I If you’re happy to begin?

P Yeah.

I Can you tell me a little bit about your job role as a pharmacist, with regards to advising women who are seeking advice on abortion?

P Yeah. Erm. We do the morning after pill here. So I’m sought of commissioned to provide the emergency hormonal contraception for [name of area].

I Oh right. Ok. And how long have you been doing that for now?

P Oh God, about [number of years] years plus I’d say. A long time. Yeah.

I Yeah. So do you get a lot of people coming in asking for emergency contraception?

P Erm. We probably do. Oh it varies. I mean like we probably do maybe three or four a month on average I would say. We don’t get loads but it’s because where we are at, generally the population is quite a bit older but it doesn’t mean that you don’t get those coming in to ask either. So I mean the EPC is open to all ages, so it doesn’t matter whether you’re 18, 16, 14 or whether you’re 45 or plus you know, so we do get a few.

I Yeah. How do you feel about that?

P For me personally, I just see them as the patient and it’s up to them. So it’s quite easy for me to sort of have my personal opinions and to keep them to one side and remember that I’ve got my professional hat on and it’s all about the patient, and it’s not really about my choices it’s about what their choice is. So I find that quite easy, to do.

I Yeah. So it sounds like you have a personal head and a professional head.

P Yes.

I I’d just like to find out a little bit more about that. Can you tell me a bit more about you know, maybe your personal beliefs and then…

P Yeah. Well I mean personally I think the morning after pill is there for a reason. Well I guess religiously I suppose it depends when you describe it as being a baby as such and the morning after pill doesn’t stop it being a baby, it just stops it happening. So for me personally I don’t see the morning after pill as assisting abortions at all. I do see it as preventing those people having to make a choice of having an abortion or not if they’ve taken it correctly.

I Oh right.

P So it might actually stop those patients having to [have an abortion]. If they didn’t access the morning after pill at a suitable time they may end up having to have an abortion and that might be worse for them.

I So it sounds like you’re saying, the morning after pill is almost like the last line of defence of contraception.

P Yeah, basically.

I Yeah.

P I wouldn’t enforce my views upon the patient, or I generally I just sort of give them the advice and the options of what’s there really.

I Yeah.

P I think it’s assisting them to make a choice whether they want to put themselves at risk or not of having an abortion really more than telling them you’re having one by taking this tablet, which I don’t think actually is a realistic view at all but some people would have that view. Especially in the [name of country] where you can’t even buy it I don’t think over there over there. Yeah.

I That’s it. Can you tell me a little bit about what’s helped inform your views.

P Erm. I guess with the training that they provide in [area name]. Dr [Name of doctor] does the training. She’s really informative and she’s really focussed on the patient and what they need out of that consultation really, so I think from that it kind of makes you think about the patient more than your own views I guess.

I Yeah. And have your views changed at all from you know maybe before you came into the profession?

P Erm. Probably a little bit in that I’m more informed about of what’s available. Erm. But I guess I probably wouldn’t have been too strict about not having it or having it anyway really to be honest. I wasn’t particularly bothered about having to have the morning after pill or having buy, to have somebody to go I’d be quite happy do that. But I think from the training that we got whenever we were doing the PDG for it, I think that sort of made really think about what options where there for patients really. Yeah.

I Yeah. Can you tell me a little bit more about the training in terms of what’s delivered and you say that it really informed you, what was it that really informed you?

P I mean they had a face to face training session were they sort of helped you do role plays with different patients that they pretended they were from different categories of who we could see potentially. Erm. So they sort of really brought out your communication skills so that you could sort of get out of the patient. Sometimes they were quite willing to tell you the ins and outs of everything and sometimes they wouldn’t want to tell you anything. So you’ll see patients that are sort of maybe a bit shy or embarrassed, or maybe they’ve got something that they’re hiding. So you’ve got to think about that side of it so that you are trying to make sure that you’re treating the whole patient and that they’re not being abused, or they haven’t been exploited in some way and you need to sort of think about that element of it as well I guess.

I Yeah. You sound very patient focussed.

P Yep. Yeah.

I Would you say that’s your over-riding principle if you like as a practising professional?

P Yeah. Absolutely yeah. Patients are what we are here for. We are here to treat the patient. We are not here to provide views on sort of our religious aspect of it if you like, or our own personal views. It’s about the patient and what’s best for them. Some of them may well not want to have it because that might be the option for them but it’s just about giving them an informed choice so that they know what other options are available.

I I see. Yeah. Ah thank-you.

P Ok.

I As you know this project is looking at conscientious objection as a whole, conscientious objection to abortion that is.

P Yeah.

I What do you think constitutes conscientious objection to abortion?

P So I guess erm. Thinking that you’re maybe helping somebody to have an abortion by giving them the morning after pill. But that’s not clinically true. I guess conscientious objection would be you thinking that you’re assisting somebody to have an abortion. Really.

I Yeah. Yeah.

P So I guess from a clinical point of view, from our point of our view we are probably so many stages back from that, that we don’t really feel that what we are doing may or may not end up in that situation. So I guess from a patient’s point of view if somebody came into me saying, oh I need the morning after pill because I’ve had a situation where and I’m about to ovulate, and I don’t know. And I’ve thought, I could give them the morning after pill but also give them the options and say look this may or may not work. You may end up where you need to go and speak to somebody if having a baby is the worst possible scenario and you will not end up keeping it anyway, you may well be better off getting a coil fitted which works for 5 days after and it’s more likely to work if you’ve already ovulated. You can give other options. But if somebody had come in and it’s already too late for the morning after pill, and they were too late for the coil, then really the only other option if they didn’t want to keep the baby and they were pregnant would be to see someone to have an abortion.

I Yeah.

P And we’d have to supply those details if that patient wanted to do that.

I So, working as a pharmacist, are you a locum in different areas?

P No, I just work here.

I Ok.

P Yeah.

I And is there a policy on conscientious objection at all?

P Erm. There is a policy on the GPhC website which sort of gives you advice on how to treat patients objectively and to try and not enforce your sort of clinical or personal views on that [person], to treat it as the patient as a whole. Erm. And if you weren’t comfortable doing that you can refer them to another pharmacist or another pharmacy where they will get the treatment if you really did not want to supply it for example. So if I was a locum and I really against the morning after pill and if I felt it was assisting abortions, then I would just refer the patient to another pharmacy. But then I’d have to ring just to make sure the pharmacist there was happy to do it.

I Oh right..

P There is a policy on the GPhC website but it’s not just about the morning after pill, it’s about other religious aspects I guess as well.

I Ok, I see.

P It’s not specific to conscientious [objection to] abortion as such.

I Yeah. Are there any limits that maybe you would have? You know for example just as a scenario, if a woman was coming quite regularly asking for the morning after pill, or after a conversation with them you knew they were maybe obtaining it to go on holiday and maybe engage in risky behaviour. Is there any lines that you would draw ultimately?

P Erm. I mean obviously every time somebody comes in for the morning after pill we always talk about the long terms contraceptive needs and we discuss sort of the risks of it’s not just pregnancy that you’re at risk of, you’re at risk of sexually transmitted diseases and other things as well. So you would sort of have that holistic conversation anyway with the patient. And if they were turning up and they’ve come three times in a row for the morning after pill then I would sort of be saying, look this is really not working for you this and your long terms contraception thing obviously isn’t kicking in, or you’re forgetting it. If we need talk about another thing that’s going to work for you. Because nobody really wants to be turning up for the morning after pill every week.

I No.

P So I would always have those conversations with the patient to try and sort of find out what they need from the service because the morning after pill isn’t a long term contraception and it never will be. So if they’re turning up for it regularly then I have that conversation. Even if they just come once for it I’ll have that conversation with them you know.

I Yeah, you wouldn’t alter it, it’s like you say, it’s that last line of defence as such.

P Yes. Exactly.

I Ah I get you. Thank you.

P No probs.

I Just to go back, you know it was mentioned about objections, do you know of any colleagues who may have objected at all?

P Erm. I’m on the LPC so occasionally you’ll get a feedback were somebody went into a pharmacy and they wouldn’t do the morning after pill there that day but they hadn’t transferred them on to somewhere else. You know it’s ok for them to say no I don’t want to do it. Or maybe some the men wouldn’t feel comfortable in a consultation room with a woman asking about sexual things. So there are reasons possibly why somebody wouldn’t want to do it but they just need to ensure that they can refer them on to someone who will at that day because it’s sort of time specific if you know what I mean. So if somebody turns up and there’s a man in today and there’s nobody in tomorrow that can deal with them then they really need to say ok look I can’t help you today but I’ll get on the phone. I’ll find somebody local who can. So yeah. Yeah.

I Yeah, ok. So have you ever have found yourself refusing to provide the morning after pill, or considered refusing?

P I suppose once quite a long time ago. It was a very, very young patient that came in. So I didn’t refuse it as such but I definitely. I can’t remember it was a long time ago, but I know that I definitely referred them on to I think it was sexual health services at the time because they were so young I was concerned. I think they were, I can’t remember whether they were just 15 or 14 and they were so young I was like, it’s really risky behaviour for a 14, 15 year old but some of them are quite old at 14 and 15 now. So you have to respect that they are sort of coming to adulthood but I think she definitely needed more than I could provide in terms of the morning after pill wasn’t really the right option I don’t think. But I was very concerned that if I didn’t give it to her, she wouldn’t have taken it at home and she would have been one of those girls that turns up for an abortion at 15. So you know I think from memory I think I did give it to her but she was on the referral right away. So she was on the list.

I Yeah. Yeah. There was extra support there for her.

P I wasn’t comfortable giving it, if you see what I mean.

I Ah no. I see what you mean definitely.

P Yeah.

I Ok. So you’ve mentioned your views a bit earlier, and you’ve mentioned how you sort of have a personal belief system and then you have a professional belief system.

P Yeah. Yeah.

I And it sounds to me that your professional belief system is very patient centred.

P Yeah.

I And I was just wondering what was it that has informed your own personal views?

P Probably my upbringing [laughs].

I Yeah [laughs].

P You know, because I’m a catholic. So go to mass, don’t do abortions and all that sort of thing.

I Oh yeah, catholic guilt.

P Oh yeah [laughs]. So that’s kind of, yeah, in my personal beliefs I guess?

I In the mix.

P But I think when you grow up you kind of take in a bit of more common sense sometimes. You don’t have to stick to those old views. But yeah, I guess they’re still lurking there sometimes in the background as if to say, Ooh think about that really. Are you doing the right thing you know. And I think that’s just where my personal beliefs come from, but they’re not particularly forceful or strong I don’t think.

I It’s not a bad thing is it you know?

P Yeah. It’s just a conscience thing sitting in the background I guess [laughs].

I Yeah [laughs]. It’s funny actually I said to my partner, because I’m catholic and my partner, he’s completely atheist, and I said to him if I could choose my religion you know, I’d choose to be Buddhist. And he went, you can. And I went, no, I can’t do that it wouldn’t be right.

P Yeah [laughs]. Can’t change. It wouldn’t be right! [Laughs]

I You know when you think, why did I even say that?

P Because you can [laughs]. It’s kind of engrained in you and then that’s it, you feel like you can’t actually change it.

I Yeah. But that’s really interesting. Did you have any particular views on abortion before coming into the profession?

P Erm. I probably wouldn’t have been particularly pro-abortion I guess. Erm. I think I would have always have been, well how did you get yourself in that situation in the first place you know? [Laughs.] Erm. So I think it’d had probably have been a bit more erm. You have a very simplistic view when you’re younger don’t you.

I You do. The world is very black and white isn’t it.

P Yeah it is like well you shouldn’t have gotten yourself into that situation in the first place, it’s your own fault, you know? Or you should’ve known better you know those sort of things. But I guess now you sort of think well if it’s not right for you and it’s the wrong time or the wrong situation, or something has happened that’s not really ideal, there’s no harm in doing it because it could be a worse to bring a child into the world where you don’t want it and it doesn’t happen. So there’s a very sort of scale I think of what’s right for the person at the time you know.

I Yeah. Yeah. It sounds like you know, as you’ve grown up and you’ve experienced different things, you do see the world differently as you grow up. I suppose that’s just maturity isn’t it?

P Yeah. It is yeah. I think so.

I I think it sounds like you’re saying that may have informed your belief system as you’ve grown and obviously you’ve done your training, which has had an influence.

P Yes. Yeah. And you come across a lot of different situations that you wouldn’t normally see I guess. In this profession you tend to see all extremes if you like, and some of them are very horrific and you sort of think, no that it would be a bad idea for you to be pregnant after that, so yeah you really need to get seen to now. I’ll give you this but I think you should go and do this as well as a back up [laughs]. And if that doesn’t work then you will be in a situation where you need to do something else you know. And it’s like there are so many different extremes that sometimes it’s right and it’s right not. It’s just depends on the situation.

I Yeah. It’s sounds like you’re saying it’s not quite black and white, it’s shades of grey.

P Yeah. There are yeah, definitely.

I Ah thank you. Erm. What do you think are the limitations to participation in abortion, or prescribing or dispensing the morning after pill?

P Erm. I mean as assisting an abortion, I don’t really see it as probably assisting an abortion because it doesn’t actually unattach the egg if it’s already attached. It just prevents the egg being released and if the morning after pill doesn’t work it’s because the egg has already been released and it’s been fertilised and it’s already attached, and it doesn’t affect that. So I don’t really see it as being an assistant in abortion at all.

I Yeah.

P To be honest with you, I see it as a preventative measure to getting to that stage.

I Ok, I see. I’m going to ask quite a sensitive question, so please don’t feel that you have to answer it.

P Ok. That’s fine.

P Obviously you’re very informed scientifically and biologically, where would you see the viability of a pregnancy really? You know, of a baby as such. When does a baby become a baby I suppose is what I’m asking?

P Ok once it’s fertilised. If the egg is fertilised then it’s potentially a human isn’t it? I guess.

I Yeah. Yeah.

P So the morning after pill really just stops the fertilisation because it stops the egg being released, but if the egg’s already been released it can still be fertilised even though you’ve taken the morning after pill. It doesn’t stop that. So yeah.

I So when the egg is fertilised.

P So when the egg is fertilised it’s starting. Yeah.

I Life’s become life.

P Life’s is starting yeah [laughs].

I Harking back there [laughs].

P Yeah, absolutely [laughs].

I So are there any limits that you put on your colleagues to participation to abortion?

P Erm. You mean in, would I sort of say…

I So I suppose what I’m trying to get at, I’ll use an example. There was a piece quite recently written in the newspaper and there was a pharmacist, she was the only pharmacist working in a pharmacy on a Saturday. And the lady had ordered the morning after pill online and had come to the pharmacy to collect it. I think it was in [name of city / town] or somewhere.

P Oh I seen this in the paper.

I Yes. And she invoked her right to conscientious objection. If I remember rightly, she may or may not have referred on, I can’t really remember. I think she may have signposted to a different pharmacy…

P To another [name of pharmacy] but it was quite some distance away. Yes.

I It was and it just wasn’t viable. So I suppose what I’m getting at, because we’re hoping to see sort of what those parameters are.

P Yeah.

I What parameters would you sort of see as participation? Would that be taking a phone call, giving advice, signposting, anything like that?

P Erm. I guess from a pharmacy point of view it’s all very woolly I think isn’t it. I think because it’s about the patient I think personally you’re just not assisting the abortion you’re assisting their choice and I think that’s something that we should be doing. Erm. And as long as everyone that you give the choice to, it’s their choice, not your choice. So I wouldn’t stop selling the morning after pill or I wouldn’t stop signposting a person to a service from where they may need an abortion from because it’s the patient’s choice not mine.

I I see.

P And I’d be…I suppose. I don’t know whether it would frustrate me if I think that somebody wasn’t putting the patient at the centre of what they do.

I Yeah. It’s sounds like you know, the patient is first and foremost.

P Yes.

I I’m just wondering because I don’t know if you’re aware, you probably possibly are, in some countries conscientious objection is actually unlawful. For example, Sweden and Iceland come to mind. And then there’s Italy, where it’s not unlawful as such but whole institutions may decide to invoke their right to conscientiously object to abortion.

P Right ok.

I How does that sit with you?

P I would be shocked if that happened here. I could see that happening in [name of country] [laughs]. But here, no thank God [laughs]. I think it’s a bit extreme to enforce your views on other people and I think yeah, we might have a right to say I don’t believe in that but you can explain the situation to the patient and you can give them choice I guess as to what they need for their situation. And if you still didn’t believe that you could sell them it because you were participating in it then I think you need to make sure that you’ve put that patient at the start and at the centre of what you’re thinking of doing. So if you were going to object to it because your company said from now on we are not going to do any of these medications, then I think you’re putting your patient not at the centre of what you’re doing. It doesn’t feel right.

I It doesn’t feel right.

P Yeah.

I No.

P So I think you’d have to make sure that you signposted that patient to somewhere that could deal with them.

I Yeah.

P If it was a company that I worked for that said you can’t do this anymore I’d be like, well ok I’ll signpost them to somewhere that can because I don’t feel that it would be my choice to say that they can’t now have it.

I Yeah. I get you.

P Yeah.

I So it sounds like you are very much for the autonomy of the patient and that’s what comes first.

P Yeah.

I Would you say that even comes first even if it really, really went against how you felt personally or any of your colleagues…

P Er. I think so. Yeah. Yeah. I think it’s all about the patient I don’t think my personal views. If it was me that it was about, if it was my choice and I was thinking oh should I have an abortion that might be a different conversation. Whereas if it’s for a patient it’s about what they need, so maybe exploring all their options and then having a good discussion with them about what those options are. It may be keeping the baby. You know and that might be something that they might have been scared about the thought of, but maybe after discussing it they might think well actually maybe I will. It’s not the worst thing. Yeah I wasn’t planning on it but I have got a job and, you know, I have got a partner and we are together and we have been whatever you know. So you could have those conversations and that might just be the right choice for someone, but it’s up to them.

I Yeah. It’s up to them.

P Because they’re the people who have to live with it [laughs].

I This is it. This is it.

P Not me [laughs]. I can just shut the doors at six o’clock and go home whereas they’ll have to live with it for whenever, you know.

I Yeah.

P And I wouldn’t want them to think that they’re living with something because they didn’t get the right choices and the right information at the right time.

I Yeah. Ah no, that makes sense.

P Yeah.

I Do you possibly know anyone who has objected?

P Erm. I don’t personally know anybody, no.

I No.

P We work in a very isolated sort of place with community pharmacy in that we’re on our own. So there just tends to just be us and our view if whether we’re going to supply it or not. Whereas if you were in a bigger maybe company where there are more pharmacists in it maybe you’d have more knowledge of somebody saying well he wouldn’t do it. Erm. Or he doesn’t like giving it so we give it to them or whatever. Yeah.

I How do you think would it be if you did work with an objector, or you indeed where an objector yourself, how do you think that would be for your colleagues? Would it put any strain on them in their duty of care for example?

P Erm. Well I guess if somebody was working for me that didn’t particularly want to do it I would just make sure that the colleagues all knew who they could signpost them to. If it wasn’t me in for example, it was a locum and they didn’t want to do it I’d just say, “Oh just to let you know that they don’t do the morning after pill or they’re not accredited, can you make sure that anybody coming in asking for it make sure that they’re signposted to here”, so that they know that there is an alternative. I don’t think that there’s anything else. You can’t force your views upon someone else.

I Yeah.

P So if they’re a colleague and they really don’t believe in it or won’t give it, then that’s their personal choice again. They’re allowed to object and I wouldn’t object to that objection [laughs].

I No, you’d sort of support them in their objection.

P Yes. And I’d sort of make sure there’s a safety net for those patients that aren’t being able to access that service on those days really.

I Yes. I see. No, I understand.

P Yeah.

I I can’t remember whether I asked this sorry. Is there a referral system in place or a procedure which you have to follow if you were an objector?

P Erm. Well we’d refer them to them to the ISHS clinic, which is like the integrated sexual health for [area name], and they deal with everybody from abortion, to the morning after pill to, everything.

I The whole scale.

P Yeah. The whole sexual thing, all like from Chlamydia testing, everything they do. So I guess if really they couldn’t find anyone that service would deal with anyone.

I Ah, and do you think it’s well publicised if you…

P Yeah. The pharmacies would know of that service yeah.

I Yeah. Ah that’s brilliant thank you. Ok. Are there any processes that you think that pharmacists should be allowed to refrain from in terms of looking at the procedure of dispensing, administering the morning after pill or giving advice?

P Erm. I mean I guess from a professional point of view I think to say that you definitely wouldn’t do it would be strange. I think. Erm. But I guess you can. You know you have got a right to say I wouldn’t want to do that service. But, it’s like anything, if it’s not about the patient then what are you doing the job for sometimes [laughs]. Do you know what I mean?

I Yeah. Absolutely. Yeah. You said you could maybe see some elements.

P Elements.

I What elements would they be?

P Well I guess if somebody was really against contraception and like, I’m using this as an example because I really can’t think of anything.

I Of course, yeah.

P So if say a pharmacist was really against contraception and didn’t believe in it and stuff, I suppose that they would have a right to say, oh I’m not going to dispense any scripts under my watch on this medication. But I think they’d kind of struggle trying to get employment to be honest with you [laughs].

I [Laughs] Is it something that you’re ever asked? Say for example you were a locum, is it something you’re ever asked you know, what your position is?

P Erm. I haven’t been personally. Erm. I guess. Because we do quite a lot of private services, and I guess if you didn’t want to do one then you just wouldn’t do the training for it and then you wouldn’t be accredited for it so you wouldn’t have to do it.

I I see, yeah.

P So I guess that would be around the back door way of objecting conscientiously.

I You’d be a pharmacist still, but you just wouldn’t be engaging in that part that you really don’t want to.

P Yeah. You’d still probably have to dispense it if it was on a FP10 because that’s part of your role. You don’t get to choose what medicines are prescribed by the doctor.

I Ok.

P But if you’re doing it on a patient directive, which is what the service that I do here, you’ve got to do the training and go through those processes, and I guess if you really objected to doing it personally you would probably just not engage in that training to do it.

I I see yeah. Sorry. I keep on coming back to the limitations. You do sound very passionate really about the patient in terms of you know, you have your professional head and then you have your personal head.

P Yeah.

I It sounds like your saying your duty of care is to the patient first and foremost.

P Yeah.

I In terms of limitations there was a case quite recently, it was two midwives and they brought conscientious objection right the way through to Supreme Court. They lost. They lost the case. What they said was, there were 13 points that they felt was participation in abortion, and I was just wondering if you don’t mind, if I just sort of list them off, what you think of them?

P Yeah. Ok.

I Bear in mind, they were midwives not pharmacists.

P Yeah.

I So, management of resources on a labour ward and that included telephone calls where terminations may take part. Providing handover to a shift co-ordinator.

P Right ok.

I Appropriate allocation of staff, providing guidance, advice and support, including emotional support. Accompanying medical staff on ward rounds, including patients who are undergoing termination.

P Yeah.

I Responding to requests for assistance, including the emergency alarm.

P Ok.

I Acting as the midwife’s first point of contact if a midwife was concerned about a patient’s progress. So they were quite senior staff. Ensuring that midwives had break relief. Being present to support if medical intervention was required, for example forceps.

P Yeah.

P Communicating with others, so paging anaesthetists. Monitoring the progress of patients, to directly providing care in emergency situations and ensuring the family were provided with emotional support or any support.

P Yeah.

I What’s your feeling on that, do you see that as participation…

P So were these nurses that were working in clinic that was providing abortions?

I Yeah. So these were two midwives who, from my understanding they weren’t working on a clinic that was providing abortion at that time or they weren’t engaging in it, but they were working in quite a big hospital. So it was a hospital up in Glasgow. And they objected, they invoked their right to object. There was two of them. And then, the hospital trust took them to court or they took the hospital trust to court. They lost so they took their case to Supreme Court. Oh sorry no, I beg your pardon they won. The trust took it to Supreme Court and then they lost and the judge who ruled, they said that conscientious objection to abortion should be restricted to hands on activities only.

P Oh, ok.

I So things like handing instruments, being in the room with a woman that type of thing. She didn’t see taking a phone call for example, as part of the abortion process.

P Right ok.

I And I was just wondering what your thoughts were on those points?

P Erm. It’s really hard because it’s a very grey area isn’t it really. Erm. Does that mean as soon as somebody has decided that they are going to have an abortion, everyone they come in contact with has objection to say, oh well I don’t want to deal with you? Right. Mmm. It’s hard to know.

I I know. I suppose strictly speaking in law, the 1967 abortion act it was brought in, and there is that clause that people do have the right to conscientiously object.

P Yeah.

I So it is there in law and I suppose it could be invoked at any point really.

P Yeah. Not sure that I would feel comfortable as a nurse looking after a patient objecting to something that they’ve thought about and been properly counselled about.

I Yeah.

P I think from a personal point of view if the patient had made the decision that, that’s what they wanted and they’d had the whole counselling about it, then where do you say oh no I don’t want you to do it? Or I don’t want to be part of it then. I guess it’s hard to know. As a pharmacist it’s difficult because we don’t really get that close to it.

I Yes.

P So I guess…I don’t know, is the honest answer. I really don’t know.

I That’s fair enough. This is really like the million dollar question that we’re asking really.

P Yeah. It really is. So yeah…who knows.

I Who know’s.

P Yeah. It’s really difficult to say because I think, from my point of view once somebody is pregnant and they don’t want that baby then if they’ve made their mind up. As long as they’ve had all of the information and they’ve thought about it, and have had the counselling that’s appropriate, it’s their decision and I don’t know whether my personal objections would come into it. I don’t think they should because it’s not about me, it’s about them and I think I’d be more concerned if they had made a decision but they hadn’t had enough information to make that decision properly. So yeah, I don’t know when you’d say that you were assisting in it. Maybe by giving them that information? But you might be assisting them not to have an abortion by also giving them that information.

I So there’s like two sides two sides to that story as such.

P Yeah. So I guess it’s just if they’re at that stage when they’re in a hospital and they’re actually having the abortion if you wanted to object then I guess it’s your choice to object at that stage because you’re not getting to give them that information pre- of that stage.

I I get you. Yeah.

P But I don’t know. It’s a different kind of role to what I would be used to that I think [laughs].

I No that’s fair enough. Thank you. No, all it’s really good information for us.

P Yeah.

I So I think that’s everything that I needed to ask. I’m just quickly going through my questions if that’s ok. Oh yeah, if the clause was scrapped so the conscientious objection clause was scrapped and health professionals no longer had the right to conscientiously object, what do you think should maybe replace it?

P Erm. Mmm. I don’t know. I guess. Mmm. You see I think you should probably have the right to object if it’s something that you believe that you need to intervene, as long as you are able to advise them where to go and what to do if you objected to providing something. If it was scrapped completely that means that those people wouldn’t be able to say I’m not going to give you that service today, and then they’d have to give them and that would be wrong for that particular pharmacist. Do you see what I mean?

I Yeah.

P So I think that the clause is there for a reason, so that those colleagues that are very strong in their opinion don’t have to do things that are against their beliefs, maybe. Erm. But as long as they back that up with some referrals, that is appropriate. I think, it’d be ok. If they were to scrap it I think it would probably cause problems, I don’t really know whether it would or not.

I Yeah.

P I haven’t come across a lot of objection to it in pharmacy. But it’s not something that you would see me chat about at the [meeting name] meetings anyway [laughs].

I Do you think that’s because anyone who would object would feel uncomfortable?

P Possibly. Yeah. They might be frowned upon. Especially if you’re at a training event and you said, “gosh yeah, I’m not really happy about giving that out”. You know, maybe you would feel a bit, targeted possibly I don’t know. Or maybe unemployable.

I Unemployable yeah.

P You know, or you might go down on their local want list, you don’t know what way people work yeah [laughs].

I So it sounds like possibly it’s not something that is openly discussed?

P No. I would say it isn’t. Yeah.

I Have you ever discussed it in any of the training that you’ve undertaken?

P Not recently. I can’t remember it being an issue.

I Yeah. It’s quite interesting that really, from our perspective anyway.

P Yeah. Yeah. It would be something that they could add into the training actually I think. It would be useful. Yeah I’m pretty sure it wasn’t discussed. We got the ins and outs of how it works and what to do with it everything but other than to say that if you can’t provide it on the day or if you are off to be able to refer to someone who can.

I And was that just the assumption that well on those days…

P You were present.

I Yeah. I suppose though if you were on that course, you were happy to give it.

P Yeah, you were there.

I Yeah.

P But if you hadn’t done the training and your pharmacy is accredited to provide it, and you weren’t present on the pharmacy on that day you have to be able to signpost them to someone who can.

I Right. Yeah. And if you’re an objector I can imagine that would cause some difficulty.

P Yeah. Say for example I was off and there was nobody who could do it. And staff rang another pharmacy and they said Oh yeah we’ve got a locum in today but you can buy it but the locum won’t sell it to you because she doesn’t agree with it. Then you would just have to say, “Oh ok then we’ll have to try another one”. And you’d just have to try and ring around to find somewhere that did. But if it was law that you didn’t object I think that it would probably cause some issues for patients possibly?

I Oh what issues?

P I mean for the pharmacists. Yeah. Because…

I I see yeah. Thank you yeah. Sorry go on, I interrupted you then.

P No that’s it really yeah, because the patients could demand it and the pharmacist might not want to supply it. But if there was no legal stance for them not to be able do it then they would have to supply it. Yeah.

I Yeah. Yeah. Oh no, that’s wonderful that. I think that’s all my questions.

P Ok.

I Is there anything you want to ask or add?

P No. That’s fine. Yeah.

I Oh thank you so much for your time.

P You’re welcome.

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