interests. Yeah.

P Yeah.

I Yeah.

P Yeah. But it can’t be like that because you’ve got to have the consultation with the patient. So I guess that’s a little back door way of sort of. I don’t see the point in doing that. It’s like a way out of saying, “Ah I object”, you know.

I Yeah. Yeah, because it wasn’t verbalised.

P Yeah.

I But then they realised, it wasn’t just one pharmacist it was a team, they realised that actually that was the reason underpinning it. But then that sort of leads me on to, do you think if you were an objector and you made it obvious say to the place where you’re working now, do you think that would be viewed negatively? Because I’m just wondering why that person, that pharmacist did not.

P I know yeah.

I I mean it’s a personal thing. You don’t have to say it but…

P Yeah.

I I’m thinking jobwise.

P I mean you have to say that you do certain things, to get shifts in [supermarket name] for instance.

I Oh do you?

P You’ve got to say you can NUR’s, you can do the new medicine service.

I Right.

P You don’t have to say that you will provide EHC and I guess you should. I would.

I That’s really interesting.

P Yeah.

I That’s been missed off.

P Yeah.

I Well not missed off but. And maybe that’s because of the clause, you know you can conscientiously object but I wonder whether. I’m just wondering, trying to make sense of that.

P I think NUS and NUR’s are just a revenue stream.

I Right ok.

P And they’re abused.

I Do you. Yeah.

P Whereas I don’t think they’re allowed to sort of, or they would want to be seen to put EHC in that bracket. And it’s not just an advertised. Well I guess it is an advertised service yeah. It’s just a different type of service isn’t it?...Yeah I think you should have to do it. Basically, that’s where I’m at.

I To fulfil your role?

P Yeah.

I Yeah. And to have the patient’s interests?

P Yeah.

I Yeah. Erm. Talking about what constitutes participation again, so we’ll go back to that.

P Yeah.

I So before you said anything that might sort of facilitate, and this isn’t you saying you’d do this. So it could be taking a phone call, giving leaflet, signposting, you would classify that as actively…

P Yeah I would. It’s hard to not.

I And what makes you think that, that’s actively, I suppose it’s the word contributing to it.

P If you’re looking at it as like a process.

I Yeah. Ok yeah.

P A process of a patient gaining the access. If you are one of them steps, if saying to someone, “You need to go to the pharmacy down the road.” Then you’ve facilitated that.

I Mmm. Yeah.

P So to conscientiously object, but tell someone where they can go and get it…It’s weird.

I Yeah. Do you think it’s hypercritical?

P I don’t know. It’s cowardly.

I Yeah. I suppose when you look at it like that. Yeah, because they’re both. If we were looking at the broader view of contributing they are, you say facilitating it but also, objecting.

P Yeah. It’s a weird, weird cop out. I guess it would be more interesting to speak to someone who does that.

I Yeah.

P And ask them what they think about signposting, which they have to do.

I Yeah.

P I guess the question there would be, do you think you should be able to conscientiously object to signposting?

I Yes. Yeah.

P But I mean, yeah it’s weird to say, “Ah yeah, you can go and get it there”.

I Yeah.

P “But I’m not giving it to you”. It’s not really a proper impediment.

I Yeah. Say someone was constantly coming to you for emergency contraception, and you know we know cases where they get it and take it on holiday. Say you knew a person was using it constantly, would you ever feel you could object to that?

P Yeah. Yeah. Definitely, because it’s not a form of contraception, like that. And then you’ve got to ask people, or I guess you’ve got to ask yourself before you bring it up to the patient. They’re engaging in risky behaviour. Basically yeah. If you were thinking with the patient’s best interests, you would want to address the fact that they may be behaving, or engaging in risky behaviours.

I Yeah. So some sort of educating are you saying there?

P Yeah absolutely.

I Yeah.

P Yeah.

I Mmm. So, that’s less of a belief isn’t it then. What would you say would make you think that? Are you’re saying you’d not, not give it but you’d want to talk to them.

P [Pause]. You know say, say it was three times in three weeks.

I Yeah.

P But the thing is as a locum, you’re in different shops so you wouldn’t really see that. But if you were in the one shop and you saw it, I would say three times in whatever. I think if you can remember giving it to them more than once, then it would be in their best interests to have a conversation around how they’re in that spot, repeatedly.

I Yeah. Yeah.

P And then give them advice regarding sort of like, risk reduction.

I Mmm. Yeah. Yeah.

P There is circumstances where…You know, you might want to get other people involved.

I Ok.

P Authorities or whatever.

I Yeah.

P It’s the same if you’re selling Canesten, for vaginal thrush to someone repeatedly. It can be a sign of like domestic abuse. So in the same way that you would bring up. That wouldn’t be easy to do, but if you’re selling it all of time, they’re not diabetic. Even if they’re diabetic it would be a sign that it’s maybe poorly controlled.

I Yeah. Yeah.

P So you could have a conversation regarding that. It can be a sign of like domestic abuse.

I Yeah.

P There would have to be a point where you’d bring it up as a sort of. It’s a warning sign and you’ve got to discuss it.

I Yeah.

P So if someone was repeatedly coming in for the morning after pill, you’ve got to be thinking they’re engaging in risky behaviours like whatever, drinking excessively, or whatever.

I Yeah. Ok. So you’re looking at the bigger picture?

P Yeah.

I Yeah. Yeah.

P But I wouldn’t necessarily refuse the supply.

I No. No. Would you say then in that context, I mean you still sound like the patient is your priority, but there’s a lot more going on there would you say?

P Yeah.

I Maybe trying to look at the context?

P I mean you’re always looking at the context because every patient is individual.

I Yeah.

P But…Yeah. You’ve got to be mindful of other things that could impact upon why someone’s seeking EHC.

I Yeah. Yeah.

P And obviously if there’s red flags then you’d have to discuss them. Like I say though, I wouldn’t necessarily refuse the supply.

I No. No.

P If someone can answer your concerns, you’ve got to sort of leave it in a way.

I Yeah. Yeah. Well you have to believe them don’t you?

P Yeah that’s it. You’ve got to believe them yeah.

I Is there any circumstances where you think you would really wouldn’t administer it?

P Yeah. So if they’re with a boyfriend or a bloke and there’s a weird dynamic, or he won’t let her go into the consultation room alone. Then that’s your get out there.

I Yeah. Yeah.

P You say I can’t.

I Oh ok. Yeah.

P So I’ve refused it to men who come in and go, “Ah my bird needs it”.

I Oh do you?

P We’re not allowed to give it to men. We’ve got to have a consultation, with the girl or the woman. And if they come in together, you know do you know what I mean?

I Yeah. Yeah.

P If there’s like an easy dynamic between them or whatever.

I Yeah. So you’re looking for that?

P Yeah I would always look for that.

I Yeah. And that then is not religiously underpinned or belief. What underpins that then do you think?

P It’s like a wider protection of the woman really, to make sure she’s not in an abusive relationship, or whatever.

I Yeah. So it’s still very pro-patient isn’t it?

P Yeah.

I Because you’re sort of trying to protect her are you? Or at least, find out why it’s occurring?

P Yeah.

I Or if she’s coming in that you’re concerned about?

P Yeah. Or if it’s different people. It’s never come up. It’s never happened but I’ve read somewhere, about warnings, about like red flags, at some point I don’t know when but…

I Yeah. Yeah. But that in a way, you’re not conscientiously objecting there though are you?

P No. I mean if it was apparent or they said something, then I would phone the police. And then I would not give it.

I Yeah. Yeah.

P I don’t know whether I should or not then. So I would probably not give it.

I Yeah.

P I guess it would depend how long you had left to make the decision.

I Of course yeah, because in your role again it’s that time critical isn’t it, which is very difficult…

P If they’re coming in the hundredth and nineteenth hour…But it’s the fifth time in two months, in a month, in a week. I mean yeah, I guess there is guidelines about you shouldn’t [give it to them] twice in a month you’ve got to refer people, or more than twice in a month.

I Yeah.

P They’re pretty safe. I’d always air on the side of giving it.

I Yeah. Yeah. Ok. Because that’s an interesting area isn’t it? And the research that showed conscientious objection isn’t always religiously underpinned, there are other reasons. But I’m just sort of thinking that isn’t you conscientiously objecting. Is that about conscience or is that more about you trying to understand the background to what’s happening with that woman?

P Yeah. Yeah and sort of not missing an opportunity to…either discuss risk reduction. Or not missing an opportunity to spot when someone’s in like a bad domestic situation.

I Yeah. Yeah. Ok.

P I don’t even know to be honest if you can phone the police, without asking someone.

I Yeah. Yeah. But I suppose this is opening up a lot of, sort of conversations around it isn’t it?

P Yeah. Yeah.

I That, you know I’m sort of surprised just don’t happen in your training I suppose.

P I know it is bizarre now, thinking about it.

I Yeah. How long through your, is it non-medical prescribing you’re doing, yeah.

P Yeah. Two weeks to go.

I Oh two weeks to go and it’s not been mentioned?

P Yeah.

I Ok. Where are you doing that?

P [Name of university].

I Oh right yeah.

P Like I say, there’s physio’s on there who are going to be giving out ibuprofen, if anything else.

I Yeah. Yeah. So it’s very varied isn’t it then?

P Yeah.

I Yeah. That’s very wide isn’t it?

P Yeah.

I But I think your pharmacist’s training that’s where I sort of am surprised that wasn’t mentioned, you know when you were at Uni and did it.

P Very much focussed around the Fraser guidelines.

I So about competence really?

P Yeah. Yeah.

I It’s interesting isn’t it.

P And then I believe, when I look back, it will of been a multiple choice or a short answer. Nothing really to sort of make you develop your own ideas on it.

I Yeah. Yeah. So going back to that, and I think what you said before it’s almost just been sort of brushed over would you say?

P Yeah. Definitely. Definitely.

I Yeah.

P If I was administrating a course, I can see why it would be beneficial to now, dwell on it.

I But how many would you say where in your class in the pharmacist [course]?

P About a hundred and…

I So it’s very likely that there were people in that class…

P Yeah very likely.

I Who were objectors.

P Yeah.

I So, I just can’t get my head around that anyway. So yeah. I mean I think that’s mostly everything from your perspective. The two sort of big questions were you know, what do you think you understand is participation? And I think what you said is actually in a way, anything that facilitates it really.

P Yeah.

I Yeah. Yeah. And also, erm. Yeah, what elements of the process do you think. Well I think you’ve said this anyway, what elements should pharmacists or health professionals be able to should be allowed to refrain from? And I think you’ve sort of said none haven’t you? That you should, in your role, not be conscientiously objecting.

P Yeah. Yeah definitely I think.

I Yeah. And again that’s sort of because the patient comes first yeah.

P Yeah. And the patient is not like the tiny blastocyst of twelve cells, do you know what I mean?

I Yeah. Yeah.

P But I think abortions are a great idea. And like a great procedure and it empowers people to make the decision when the time is right and all that. But I just hope you don’t get loads of like, real lefties you know?

I In this?

P Yeah.

I Oh no. We won’t.

P If I knew of someone whose opinion would vary markedly I would definitely put you onto them but…

I Yeah. Maybe though you don’t know anyone because you’ve not had the conversations, do you know what I mean?

P I know yeah.

I And I think they are difficult conversations. Especially maybe if you’re moving from place to place, you can’t just turn up and start. I mean you could ask what procedures I suppose, I don’t know. But I think it is. Yeah. I don’t think it’s an easy conversation for anybody do you?

P No it’s not really.

I Mmm. Ok.

P Yeah.

I Is there anything else you want to add?

P No [name of interviewer] Really, really interesting to sort of, think about it myself.

I Fantastic. Yeah.

**Interview time: 45mins 6 secs**

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