I So you were just telling me about that guardian, when the person sort of didn’t give the person contraception, what were you saying? You can only refuse it…

P We can refuse it. If a pharmacist morally doesn’t want to supply it, ethically doesn’t want to supply it, that’s absolutely fine but they need to have in place somewhere where they can go. They need to be able to signpost them to say, yeah I won’t give it you but you can go here, this place is open. And they’re meant to actually provide, well not provide but advise them on where they can go.

I Right.

P At that particular time or within the time scale that they’re meant to sort of get it within.

I Yeah because that’s the issue it’s time critical isn’t it, with the emergency contraception?

P Yeah.

I And in relation to that we’re looking at what do you think actually constitutes conscientious objection? So, do you think actually signposting somebody to the services would be your involvement in abortion? Sort of, where do you draw the line?

P Personally no because I’ve got no objection to it.

I Yeah.

P But, being a pharmacist that is actually what you’re expected to do.

I Yeah.

P You’re not expected to provide it if you really, really don’t want to but you are expected to allow it to continue [inaudible]. If that’s makes sense?

I Right yeah.

P You can’t just say no, that’s it, go away. You’re not allowed to do that. Because you can’t refuse it, it’s like refusing to dispense a prescription to someone. You just can’t do that.

I Yeah. And in your experience you know in relation to that, have you sort of been in situations where you’ve seen people refuse or conscientiously object?

P Personally no. I’ve never worked with a pharmacist. Well I know there has been pharmacists within the company that I work in who don’t, but I’ve never actually experienced it first-hand. No.

I Right.

P Because I would do it anyway if that was the case. I would be the pharmacist that would do it.

I Yes. So they would just defer to you would they?

P Yes.

I And what would happen with those people who do object? Sort of, what’s in place there that you’ve heard of?

P What for the patients?

I Yeah.

P We have a list in the chemist, we have a list of other pharmacy’s who actually can provide it. Every pharmacy can provide it now anyway but most, well a lot of pharmacies, especially where I work in [name of area works in], we actually provide it free of charge because it can be quite expensive.

I Oh I see.

P So it can be up to like thirty pound for the yellow one, or twenty five pound for the Levenoelle progesterone one.

I Oh I didn’t know that.

P It can be quite expensive if you’re buying it over the counter.

I Yeah.

P Erm. But we know it. We have a list of other pharmacies which do provide it free of charge like we do. So we would say, look you can’t get it from us either it’s unavailable. I mean it’s not, we do always make sure we have it in stock. But say for instance we’ve had a massive run and we’ve run out, they can either come back the next day if it’s time permitting or we can say you can go to this branch and you know you’ll phone ahead and say I’m sending someone over for the pill or whatever. Or failing that, it would be like an out of hours walk in centre or somewhere like that.

I Ok. Have you ever worked anywhere where they ask you whether you’re an objector? Whether you have to give that information in?

P They would. If that pharmacy provided it, before they even booked a locum. So say for instance I was going to do a locum for a random pharmacy somewhere and that pharmacy was definitely a provider for free oral hormonal contraception, if that was a provision that they offered they would obviously want, prefer the pharmacists that they employ have got the qualification to be able to supply it free of charge. So yes they would ask for that. And if not, obviously if you say no I haven’t got that qualification, they would say but are you willing to sell it. So you would be asked, if it was a provision that they actually [provide it]. Because not all pharmacies would advertise that they are, you know a provider of it, but if they do specifically advise it then yes, the pharmacist that they put in place really should be able to provide that service.

I Yeah. And, sort of in relation to objection, I don’t know if you heard but there was a case a few years ago of two midwives on the delivery unit and they said sort of active participation began with phone calls, you know receiving a phone call from a woman. They talked about covering breaks, if they had to actively care for the woman, so that would be participation. Obviously that’s different from directly you know hands on. Where would you say it starts in relation to conscientious [objection]? I know it’s different because you don’t object. I mean other people have said yeah, even the signposting is sort of contributing.

P Yeah, I could sort of see where that. I could actually see that point of view. I could.

I Mmm.

P But I think as a health professional that’s not your position to actually be that objective.

I Yeah. Yeah.

P I do honestly feel that.

I Yeah. So would you sort of be saying that the patient’s rights are…

P Yeah. Uh-hum.

I Yeah. And do you think that somebody can work as a pharmacist and object?

P Well you can. Because I mean it is a thing, do you know what I mean? People do actually object and that is actually you know, some people’s personal points of views.

I Yeah.

P Yes you can but I think really it should limit you in where you work basically. I don’t think you should be in a position where you are free to refuse people medication, purely because of your own grounds and your own beliefs. I don’t think that should be right.

I Yeah. And do you know, this is probably ages ago [name of Pharmacist], but when you did training or any courses you’ve been on, is it ever been brought up?

P Yes.

I Oh has it?

P Yeah. Yeah.

I And how have they discussed it?

P More or less just what I’ve said. I mean you wouldn’t be on the training anyway. I mean you wouldn’t specifically go for that kind of training.

I Yeah. Of course.

P But obviously they do bring it up and they do say you know if you’re not there on a particular day and a pharmacist has been put in place who objects, we need to then have for that pharmacist to be able to pass the information on of where to go. So that’s sort of what they would do but, I mean in an ideal world you just wouldn’t have someone in a shop that [objects]. In a shop advising.

I Giving those services. Especially on their own yeah. Would you say your views have always been the same, that they haven’t changed, because how long have you been a pharmacist?

P [Number of years] years.

I Yeah, so you’ve been a long time. Have they changed at all as you’ve sort of progressed in your career?

P Probably from. The older that I’ve got, the more willing I would be to provide it to a younger person than when, sort of going back 15 years ago. Definitely.

I And why do you think that is?

P I think that’s more confidence though to be fair.

I Oh do you.

P Mmm.

I Yeah. Ok. And it has changed quite radically really hasn’t it?

P Yeah. Yeah.

I And I mean part of the reason we are doing the research, because obviously it’s changed, more and more pharmacists, nurses, midwives are actually being involved. Whereas before you know it was a surgical procedure, it was sort of…

P Um-hum.

I Yeah. So do you envisage that having any issues in relation to pharmacist’s do you think, the fact that you are becoming more actively involved?

P I think we should be. Because first line obviously is always the morning after pill. And yeah it’s not a hundred percent effective, but it would prevent a lot of unwanted pregnancies.

I Yeah. Yeah.

P So I do. I think, really it should. Every pharmacy should be able to give it out free of charge. Obviously if a pharmacist, in my view, if a pharmacist is able to sell it they’re able to provide it under a PGD.

I Yes. Yeah.

P I think for something like this. There are certain items which yeah, you do need specific training like to give flu jabs and things like that, but if you’re going to provide the tablet anyway, whether you take the payment or get them to sign a piece of paper to give it free. I mean technically, what’s the difference in skills? It’s like…

I Yeah.

P So I think every pharmacy should provide it because I think, if there’s. I mean I only work in [area name], but I think there’s a lot more pharmacies in [area name] that give it free of charge than say in [city name] and [area name] and…well yeah. Them two definitely yeah.

I Oh do they. And why do you think that is?

P The training in [area name] [inaudible].

I Oh is it?

P Mmm.

I Right ok. Yeah. And in relation to that would you think that people would avoid. See because what we’re trying to unpick is can pharmacists still work in any environment virtually, and be an objector. Can the two go together and provide a service?

P What do you mean, still provide it?

I Yeah.

P It all depends on what you actually class as an abortion I suppose. I mean some people don’t class the morning after pill as abortion, where some people do. And it’s one of them, it’s a grey area I think. Personally I don’t feel it’s abortion.

I Yeah. Why’s that?

P Well because of the way the tablet works, it can actually delay ovulation. So if that’s the case. And if you’ve already ovulated that egg can already be fertilised. So yeah, you’ve got a fertilised egg. Some people say right, anything that happens to that fertilised egg after that would be classed as an abortion. But if that egg just doesn’t implant, which it might not do naturally anyway and passes straight out, then is that an abortion? Personally I don’t think it is, because a tablet can interfere with that you see as well you see. It tends to be with its implantation. So personally speaking, I don’t class that as an abortion.

I Yeah. So in a way there could be objectors working in a pharmacy, but actually the stage at which they agree it’s an active, you know an abortion, could affect sort of whether they’re going to give it out or not I suppose. Yeah.

P Yeah.

I I mean I think you’re right, it is a really grey area. I’ve only just started to read about this myself, you know in relation to pharmacy. But yeah, it’s quite complicated isn’t it.

P I think if anyone in pharmacy is going to object, I think they’re the kind of people who would say that yeah you know, a pregnancy is from like the absolute minute of you know fertilisation. Obviously because it’s such a short time span, you know one day to five days. It’s one of them, it’s well…If they’re going to object that’s obviously what they believe in.

I Yeah. Because we have heard of cases of a pharmacist just not signing the forms and just leaving them and leaving them to mount up.

P Oh right.

I And also there have been cases of pharmacist’s giving misleading information.

P Oh really?

I Because they don’t want to signpost as such.

P Yeah.

I I mean, what do you think about that?

P That is, goes against actually what your ethical sort of involvement is really. You shouldn’t do that at all.

I Yeah.

P Um-hum.

I And you know in relation to the time issue, because there’s also a pharmacist who discussed it literally being at the eleventh hour and knowing that a pharmacist had referred somebody else on, and they really probably weren’t going to making it in that time. I mean what do you think of that?

P It’s again. I mean really, they shouldn’t probably be working in a place where that’s the case. They should actually be somewhere where they can it and pharmacies should be a place where you can get it. End of. I mean even if, even if you sort of, but it’s not. The pharmacist has to be involved personally in the sale, and in the supply of it. So you couldn’t really even have another member of staff go through the form and go through everything, and the pharmacist just to sign it off at the end. You can’t even do that. So in some ways you could say well the pharmacist isn’t really supplying it, they’re just on the premises at the time but, you can’t even sort of do that.

I Yeah. They’re responsible for it.

P If you could do that, that might actually [work]. Some people might sort of go, oh well ok, I’ll accept that. I’m not giving it myself, somebody else is but I’m just overseeing the sale. Whether or not someone would agree to that I don’t know. But at the moment that wouldn’t be allowed.

I Is that sort of part of your policies and rules?

P Yeah. The pharmacist has to do it themselves.

I Yeah. Right. Ok. And have you ever been in a situation where you know somebody does that? Sort of, would oversee it?

P No. No.

I No. No. I could imagine that doesn’t really happen does it?

P No.

I So going back to sort of participation. I mean obviously I’m talking from a midwifery perspective here but, if you thought of it from those two midwives who were saying anything really that facilitated or contributed to an abortion was classed as active participation, that’s what they objected to. Where would you sort of draw the line on that? I’m probably asking you to think about something that you’ve not thought of before.

P What do you mean?

I Say you were an objector and somebody phoned up for information, do you think if you gave them information that would be contributing to abortion?

P Oh I see what you mean.

I Yeah.

P [Sighs.] It’s hard to answer because I’m not an objector. I suppose if I was really that strong in my belief then yes. I mean if you put it against something I would think is completely immoral. If someone was to ring me to ask how do you go about abusing a child, I wouldn’t give them any information or you can look on the internet, do you know I mean? I wouldn’t provide them information. And if someone felt as strongly against abortion as that, then yes absolutely, they probably would say that it was participation. It all depends on how strong your beliefs are I would imagine.

I Yes. That’s a really interesting point because people object but we don’t know how strongly they object I suppose do we and where they draw the line. Because this case with the midwives, they won every case and in the end it was over turned, and they basically said unless you physically participate, so hands on active, it isn’t leading to abortion. So you’ve got to do all the other things. I think in your position though it’s really different isn’t it because, the physical bit would be handing it over, but you have to do all before don’t you.

P Mmm. Yes.

I Sort of the counselling and the information giving.

P Yeah.

I Yeah. I think it is different. In relation to sort of changing your views yeah. When you sort of did your training was there anything at the beginning that came up in relation to conscientious objection, would you say all those years ago?

P Erm. It was always just part of it.

I Oh was it?

P Yeah. It was always just erm, you know…I’m trying to think now. That would actually be going back to University because obviously specific training to provide EHC, you chose to go on that. You book yourself on the course, so obviously you’re not going to do that if you’re not willing to provide it. Erm. But yeah. I think at University they did talk about it on you know moral grounds, but I think it was skirted upon, some pharmacists might object. You know it’s your own, you know you’re meant to use your own professional judgment kind of thing so if you don’t you need to be able to [refer on]. Even back 20 years ago they would say you would have to signpost somebody on to tell them where they could get it. It wasn’t really drummed into us. It wasn’t something that was made a big deal of. I think even now it’s not really to be honest with you. I think if you go to do the training they will mention you know, if you’re not there and there’s going to be somebody in your place you know, make sure you get someone who’s willing to provide it or you know willing to signpost people on. But it’s not. I don’t think it’s a massive, massive issue. Not in my own personal experience. I don’t know a lot of pharmacists who won’t, but I know there are some. Definitely yeah.

I Yeah. The other pharmacist’s I’ve interviewed have said they don’t know whether it. Because they’re not as experienced as you. They don’t know whether it’s, because it’s not mentioned at all they said. They don’t know whether it’s being sort of just, not neglected but just not discussed.

P Yeah. Yeah. I think so. I think possibly it all depends upon the lecturers who are actually teaching it as well. If they’re not a massive objector then they wouldn’t see it to be a problem.

I Yes that’s true actually.

P But I went to a university where there would be a lot of high Asian community, so they would actually of maybe of been more objectors there. So maybe it was maybe pushed a little bit more or mentioned anyway at least.

I Yes, because there may be more issues there. Yeah. More objectors possibly.

P Yeah.

I Yeah. And have you worked with anyone with a background, a Muslim background who’s, haven’t objected?

P Oh yeah. Yeah. Absolutely yeah. But I know the people who are [objectors], are generally Muslims.

I Yeah. Yeah. It’s interesting because a lot of the research really shows that people object because on religious grounds.

P I’ve only known it to be religious grounds.

I I was going to ask you that. Yeah. Because they did a piece of research across loads of countries across Europe, and actually that was sort of halfway down the list. Lots of things were people sort of saying well you’ve got a legal right to object, so you should object.

P Mmm.

I Or if they were against conscientious objection, they were saying well practically because of delay and if there’s an emergency you shouldn’t be able to object.

P Yeah.

I And then sort of religious grounds came a lot lower but your experience is, it’s usually religious grounds yeah.

P Yeah. Definitely yeah.

I And I think that’s what we’re hearing really.

P Mmm.

I In relation to I suppose you know giving out emergency contraception, there are instances where you would be on your own at weekend aren’t there?

P Um-hum.

I Yeah. I mean and that’s where we’ve sort of heard of people giving misleading information or, I suppose because they’re just on their own but, they haven’t obviously disclosed that they’re an objector. You haven’t worked anywhere where they wouldn’t double check that?

P I think [sighs]. Yeah, no I haven’t but, I know there are pharmacists within. Because where I work there are seven altogether. Seven pharmacies.

I Ok.

P Not all of us are actually qualified to give it out free of charge. So when there is another pharmacist in one of the other branches, it’s one of them because it is, they all know. I work in [name of area] where there is three of us, and more or less all the time two out of them three at least will be able to give it free of charge. And we’re not that far away from each other. So you could say go to [name of road] Lane or go to [name of road] or wherever. It’s one of them where the majority of the pharmacists who work there permanently do provide it free but obviously when they’ve had to get an outside locum in, and if they actually just can’t do it free of charge or they refuse, they would be sent to one of the other branches. And the staff would know where to go and who was on, and what pharmacist in what branch could do it.

I Yeah. So you’ve got like quite an organised system there haven’t you?

P We have yeah. We have.

I Would you say that’s put in place because in case someone can object or was that not the reason?

P It’s more because it’s a group of businesses. So for whatever reason, obviously if you couldn’t do it in one, you would automatically say well. It’s just like if an item was out of stock, we would say we’ll get it sent down from the other branch or if you want you can go, and you’d phone up and say keep this for Mr’s such and such. It’s the same kind of thing, it would just be an automatic referral. You would just go, well we can’t do it here but you can get it over there.

I Yeah. And are there any drugs that you have to agree to give out? I was thinking like end of life or anything?

P Erm. You can. As pharmacies, you can apply to be palliative care pharmacy. In which case you sort of sign an agreement that you’re going to keep the palliative care, end of life medicines always in stock where you can.

I Yeah.

P You’ll then go on a list of palliative care pharmacies and then you would get. I mean obviously any pharmacy can dispense it, but they tend to prescribe certain medication. And really you don’t want to be having to go back. And especially if something is out of stock or whatever, you need to just be able to give it to the family and to let them go. But we’re not a palliative care pharmacy.

I Right.

P Only because of the difficulty in obtaining the meds. So you’re letting people down really so. But we know where it is. I mean our local one is the local [name of supermarket] in [name of area], so they’d go. We’d lead people to there.

I Yeah. And have you ever heard of any one objecting to giving sort of…

P No. Never.

I Never. No. It’s interesting isn’t it because there is sort of some parallels between the two, and we’re wondering whether you know the guidelines that we produce can help with anyone who objects to giving end of life care as well.

P But no, I’ve never heard anyone refuse that. No.

I Mmm. It is interesting that. And there’s no other drugs that you have to sort of state that you wouldn’t be willing to give out?

P Erm…I don’t think so. I mean, no. I mean you might get some people, which I’ve never heard of, obviously you know with the vaccinations and things like that with the kids. You might get some people who’re refusing.

I Oh yes. Yeah.

P I couldn’t really see a pharmacist though. I think they’re in the wrong job if they’re going to start refusing to inoculate kids like that anymore.

I Yeah. Yeah.

P But yeah. Definitely. I think that is the only one really that you would, sort of have anyone sort of refuse on moral grounds you know.

I Yeah. And would you say then that there could be a conflict between, because it’s come out in other interviews I suppose, that you’ve got your role as a health professional but you’ve also got your own personal beliefs that anyone can have. Would you say that, that can be a conflict in relation to emergency contraception?

P It can be. I think, from what I can remember I think the advice is you try and put your own personal beliefs aside, because it’s not yourself that you’re dealing with, it’s somebody else and it’s their own choice. I think that’s sort of the advice that they try to provide people, but at the same time if you feel too strongly about it, you don’t have to do it but you can. You know you do need to be able to signpost somebody else where they will get it, you can’t just refuse. You are expected. I think if you don’t signpost somebody on, you know to get it and to make sure by like phoning through and stuff like that, to make sure that the pharmacy you are referring them to has got somebody there that can provide it, you’re not fulfilling your contract basically with the NHS.

I Yeah. Yeah. I mean and that’s what’s come out in the other interviews as well, certainly in relation to that. And in relation to sort of the, I’m just thinking about the midwives, I mean just your views on this I suppose. What they said was allocating staff to look after the women who were having terminations, obviously these are later terminations you know.

P Um-hum.

I They talked about if they accompanied the doctors on the ward rounds that, that would be active participation because obviously they were caring for them. Telephone calls, looking after the family and friends of the people. I mean what do you think about those areas? Do you think those would be actively participating?

P I would say yes, they would be. Yes. If you’re looking after somebody who is about to have a termination or has just had one, then yeah I would.

I Mmm. Yeah. And I think, because these two things they say are broad view, which is everything that might lead to it. And then a narrow view, which is what happened here, which was only if you actively undertake it. So would you say that you’re looking at anything that sort of leads to it or facilitates it or?

P No I think in that respect once someone actually goes to get it done, the physical act of having it done. Obviously if you’re going to provide that service then yeah, obviously you are part-taking in it kind of thing. You’re providing that service.

I Yeah.

P Erm. But again, it’s difficult to answer because I’m not against it. So it’s so hard to.

I Yeah. It is really difficult isn’t it?

P Yeah.

I Yeah.

P But at the same time it’s not you yourself, it’s somebody else.

I Yeah.

P So…

I And do you think that sort of in relation, because I’ve interviewed pharmacists and some of them are working on their own and the people they’re working for just don’t ask them ever, about whether they’re an objector and they’re on their own of a weekend providing emergency contraception.

P Ah right.

I Do you think they should be asking?

P Yeah. Yeah I do.

I Yeah.

P If that pharmacy is a provider of it, then definitely yeah. And most pharmacies are. You know what I mean. Obviously I look at it from a different point of view because I provide it free of charge. But basically speaking, every pharmacy is a provider of emergency hormonal contraception because you know, it’s where you get it from basically. It’s where you buy it from.

I Yeah. Yeah. So they should be asking those questions yeah.

P Mmm.

I I mean we’ve recently talked about, do you think there should be a register held?

P Well there more or less is in some. There’s not a national register.

I Yeah.

P Erm. But if you were to phone say the [name of area] CCG and say right where can I get free, you know the morning after pill free, they will provide you with a list of pharmacies where you can get it from free.

I Yeah.

P So there’s a register in that kind of respect.

I Yeah.

P Erm. But I know if you Google it as well, it’ll come up where you can get it. But I don’t think there is like a National one.

I Yeah. Yeah.

P I wouldn’t have the faintest idea if I needed it and I was in [city name]. I would just have to do the, you know, Google it. But I don’t even know if all, across the country will provide it free of charge, I don’t know how it works.

I No.

P Because even within [city name] itself with the three, you know…

I They don’t all do that. No.

P We don’t all have the same rules. I mean I work in [name of area] and [name of area], and they’re different.

I Oh ok.

P It’s different rules for different [areas].

I Right. Yeah. And I was thinking in relation to that there’s probably no guidance. Well I know there’s no National guidance but, have you ever seen any guidance on conscientious objection as a pharmacist or a policy?

P Not a National guidance. No. Absolutely not, no.

I Anything local at all?

P Erm. Only from what I’ve said. As part of the training it’s you know, you’re told what to do if there’s somebody there that’s not going to provide it when you’re not there. But no, there’s nothing.

I So there’s nothing to refer to?

P No. Not really no.

I And also in relation to sort of I suppose a register of providers do you think there should be, I don’t know how practical you think about there being a register of objectors?

 P [Pause.] I think you wouldn’t need a register of objectors though would you? Erm. I imagine the objectors would object to that themselves to be honest with you. But I suppose yeah. If you’re willing to put your name on the list and say yeah I am a provider of it, you know if someone wants to look you up you’re going to be there. If you’re not going to be there you’ve obviously objected so.

I Yeah. I suppose it’s the locums isn’t it? The last minute people they’re sort of.

P Yeah.

I You’re more at risk aren’t you if you use one of them and then.

P I mean I know for a fact if. I wouldn’t be in the job that I’m in, specifically in that branch, if I was an objector.

I Yeah.

P Because we provide it, do you know what I mean? So I wouldn’t be in the company that I work for. I very much doubt that they would employ a pharmacist who objected to supplying it.

I Yeah. Yeah.

P You know, on a regular basis anyway at least.

I Yeah course. Yeah because it just wouldn’t be…

P As an emergency locum then it wouldn’t be so bad, but not as a permanent fitting of the shop. Absolutely no way.

I Yeah. I suppose because twenty or thirty years ago you know when you trained up, beyond that, it wasn’t as much of an issue was it then.

P No.

I I suppose because you weren’t supplying it and you could object. And I think it’s now that things have really, really changed radically, there may be people caught up in that, you know who are in maybe a very small pharmacy or you know have decided to be a locum. They may be being faced with things that they sort of didn’t think they would do when they were training.

P But they would always, in the past. Like you say, yeah now you can sell it, but it’s always been around for prescription only.

I Mmm.

P Yeah.

I So they would still be there yeah.

P So whether or not they’ve refused in the past to dispense a prescription, I suppose they could just say we haven’t got it.

I Yeah. Yeah.

P You know what I mean, you could just lie in that respect.

I Yeah. Yeah. And that might come under this misleading information.

P Exactly yeah.

I We’re just not sure really.

P Mmm. Yeah.

I Yeah. Because there was a study done in Europe and they looked at Italy, England, Portugal, maybe Czech Republic, I can’t remember the fourth one. And whole institutions object. Like say in Italy, they’ll be a whole hospital that’ll object to abortion. So it’s not just individual’s, its whole places. Portugal as well, they found that and they talked about this misleading information. I mean I suppose a pharmacy, you know if there were too many objectors they just wouldn’t be able to supply register-wise would they?

P No.

I They wouldn’t be on that register. And would you say it takes up a large part of your job?

P No. Not particularly no. I mean it’s not enough to be fair. I don’t think enough people actually seek it out really.

I Don’t you?

P No. No I really don’t. Erm. I mean I can go weeks without providing one.

I Oh can you. Mmm.

P And then all of a sudden you might get a run. But yeah, I just don’t think enough people actually know it’s available to be honest with you. Especially young kids don’t know it. They need to make it more known in schools that, you know it is out there and it can. I mean obviously if someone under the age of sixteen come to me, well certainly aged between thirteen and sixteen, you would try to get them to involve the parents. Try to get them to tell, you know to tell them.

I Yeah.

P If there’s absolutely no way and they are adamant there’s absolutely no way, and you think they’re capable, and you think they’re competent and you know that they understand the information that you’re giving them, and they understand that, you know the consequences of what you’re giving them and stuff. Even though I am not an objector I do always tell people that an egg still could get fertilised, you know you could still have a fertilised egg, because that might just put somebody else off when they don’t realise that.

I Of course yeah.

P Some people might automatically think, well if I take it, it just stops me from getting pregnant without thinking well how does it work. Because I mean, the actual ins and outs of how it works is not fully understood anyway. But we just know that yeah, you could still get a fertilised egg but it might work by just making that egg pass outside and it just prevents the implantation of it. So some people might go, ooh I won’t take it then kind of thing. I’ve never encountered anyone, you know who’s said that. If they’ve actually gone to get the morning after pill they do not wanted to get pregnant.

I Yeah. Yeah.

P Erm. I think a lot of women are embarrassed by getting it.

I Yeah.

P Which again, it’s…I mean they are. I always put people at ease. I do because I just make it so I say to the woman, well yeah, it’s just one of those things, kind of thing.

I Mmm.

P But I do think kind of a lot more younger people are thinking it needs to out there in the schools that this service is available and we would not tell your parents if we thought we didn’t have to. If we thought there was any abuse going on or if we thought there was anything untoward then yeah, we would have to contact safe guarding. But if we were perfectly, you know…thinking well this person, this child has had sex with somebody the same age and they don’t want their mum and dad to know and we think that they’re competent, then we would supply it. Still free of charge and without. We would inform the GP, but you wouldn’t inform the parents. No.

I Yeah. Yeah. And if you had somebody who came to you on a number of occasions and was using the morning after pill [as a form of contraceptive pill], would you ever think to sort of refuse it then?

P No.

I No.

P Never, never, never, no. The only thing you would do is you would just reinforce on-going contraception. Trying to you know. Try to make them get another form of oral contraception or get a coil fitted.

I Yeah.

P Yeah. I would never refuse.

I No.

P And as part of our training we’re told never.

I Are you.

P Even if it’s more than once in a cycle. Obviously they’re different. There’s two different morning after pills now. One you can only take once, but the one you can take you know…

I Right.

P I’ve been to training where people have stopped us or said just to hold it on your counter and let people help themselves [inaudiable].

I Really?

P Yes.

I Gosh.

P Mmm.

I We’re thinking about cases where say somebody is almost using terminations as a form of contraception.

P Yeah. Um-hum.

I And you know, that would challenge somebody who wasn’t an objector I suppose wouldn’t it?

P Yeah. Absolutely yeah. I think taking it that far, then absolutely yes.

I Yeah.

P Um-hum.

I And would you say that, that wasn’t? Sort of what would make you feel uneasy about that, would it be like moral or would it be like…

P I think it’s more. I mean it’s dangerous for the person involved surely, you know sort of health risks for the actual woman herself. And also for me that would also flag up lack of competence basically of. Mmm.

I Mmm. Yeah. And would you sort of investigate that? Say somebody was regularly coming to you?

P Yeah. I think that would need to be looked at. I mean obviously a doctor would need to be involved, maybe get like a long acting form of contraception. Obviously you can’t force someone to do that.

I No. No.

P But I think you need to really try and educate someone. If they know enough that they know about how to go about getting an abortion then you know, surely they would understand that you can actually prevent it.

I Yeah. So rather than refuse you would be looking at educating the person and if there was something going on, you know untoward or you know you were unsure about.

P Mmm. Yeah.

I Rather than refusing.

P Mmm.

I Yeah. Ok. Yeah that’s come up with the other pharmacists actually as well. What limits would you put on your colleagues participation in abortion? So say you were working alongside somebody who hadn’t mentioned ever that they’re an objector and then maybe their views had changed, because we do find this. Would you discuss it with them if they suddenly started to object?

 P Yeah I would. Yeah.

I Mmm.

P I would sort of ask why? Obviously on what’s made them change their mind for a start. And is it anything in particular or, obviously have they changed their religion, or you know what is it, what’s. You now, why would somebody automatically change. But yeah, I would definitely discuss that. Yeah.

I Yeah. And you’ve sort of said from your perspective it would be hard for them to work in your environment really wouldn’t it.

P Yeah.

I Yeah. Because do you find sometimes that if you need to administer it, are you ever on your own?

P Not in a pharmacy no.

I No.

P You would never have just a pharmacist in the shop.

I Yeah. There’s always somebody else.

P I’ve never worked with another member of staff who’d said, I object.

I I object. Yeah. Yeah.

P It’s only ever really been pharmacists who’s objected, not the staff which is probably odd but that’s only ever the case. I suppose because it’s, they might not see it’s their position to object or not because it’s the pharmacist’s responsibility to provide it so...

I Yeah. I didn’t think about that actually. So the actual staff, who could be handing it over.

P Yeah. Well no because the pharmacist would.

I Oh you have to physically hand it…

P I have to physically hand it over anyway. As our sort of rules go, it’s only the pharmacist who’s involved in the sale and the supply.

I Right. So a member of staff would never even. Say somebody came in and asked…

P They would tell a member of staff, someone wants the morning after pill. They’d come and say that and then. But that is their extent of their involvement.

I Right. Yeah. You’ve never come across anyone who’s not been able to have that conversation with you staff-wise?

P No.

I No. Actually because I didn’t think about that because there are some surrounding people aren’t there. Because there was a really interesting case in [city name] where a secretary had refused to type up the letters.

P Why?

I For the consultant in relation to conscientious objection. Anyway that then, she’d gone to court. That was over-turned because they said you’re not actively participating etcetera.

P Mmm.

I I mean sort of, you can see the extent to where some people who aren’t involved at all and they’re not health professional, don’t want to. They sort of think that’s participating. But staff-wise you’ve haven’t come across that, no.

P Because I suppose it’s a little bit similar in terms of, like anyone under the age of like, going back to the children again. Erm. You know some people would raise the question of, obviously it is illegal for someone under the age of sixteen to have sex in the first place.

I Yeah.

P So if you’re providing that contraception, are you aiding and abetting an illegal act?

I Yeah.

P Obviously no because you weren’t there, and it’s happened after the occasion so.

I Yes.

P It’s the same sort of kind of. Obviously that’s a law rather than a moral kind of thing.

I Yeah.

P But. Yeah. It’s one of them. You’re not aiding and abetting because you weren’t there and all you’re doing is sort of helping them, to sort something out.

I Yeah. That’s a really interesting comparison actually yeah. Yeah. I think it’s quite complex in relation to pharmacy isn’t it.

P Yeah. Mmm.

I And I think a lot of it for objectors rests on sort of, is it that a viable foetus or not.

P Yeah.

I Yeah. And where do you sort of take that in relation to that. Is there anything else you sort of want to talk about, or you think’s important in relation to it?

P I think we’ve covered everything haven’t we. Yeah.

I Yeah. I think so. Yeah. Thanks [name of participant].

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