I: First of all, thank you very much for taking part. Can I just ask you what your role would be with regards to women who might be seeking pregnancy termination? In this pharmacy setting, even discussions about morning after pill….can you talk a wee bit about that?

Pedro: Mhmm….emm….so mostly, you’re right….I’ve not really had to advise anyone on abortion, it tends to be before that. It tends to be at the morning after pill stage, which we do a lot of – all ages. People come in and are generally quite apprehensive, generally quite mortified and I try and make them feel at ease.

I: Do you think it’s maybe sort of a misconception or a preconception they have of the whole judgement thing – possibly?

Pedro: Definitely. They come in and they feel they’re being judged….

I: Even though they know they’re speaking to a HCP?

Pedro: 100%

I: There’s still that feeling?

Pedro: Yeah. I would say if they’re either quite young or even – not old, but getting older….or if they’re in – if they’re married and they’ve already got kids, they say I should know better than this….

I: So you don’t have a – I can tell you….

Pedro: I got pregnant with my son by accident – so you know, quite often I’ll say to them – I mean I was 37 at the time….so….

I: Really?

Pedro: Yeah. Uhuu….so it’s not….I wasn’t a 16 year old wee girl, so yeah….I only just try put them at ease; you know it can happen.

I: So do you feel that your own experiences through life help you to understand more?

Pedro: Definitely. I think so. Your own experiences, your own age, your own background obviously shape how you deal with people. For me, I always want to make them feel comfortable. I always want to make them feel that they can come back again to ask for advice, whether it be the morning after pill; whether it be STIs, you know or maybe the morning after pill has been too late….you know referring them on – you know that kind of thing.

I: Yeah. How do you find referring them on? Do you find that system is OK? Like with signposting? Are you OK in this area?

Pedro: Yeah, yeah. It’s fairly straightforward during the week, it’s weekends….at the weekend I sometimes work here but I also sometimes work in other pharmacies with other health boards and that’s where it sometimes becomes tricky because I don’t know the area. You know, so quite often I’m sometimes relying on the staff to say where am I referring these people to….so yeah….

I: But you don’t have any issues with signposting on?

Pedro: Oh no no – that’s part of our job, isn’t it? If we can’t deal with it then we signpost to someone else.

I: A lot of the time maybe there is a sort of restriction time-wise - so as you say at weekends and things you might not want to leave that person ‘til like the following week or whatever….

Pedro: Yeah.

I: You know you want to try and get them sorted….so you know there’s places you can send them to?

Pedro: Yeah that’s right.

I: So you don’t have a problem with signposting….emm….your views and beliefs with regards to the abortion process. Would you say the have been the same for a long time – ordo you think being a HCP has changed your views? Is this something you’ve thought about?

Pedro: I don’t think my views have changed, I think I’ve always been quite liberal in terms of people make that decision themselves and in terms of the people I obviously have seen, for like the morning after pill – as I said it’s such a wide variation, you know, it’s – I think people think people getting abortions are these people that are out being promiscuous, sleeping with everyone, not using contraception and probably it’s not. Probably it is a lot of the time people who are in relationships or married or people who you know, I don’t know what the percentages would be, but I imagine it would be quite widespread in terms of people that are having abortions….

I: I think a lot of the time maybe media-wise and things can have a huge influence on what people tend to believe or think to be the norm. Whereas, again, as a HCP, you will see diverse backgrounds?

Pedro: Yeah, exactly.

I: So it can be quite a common misconception as well?

Pedro: Yeah.

I: You’ve always been quite liberal then?

Pedro: Yeah….I’m a sort of atheist and I think religious views can obviously shape people….emmm….before I actually qualified as a Pharmacist, I worked for [name of pharmacy] just on a Saturday and I actually worked with a Pharmacist who was very catholic and there was an issue with someone who came in for morning after pill and he wouldn’t do it. He also didn’t refer her on to anywhere else and this was maybe about….we are talking about several years ago now….but it caused the pharmacy to update their policies in terms of if your beliefs are that you don’t want to give that, you need to signpost to somewhere else so you can get it. And I can imagine being a customer coming in being told no because of that person’s beliefs….and then you know you’re mortified and you might not go somewhere else for help and you might end up with an unwanted pregnancy. We don’t know what situation that person is in….

I: Or has ended up being in?

Pedro: Yeah….so….

I: That’s a tricky 1 because there are sort of….well over the course of time and speaking to different HCPs, there are different views on what participation is within the process. What would you view as participation within the process of abortion….or termination?

Pedro: [sighs] I think if someone comes in for the morning after pill or whatever else, obviously we are participating in helping them make the best decision….giving them all the information and letting them decide for themselves [pause] but it’s a tricky 1….

I: Well, there’s the medical side and the surgical side….so would you say that even giving advice is still….

Pedro: Uhuu….I think we’re all participating in it because we’re all giving advice to these people and we help shape how they decide – obviously we do that in a non-bias way but you’re trying to educate them and give them all the advice they need s they can make that decision. So, without that….would they come to the same decision? I don’t know….I don’t have enough experience to say that so I suppose we are participating in a certain way. That would be what I would think.

I: Yeah, yeah. You don’t see that as an issue, but the colleague you mentioned from a while back is – well, would’ve thought….I’m participating in this….

Pedro: yeah and thought I don’t want to be a part of that….I actually really disagree with that. I think that has to be removed. If you’re going to do that job then your own personal beliefs shouldn’t come in to it.

I: OK….bringing us to the CO clause within the 1967 Abortion Act….it does say that HCPs can withdraw on grounds of conscience – but it’s been said that’s quite a grey area. So, we might need some clarity on that….what does CO mean to you?

Pedro: That’s quite a difficult question.

I: Would you say that guy from 10 years ago was a conscientious objector?

Pedro: Yeah I would think so. I think he’s sort of educated enough and he obviously has his own beliefs and he is consciously making that decision for himself.

I: Yeah. The fact that maybe it would have impacted on his conscience had he….

Pedro: Had he done it….yeah of course. But I’m probably more of the other view where it would impact on my conscience had I not supplied that….

I: See that’s the other side of the coin….there’s so many different ways of looking at this whole topic and that’s why we’re speaking to various HCPs trying to get different views to try and get some clarity….

Pedro: I think the way we do it now is quite good in terms of if you have a belief, you would never go out and say to the patient because of my belief I’m not going to provide….you would have to be like there’s no one available that can do that for you but I’ve phoned ahead and such and such is happy to do it and they’re available for a consultation now. I think that’s how [name of pharmacy] dealt with that and I think that is the correct way.

I: Yeah….then you’re sorta covering all bases….

Pedro: Mhmm – you’re making sure that appointment is there for that person rather than sending them away. Like I say, when people come in they feel a bit foolish or a bit silly and sometimes it’s maybe taken them a couple of days to even just come in because they’re mortified and then if we send them away and say the pharmacist is not going to do it – they’re not going to go anywhere else, they’re going to take their chances I think. I think if it was me especially if I was a young girl I’d just say I’ll just see what happens and hope for the best.

I: It is really difficult. Again, as you have said, it’s a really important point – conscience is all round then – you would feel had that have been you; like what would happen if I don’t help her? If you don’t appropriately signpost?

Pedro: Yeah. Yeah.

I: If there’s no help there or whatever….do you think it’s fair to say that would have as much of an impact on your conscience as participating would?

Pedro: Yeah I think so. For me, personally, yeah. But it depends on how strong someone’s religious or moral beliefs are.

I: So would you think that CO is sort of rooted within morals and religion? Do you think?

Pedro: Yeah.

I: And obviously you’ve had experience of it because you have had a colleague who has….so, what would you think were, or what would you identify as possible limitations to CO? What would you think would impact on, or potentially stop somebody from using that?

Pedro: Emmm….using it as a?

I: As a reason to not see that person through….it’s a difficult question?

Pedro: Yeah. I mean I think it’s got to come from professional bodies or I think it’s got to be put in your standards of care that regardless of your beliefs you have to treat that person and as long as they’re educated and they’re making the right decision for them then I think – to be honest I believe quite strongly that pharmacists, doctors, whatever shouldn’t have a right to say no to these people. I think as long as they’re consenting to it and we’re giving them – providing them with all the information, I do think that we, in terms of pharmacists, or GPs, or surgeons or whatever should – in terms of their professional bodies….personally I don’t think that clause should be there or that people can use that.

I: You don’t think so?

Pedro: No. I don’t think it should be there. I think if you have taken on this job then you should know what’s involved in it and I don’t think we should be putting our beliefs on to anyone else….

I: OK.

Pedro: Well that’s my personal belief.

I: Yeah and it makes sense….

Pedro: I think that’s the only way because you’re not going to stop people having these moral or religious beliefs so there has to be something higher up that doesn’t allow them that objection.

I: As an example then….maybe if you were going for an interview then, that should be visited within that interview or that application for that particular job….do you think then there should be regulations stated?

Pedro: Yeah I think it should be clear but I think it can be very difficult as it could be seen as discrimination because you’re obviously discriminating against certain groups – but if you’re going for that job then I think it should be that you have to remove your personal beliefs as part of that….

I: OK….so that you’ve got your professional hat on?

Pedro: Uhuu. You need to remove your own beliefs from that. No one is asking you to do it to yourself or your family but I think your personal beliefs have to be removed….

I: Because that person is coming to you for help?

Pedro: Yeah as a professional –as a HCP….you’re a professional so you should be doing what’s best for them, not what’s best for us or what we believe. It should be in terms of standards or regulations or advice or education….

I: Within a service provision?

Pedro: Yeah, that’s it. Uhuu.

I: That’s interesting you said education. Do you think education has a role in this topic area? Again, picking up on what’s been said previously, educating people – girls, boys, you know from a younger age might make them more aware of….?

Pedro: I remember when I was at school going back 30 years now, sex education was rubbish. You never really got shown anything. Maybe we do have to actually start showing people and discussing things like abortion – it happens and it’s not just a case of take a wee pill and that’s you all sorted. It’s not just physical, it’s how it affects you mentally as well.

I: Your well-being?

Pedro: Yeah but also in terms of the surgery or whatever, I think to me that would be a fuller and proper education. Starting at contraception and obviously accidents can happen and then where do you go for advice and then at the end what actually happens. I think certainly if you’re younger that will – as I say mistakes can happen – but in terms of people that maybe are playing loose and fast and not using contraception….it might give them a wee bit of a – of an insight really….

I: But also as we were saying – education side of things all fair and well, but again, do you think the media plays a role in it?

Pedro: They play a role in everything.

I: Access especially now – social media is very influential, so more a positive slant on it’s OK to talk about this. Do you think that it’s still a taboo subject?

Pedro: Oh definitely. Uhuu….

I: Even in the times we live in now. Things have moved on but still there are things swept under the carpet and we’re not allowed to talk about that?

Pedro: Yeah. I think if someone has an abortion, I don’t think it’s something we would talk about – maybe their partner but I don’t think even close friends….it’s maybe not something they’d talk to parents or close family about and that’s a shame because of the taboo type thing….I mean I have quite a lot of close friends – maybe some who have had an abortion, but that’s never been sort of discussed as such.

I: So, like a cloak and dagger element to it then?

Pedro: Yeah definitely.

I: Which might make it more difficult for people seeking help?

Pedro: Yeah, uhuu….

I: Thinking of what you were saying about clearer guidelines and by maybe not having the CO clause there to explaining a wee bit more about like when you become a HCP….there’s specific lectures and things study wise….if it was a necessary part of the curriculum where you couldn’t opt out of it….do you think that would change people’s views?

Pedro: I don’t think it would change people’s views I actually don’t think it would stop a lot of people doing that job….I just think it would stop them not helping people when they come in.

I: Right. Mhmm….

Pedro: I genuinely think because there is a clause and they are allowed to do it, they use that rather than just. I think if you want to be a doctor or pharmacist then if you don’t want to provide the morning after pill – I don’t think that would stop you. Obviously in terms of once you’re in to that like – I suppose there’s people who specialise in gynaecology in obstetrics and things so they obviously know what they’re getting in to.

I: If there’s still people in those jobs, maybe like midwives, who maybe want to take part in the other stuff but not abortion?

Pedro: Mhmm….no I don’t think that should be allowed. It’s part of the job unfortunately. You can’t pick and choose other aspects of the job, so why should you be allowed to pick and choose that [in healthcare]? That’s their service. We provide it regardless of….

I: So I think really just sort of coming to a close….is there anything I’ve not asked or we’ve not spoken about that you’d like to add? Anything else with regards to what constitutes participation? And on what grounds should people be permitted to withdraw from the process on? Do you think there’s any reasons why someone should be permitted to withdraw from taking part?

Pedro: I think the only instance would be if someone [pause] personally although I do agree with abortion, I think we have to look at the rules surrounding it and now that babies are living from like 24 weeks and we’re allowing people to abort them. I do have a wee bit of an issue with that but that’s maybe because I’ve got a friend who works in a neonatal unit so she’s working with these babies. So that’s maybe a bit late on. Don’t get me wrong I know there’s circumstances you know – if there’s something wrong and the baby’s not going to live after birth or if somebody was abused and they were very young and they didn’t realise they were pregnant….but I think that’s where it’s very difficult to – but that’s just my views….

I: But these are the things that might come in to it….

Pedro: Those are things that personally if that was me I don’t think I’d want to participate in….even things like downs syndrome, personally that late on I don’t think….I don’t think you should abort….

I: So do you think there’s a difference from the moment of conception, there’s a while to go before there’s a cut off….like giving the morning after pill it’s within a certain time [crosstalk]….but then after that the baby or the foetus – people look at it in different ways….when do you stop looking at it as a bunch of cells or a foetus to a baby?

Pedro: It’s very difficult and that’s where I don’t have enough experience and maybe it is the media feeding in to like 24 weeks as well….I don’t know….

I: It’s a difficult 1?

Pedro: Yeah it is.

I: It can become quite clouded?

Pedro: Yeah in places it can.

I: You’ve given – particularly the fact you know someone working in neonatal, you’ll be given some facts….?

Pedro: Oh yeah and some of them are tiny and they are making it. But sometimes you will have those that will die but they are sort of but then I personally couldn’t imagine aborting a child at that stage. It has to be in the interests of the patient and maybe the baby at that point – what their mental and physical state is and the background on how they got pregnant and things….obviously if there’s things wrong with the baby then fair enough – it’s very grey because where do you draw the line?

I: It can be an ongoing debate….is there anything else you want to add?

Pedro: No I think that’s it.

I: Thank you so much.