I: So you understand the research project as I’ve explained? We can get started when you are ready.

Pauline: Yeah, great.

I: So, as a health care professional, I’m just looking for your views on this subject as whole?

Pauline: Yeah, that’s fine.

I: I’ll be asking you certain questions without leading you, just truthfully if you can give me answers relating to your experience as a hcp over the years.

Pauline: Yep, sure.

I: So, firstly can you tell me a bit about your role in advising women who are seeking advice relating to pregnancy termination?

Pauline: Quite often in my role, I don’t tend to get a lot of people coming to ask specifically for the morning after pill. Over the past years I’ve not had that many at all….em….maybe a handful, but as a rule, they don’t tend to come to us first.

I: Right. So, how do you personally feel about giving out the morning after pill?

Pauline: I’m quite happy to do it….because a lot of people make silly mistakes and accidents can happen…..or whatever; but I’m quite happy to help people….young girls and even older women – it’s just something that can happen. I have no problem helping them; well….except for people who use it as a form of contraception…..I don’t like doing it then – or for people who lie….

I: Do you come across people seeking to use this as a method of contraception often?

Pauline: Mhmm…quite often we get people who come and ask for it because they’re going on holiday. They pretend they have unprotected sex when they’ve not really – they think they’ll have that there to take and I don’t like that.

I: Ok…in the same vein, what in your opinion constitutes in the procedure of pregnancy termination?

Pauline: At 1 point people used to think that prescribing the morning after pill was a form of abortion….a lot of my colleagues….like people who were Catholic, people who were Muslim that wouldn’t actually prescribe it to people at all because they thought that was a form of abortion….

I: OK….

Pauline: Me, myself, I didn’t feel it was something that was an issue because before they knew how the morning after pill actually worked….they used to feel that it worked on the foetus, but now we know it actually prevents ovulation so it’s more like you’re preventing it in the 1st place rather than after the foetus is actually there.

I: OK. I understand….that makes sense….

Pauline: Yeah?

I: So you were saying about your views in comparison to the Catholic or Muslim faith? What do you think has made you….or allowed you….or helped you to form your own views on this?

Pauline: Well I think education. So, emm….we did a lot of – I read a lot of articles and I keep up-to-date with theories – I don’t know, I read journals; look at training packages that’s come out….advice from drug manufacturers and talking to other hcps. I like to keep up-to-date with the current way of thinking. My views are based on what I read….my own opinions. If it’s an article that’s credible – not just something that’s on social media or whatever. A lot of wrong information is out there. I make up my own mind based on other research; not just anything that’s going about online….yeah?

I: Yeah….if you don’t mind me asking….how long have you been a Pharmacist for now?

Pauline: Yeah, I’ve been a Pharmacist for like coming up to 36 years now, so I have lots of experience and it was made a lot easier when we could prescribe things ourselves….maybe like for the past 20 years; I can’t remember exactly how long, but I always like to keep up-to-date with the latest developments so I know the current views on things rather than sticking to old school.

I: Yeah I understand, so basically in effective, are you saying that you move along with the times?

Pauline: Correct.

I: OK….so, thinking back to the beginning of your career….did you have particular views on this subject prior to commencing your career as a Pharmacist?

Pauline: I think at that time you don’t really know very much. I didn’t really think if I would object or not object…. I come from a family where my dad was a GP; so from a GP point of view, my dad was always involved with family planning and he used to recommend or refer his patients to get abortions if necessary, but he had a colleague in his practice who absolutely refused to see people and refused to refer them, so my dad used to….this man was a staunch Catholic and he would refuse to refer anyone seeking abortion – this is probably where I gained some of my views. Way back in the day my dad always tried to let me know that this could be something that could just happen….it’s not anything that – like oral contraception wasn’t readily available and people had accidents as people are just human after all. There was this 1 GP who refused to see these people so my dad used to run extra sessions at night to try help them.

I: So, do you feel that was something your dad felt strongly about then?

Pauline: Yeah and that’s rubbed off on me. Although he’s a GP and I’m a Pharmacist, my decisions have been based around my formative years. What’s happened growing up….at uni….and early practice….that’s where I got my ideas from.

I: Would you have a lot of conversations with your dad about it?

Pauline: Yeah, he as Dr wanted to help people and his colleague he said was entitled to his own opinion, but he couldn’t do anything about that.

I: So your dad stepped in to help then you think?

Pauline: I don’t know if he actually stepped in. He tried to do what he could.

I: OK. So, have your views changed over time and experience?

Pauline: Mhmmm….

I: So, you had formed views at the beginning?

Pauline: Yeah, without being directly involved in it but as years go by, you become more mature and I think people like to speak to an older woman [laughs] rather than a young girl….so maturity has helped. Trust.

I: Trust?

Pauline: Absolutely and being a female rather than a male….particularly young girls and even older women look to speak to a more mature person than, like a young boy….

I: So you feel that people have sought you out for advice?

Pauline: Yeah….I do think so. I think so.

I: So when I say the term CO – what does it mean to you? The term? Both personally and professionally?

Pauline: To mean it means refusing to do something on moral or religious grounds….emm….I always think about people who conscientiously objected to serving in the war….I think this is maybe where the term originated from and I can see when people have real strong religious views….like I can understand why they don’t want to participate. But I think it has something to do with what people believe to be the form of life; I think that’s what it boils down to too and that’s why personally I have this view. Professionally, I don’t believe that life happens at the moment of conception….I think life is formed later on; when the foetus is viable to live itself….so I wouldn’t object….I wouldn’t have a problem with it at all. Do you understand?

I: Yeah, I do.

Pauline: Like you can’t just judge people. I don’t think it’s fair to put your views on other people….as a hcp, you should look at it more from your own education rather than personal experience cause if you’re there to try and help people then what you believe personally shouldn’t actually come in to it. It should be what’s best for that patient – for that person in front of you. You should really keep personal views aside I think.

I: Going back to what you said about your dad, have you encountered much of the same professionally? Have you ever had to sort a situation out in that respect?

Pauline: There are like 3 different branches for us Pharmacists where I work and there was a Muslim Pharmacist who 100% refused to give out the morning after pill on religious grounds….she refused to have any consultations, so those patients were sent to me and I had to help. Especially with young girls….anyway this particular colleague has now changed her views.

I: Really?

Pauline: Yep….mhmm….she has looked at research and things and she is now happy to prescribe it….so she has changed her views.

I: So, do think education, or re-educating regarding views and opinions has made a difference with this particular colleague?

Pauline: Yeah. We have peer discussions regularly and that’s really good. A new manager came in to her work, questioned her views….this is quite interesting because although she could never force her what to do, she still made her reconsider things through pointing her in the way of more recent research. She now thinks that the morning after pill prevents ovulation; not an actual form of abortion. All credit to her – it takes a big person to admit that, not that they’re wrong, just that your views can change. Accessibility is a problem to….I think people should have more direct access to direct referrals….

I: Can you expand?

Pauline: So, there’s a few things – people on medication, where pregnancy can be harmful – to both mother and child. For instance, yesterday we had an issue where a girl on Roacatane for acne – she’s in her 20s and it’s imperative not to fall pregnant on this, but she was silly as her depo injection had run out and she had unprotected sex and we didn’t know where to refer to….if she did get pregnant here, she would have to terminate because the baby would be damaged. We’ve also had girls who have been raped and it’s not always easy to know where to refer to. The girl yesterday – my colleague spent an hour and a half on the phone just trying to find out where to signpost her to – huge barriers. Not just time-wise I mean, it really is an issue. I think Health Boards should be clearer on this….even on the websites, it’s not easy and when people don’t answer phones….leaving this to a few weeks down the line? Imagine? You can’t – but what on earth do we do? Time is a big factor. We phoned hospitals, sexual health clinics, her GP – but eventually someone said leave it with us and we’ll try get a hold of her; but it shouldn’t have taken that long to get someone to advise or to help this girl. We can only do what we can do within our means.

I: What do you identify as the limitations to CO as a hcp?

Pauline: A lack of knowing *where* exactly to help. There can be a lack of knowledge you know. In the area of public health, who do you refer to? If you conscientiously object, you can’t just send the person away….or could you? There’s the problem….I know of terrible things. I’ve had people coming in to us in tears….people who have seen doctors who have been unsympathetic and then time is a big issue – sometimes there’s no time for the Dr to listen. Time is a constraint….time, education, knowledge and willingness….some people don’t care cause believe it or not, you can be a hcp and not truly *care* about the patient you know. There are people like that out there. You need people who take the time to listen to needs.

I: Do you feel that there are restrictions re time?

Pauline: Yeah, if I needed help but felt I was being rushed….I might not even disclose my problem at all – in that respect, that could be seeing someone who is unconsciously objecting cause there are restraints on time.

I: Thanks so much for your time and participation….just wondering if there’s anything else you might like to add or mention….

Pauline: The main thing is education, having empathy and having willingness to listen. With the NHS the way it is in these times, it impacts on people. I had a patient who went to a clinic to have a coil fitted but they couldn’t see her until September, so time and also money – that is a limitation for people. Resources. Everything. This patient was sent away….is this a factor causing unwanted pregnancy? My patient was made to feel like an idiot, so who takes responsibility in this instance? She asked for help and didn’t get it. HCPs have a duty of care. Period.

I: Thanks for your participation.