**File: fi349f80 -- Nurse – Nellie.mp3
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START AUDIO

Interviewer: Okay. So, they’re recording. So, to begin with, can you tell me a bit about the work you do as a health professional and the experience that you’ve had with regards to abortion?

Nellie: So, although I am in this job now, I joined the service in 2001. So, from 2001 to 2014 I worked in a clinic delivering contraception and sexual health. Then became service lead eventually in my latter years and ran a service, it was under direction.

 Within those services we were a referral service. So, patients would come to us and we would fill in a referral form and fax it on. Although it has sort of changed towards the end of that time because it’s direct referral now. So, patients don’t need to turn up to any service to be referred. But for many years, that was the process.

Interviewer: Yes? Okay. So, can you tell me, was abortion something that you came across quite often in your role?

Nellie: Yes, yes.

Interviewer: Yes? So, can you tell me a little bit about that and how you would come across it, as such?

Nellie: Well patients would obviously come asking for a referral. So, they would come to us either knowing they were pregnant or ask for a pregnancy test with a suspicion of pregnancy. We would talk through all the options and then they would make a decision whether they wanted a referral on which from our point of view was just asking some background general medical questions, filling in a form and faxing it off. That was the extent of our input into that.

Interviewer: Yes, yes.

Nellie: Yes.

Interviewer: So, as you know, this project is looking at conscientious objection?

Nellie: Yes.

Interviewer: When I say conscientious objection to abortion, what does that mean to you?

Nellie: I think my understanding of that would be a healthcare professional whose personal feelings were strong enough to influence them and make them… or direct them so they didn’t want to do that or be part of that referral process.

Interviewer: Yes?

Nellie: Yes.

Interviewer: So, have you had any experience of conscientious objection, either yourself or through colleagues?

Nellie: So, in the service that I worked in, there were two doctors who didn’t want to do that, but it was never an issue because all patients were seen by nurses first. So, we just wouldn’t send them to those doctors, so, it wasn’t a problem.

Interviewer: So, do you feel it was… you were able, as a doctor, working in [name of service] that they could conscientiously object?

Nellie: Yes, yes, it was perfectly fine and there was no issue at all with it.

Interviewer: Yes? Have you ever encountered any nurses who may conscientiously object?

Nellie: No. Because I think if you’re going to get a… especially nursing wise, if you were getting a job in sexual health, I think that would be… I think you would come into it knowing that that would be part of what maybe your role is.

Interviewer: Yes.

Nellie: So, I’ve never met a nurse. I spoke to lots of patients who had been seen by their GP so, it seemed like lots of GPs might have or be conscientious objectors.

Interviewer: Yes? What impact did that have on them, as patients?

Nellie: Oh, it was awful, absolutely awful.

Interviewer: Yes?

Nellie: They were devastated, they’re a devastated and vulnerable enough patient group and it was quite traumatic for them.

Interviewer: Yes? When you say traumatic \_\_\_[0:03:19] obviously, if you’ve made a decision for an abortion you want to seek that advice maybe as quickly as possible? Do you think there’d be any impact on the patients in terms of not only the emotional aspect but also maybe the physical aspect?

Nellie: Mainly emotional, I think.

Interviewer: Yes, yes.

Nellie: Excuse me, sorry.

Interviewer: No, no, go for it. Are you alright? Do you want me to go and get a drink of water?

Nellie: No, I’ve got a sore throat.

Interviewer: Oh, no. There’s so much going round at the moment.

Nellie: I know.

Interviewer: So, you mentioned that you’ve got experience of doctors who conscientiously objected and you felt that that was quite well accommodated? You also mentioned that you feel that nurses would maybe put a bit of forethought into the profession that they were entering? Do you think that there is a place for nurses who are objectors to work in the field of sexual health?

Nellie: Yes. I think it could be accommodated and managed.

Interviewer: Yes? How would that work?

Nellie: I think because now that the referral process has changed, but I think you could. I think it quite often happens that a patient would come to you that, for whatever reason, you wouldn’t be able to deal with and you might pass them on to a colleague. It doesn’t have to be done overtly, does it?

Interviewer: No, no.

Nellie: The patient doesn’t have to know that’s the reason why. So, you could protect the patient and the employee at the same time.

Interviewer: Yes? So, has anyone ever asked you to declare whether or not you, yourself were an objector?

Nellie: No, never.

Interviewer: Do you want me to go and get a drink?

Nellie: Come on throat.

Interviewer: Are you sure, you don’t want a drink?

Nellie: No, yes.

Interviewer: I don’t want you choking on me.

Nellie: No, no, I have got a drink.

Interviewer: Sorry, I have lost my trail of thought. Oh, yes. So, I asked whether you feel that nurses could be accommodated. I also asked whether you, as yourself, whether you have been asked to declare?

Nellie: No, no-one ever asked me, no.

Interviewer: Do you think that maybe people should be asked if they’re an objector?

Nellie: Yes.

Interviewer: Yes?

Nellie: Yes. I never was, in all those years, nobody ever asked.

Interviewer: No? Can you tell me a little bit more about what your thoughts are behind why people should be asked, before they enter the profession or whether they’re in the profession, if they are an objector?

Nellie: Because you can manage, you can manage that process, whereas if you don’t know then you potentially could be harming a patient or putting the employee in a position that they don’t want to be in. So, if you ask up-front then you can manage it effectively really.

Interviewer: Ah, yes. So, it’s more for… in a way, to include objectors?

Nellie: Yes, yes.

Interviewer: In a way that protects them as well as the patient so, it’s not as a step to exclude people?

Nellie: Yes.

Interviewer: Okay. So, you mentioned earlier about the doctors who had objected?

Nellie: Yes.

Interviewer: Can you tell me maybe what informed their views or did you get to know what informed their views around objection?

Nellie: No, I don’t think that was ever explored really.

Interviewer: Yes, yes.

Nellie: I don’t think I ever had a conversation with them as to why. It was just that was the decision and we managed it effectively. I don’t think I ever had a conversation with them about why.

Interviewer: Yes? Did it impact on other colleagues in any way at all, their objection?

Nellie: No. That was because of the way the service was managed so effectively and so brilliantly that actually it didn’t affect the patients or anyone else. We could actually manage and work around it quite effectively.

Interviewer: Can you ever foresee a scenario where a health professional or practitioner who does object, whether it would cause any disruption to-

Nellie: Yes. So, I think in a smaller service with less staff, yes, it might do.

Interviewer: Yes? So, maybe like maybe a rural area or something like that?

Nellie: Yes, yes. Or if, for whatever reason, you were in an outreach clinic and there was only the doctor there, so, there was no‑one else there, that wouldn’t work very well.

Interviewer: No? Can you think of a work around for those scenarios?

Nellie: Well different services do different things. So, we instigated a bit of a self-declaration form that the patients used to fill in just while they were filling their registration forms in when they came into the clinic just click are you here for contraception, are you here, whatever? So, we would actually self-stream the patients to the right practitioner anyway, and that would just fall into part and parcel of that.

 So, that’s what we did and I know other Sexual Health Services do something similar, but not all. So, that would be a way around it.

Interviewer: That’s quite a neat way, isn’t it?

Nellie: Yes.

Interviewer: Quite a discreet way really?

Nellie: Discreet, yes.

Interviewer: For both parties?

Nellie: Yes, yes.

Interviewer: Brilliant, okay. So, is there any sort of line on participation to abortion that you would draw for yourself or for any colleagues? Any limitations, as such?

Nellie: The law. So, we just did exactly what the law told us we could do.

Interviewer: Yes? So, having spoken to other people who have been interviewed, they have some personal limitations where they would withdraw their own participation and obviously that’s informed by their own beliefs and their own personal views.

 So, it could be the case where a woman comes with… I don’t know, this is a huge exaggeration, but the hundredth abortion or somebody might be more willing to be involved in abortion for a woman who has been involved in rape or been raped but maybe not for somebody who is on their hundredth abortion.

Nellie: Do you know, in all the years… and I must have seen thousands and thousands of patients who wanted to be referred, there just isn’t that situation. They’re just a really vulnerable patient group. Through all those thousands and thousands of patients, there was never one that was repeated or not traumatised or had their own self belief and put their own judgement on themself before they’d even set foot through any NHS or any provider.

 So, no, me personally, I just wanted to help them step to the next phase as swiftly and as nicely as I could. So, no, from my point of view, I was never put in that situation. So, my personal views were never challenged because those patients just didn’t exist, they were just very vulnerable, upset, distressed patients that just wanted either information or what happens next.

Interviewer: Yes? So, it’s very much, for you, patient choice?

Nellie: Yes.

Interviewer: The patient comes first.

Nellie: Yes, yes, yes.

Interviewer: Yes, I can see that definitely. So, can I ask, if you don’t mind, what helped form your views around abortion?

Nellie: Do you know, I don’t know? I actually would find that really hard to answer.

Interviewer: Yes? Did you have any views on abortion before entering the profession?

Nellie: Not as in strong views, no. So, I’m not against it, I’m not for it. I’m a clinician who sees every patient and who doesn’t make a judgement and tries to stay totally impartial to every patient that comes in through my front door regardless of what they’re telling me.

Interviewer: Yes?

Nellie: I’ve carried that through to every patient I have really.

Interviewer: It sounds like you’re very driven by the patient needs and the patient sort of wants sounds a bit wrong really.

Nellie: Yes.

Interviewer: Because I don’t think anybody really wants an abortion but certainly by what the patient chooses.

Nellie: Yes, yes. Quite often… at our stage it’s different. So, if you were interviewing someone who was at the providing stage, that would be different, but at our stage, we were just referring. A huge percentage of the people we referred would never turn up for the procedure anyway, and the education we gave wasn’t just about that, we didn’t just talk about that, we talked about every option available to them.

Interviewer: Yes?

Nellie: The fact that they had choices to make. We made it a very round and full conversation. It was not just, okay, here let’s sign this form and get you on, we actually counselled them properly about choices in life. For the tiny bit that we had in that process, just gave them a choice really.

 So, I suppose, maybe that’s… that, sort of, is different, isn’t it, to someone who is maybe in a service and the next step along, that’s maybe a different thing, isn’t it?

Interviewer: Yes definitely. I suppose, like you say, you’re a nurse working on the [name of abortion clinic] for example?

Nellie: Yes, yes.

Interviewer: They’re going to deal with the patients who have firmly made those decisions.

Nellie: Yes.

Interviewer: Whereas, I suppose, like you say, that information given might not necessarily lead to an abortion?

Nellie: No.

Interviewer: It could actually lead to the opposite actually.

Nellie: Yes. So, we used to tell them that obviously they can withdraw at any time which, of course, they can. So, filling in the form is just a referral process. They could change their mind, they had time to think about it, you know? We gave them a full all round consultation, it wasn’t just, “That’s your only choice.”

Interviewer: Yes? So, it’s very informal, you know? It’s informal-

Nellie: Yes, it was, yes, it was. You were trying to empower them to make the best decision that they could in a very difficult time of their life really.

Interviewer: Yes?

Nellie: So, it wasn’t just sort of… you know, it was very even.

Interviewer: Yes, even keel discussion? Have your views ever changed over time, you know? Whether you’ve… I suppose I can only talk from my own experience. So, as you know, my background is psychology. Coming into these situations you have a very… you think you know what your opinion is, then you hear something that might challenge it.

 I was wondering if, over your experience, whether anything has ever challenged your views around abortion?

Nellie: No, I don’t think it has, other than the fact that I think I learnt… and listening to many patients, even not patients who had come for a referral but patients who have had a termination in the past. They talk to you and talk to you about the process and how distressing it has been to them and many years later they’re still not at peace with that at all. It’s a very significant thing in their life. Some of them very rarely ever come to terms with it.

 I don’t think that changed my attitude but I think it taught me a lot.

Interviewer: Yes, yes. I suppose it makes you feel very compassionate for someone in that situation wouldn’t it, definitely? So, what do you think are the limitations to participation in abortion?

Nellie: How do you mean?

Interviewer: Okay. So, are there any limits on yourself or on others that you would place for participation in abortion?

Nellie: I think the law is there. It’s quite black and white. I think that would be my approach. I think that if the law allows you to do something then that would be okay.

Interviewer: Yes? Sorry, it sounds like a trick question, it’s really not.

Nellie: Yes.

Interviewer: I suppose maybe if I give the example… I don’t know whether you’re familiar with the case of two midwives from Scotland who brought the case to the Supreme Court? So, they were two midwives, very experienced. They were working on a labour ward and then abortions were introduced.

 They were practicing Catholics so they invoked the right to conscientiously object. It ended up in the Court. So, I think, if I remember rightly, they originally won in Scotland but then they were challenged again and brought to Supreme Court. They created a list or generated a list of 13 things that they felt constituted participation and abortion.

 Those things were like answering the buzzer, emergency buzzer, supporting colleagues who might be involved in the direct care of a woman undergoing abortion. Providing information around abortion, taking telephone calls, things like that.

 So, they had quite a… I suppose, a-

Nellie: It’s broad?

Interviewer: -broad perspective of what abortion entails. They ultimately lost their case. So, the ruling Judge felt that when the Abortion Act was sort of created that the people who envisaged it would have thought that abortion applied to only hands-on activities rather than those more peripheral activities, the sort of facilitating abortion.

Nellie: Yes.

Interviewer: I was just wondering what your perspective is? Do you foster that broad perspective that every element of the process is abortion or just the hands-on activities or whatever you feel?

Nellie: To me, I think hands-on is the activity. I think that that is the tiniest little part of the process. I think the process is much broader than that and bigger. In terms of what I would consider in terms of termination, it would be the hands-on, on the ward on that day, that actual physical activity would be my interpretation of that.

Interviewer: What elements do you think healthcare practitioners should be allowed to refrain from, if they are objectives?

Nellie: I think they’ve got every right to say they don’t want to do any part of it if they don’t want to do any part of it. I think if they’ve chosen to go into a service where they’re going to be exposed to that, then there has to be a way of managing that successfully for both parties.

Interviewer: Yes? So, you still feel that it’s possible to be an objector and work in-

Nellie: Yes, I think so, yes.

Interviewer: -I don’t know, [name of abortion clinic], for example?

Nellie: I’m not sure. I’m not sure whether you could actually do that in a termination service. Because that would be all your patient group.

Interviewer: Yes, yes.

Nellie: You would only see people having a termination.

Interviewer: Yes?

Nellie: You would never see any other patient group. So, I’m not sure, I’m not sure how you would manage that. I think as a person, if you were conscientiously objecting, I’m not sure you’d want a job there.

Interviewer: No?

Nellie: So, I’m not sure that would work. In the periphery services, I’m sure there’s a way of accommodating both. Because it will be a proportion of your patients but not-

Interviewer: Every patient?

Nellie: Not every patient.

Interviewer: Yes. Thank you. So, have you ever experienced a woman seeking abortion who has previously been refused care or to be-

Nellie: No, but we’ve got lots of patients who had tried to approach their GP for a referral and they had been told no, they didn’t agree with it. Or they’d actually had a consultation with their GP face to face and their GP had said, “No.”

Interviewer: Really?

Nellie: Yes.

Interviewer: What impact did that have on them?

Nellie: Oh, I think that impacted them hugely. I think it made them feel very ashamed.

Interviewer: Oh, yes.

Nellie: So, I think, it then became a barrier to accessing our service because they were terrified they were going to be treated like that again.

Interviewer: I suppose that made your job quite difficult really?

Nellie: Sometimes. That’s all part and parcel of that conversation and your consultation with your patient and the fact that you need to discuss everything with them. It’s not just a two minute conversation, it’s something much larger than that really.

Interviewer: Yes, yes. I’ve asked that, blooming heck. So, in some places, like Sweden and, I think, Iceland, whole institutions… they don’t… sorry, I can’t get my words out right now. So, whole institutions, it’s where conscientious objection is unlawful. So, whole institutions, everyone who… no-one can conscientiously object, no healthcare practitioner.

 Then in Italy it’s the opposite. You’ve got whole institutions that invoke the right to conscientiously object. I was just wondering what your thoughts are around that, you know? Do you think that approach to conscientious objection works, not work? Do you think it could work here? What’s your thoughts?

Nellie: I think banning it completely would be very difficult.

Interviewer: Yes?

Nellie: Because if you were to draw a comparison… so, if you had a personal opinion or you had something stronger than that, because, I think, conscientious objection is something stronger than that. If you had that towards drug taking, for instance, would that stop you then from treating a patient that had taken drugs? Well yes, it might, mightn’t it?

 I think that then asks a lot more questions. What about if you disagreed with smoking and your patient smokes? So, there are lots of parallels that you could bring into that which don’t seem to have the same emotional impact as abortion termination. So, it is something a little bit different.

Interviewer: I think it’s the life issue maybe?

Nellie: It is, it is. To be fair, I think you can manage it effectively. I think people who conscientiously object have every right to do that, because that’s how they feel. I think as long as you know in advance you can do something about it. I don’t… I wouldn’t expect someone with those strong views to actually work actually in a hands-on delivery service. I can’t see that that would work.

Interviewer: No, no, no. I don’t think anybody… I suppose it would jar so much with your own beliefs that maybe you wouldn’t go and work \_\_\_ or somewhere like that, yes. So, do you feel the rights of the patient override the rights of the healthcare professional?

Nellie: I do personally, yes, yes.

Interviewer: Can you tell me a little bit about what informs that belief, I suppose, or feeling?

Nellie: I was going to say I was trained that way but actually I’m not sure I was. I have been a manager a long time. A lot of my responsibility was taking care of my staff but I would still prioritise my patient. So, you would just make sure that your patient pathway through the service was as swift and as good as it could be.

Interviewer: Yes?

Nellie: You can do that quite easily as long as you manage it effectively. If you did have somebody who was a conscientious objector, you can manage that not to impact the patient.

Interviewer: Yes?

Nellie: My personal feelings about putting patients first, I don’t know, I don’t know if that’s unique to me. I don’t think it is. I think most nurses feel like that. I’m not sure other professionals feel the same as that. I think they have a more even balance between patient practitioner. I think as nurses, I’ve worked with lots of nurses who definitely put the patient first.

Interviewer: Right. So, that duty of care almost overrides-

Nellie: It is, it is.

Interviewer: -any beliefs of your own maybe?

Nellie: Yes, yes. I don’t know whether that’s because of the teams that I’ve worked within, and I’ve learnt my craft from others like you do as any professional. I don’t know whether I’ve just looked at other people who I’ve been just totally impressed with and think that’s how I want to be. In a year’s time, I want to be as good as you. That was their ethos. So, I’ve just absorbed that into how I nurse, I don’t know.

 Yes, I think the patients come above the health profession.

Interviewer: Yes. That’s fair enough. I’ve asked that. So, if the clause allowing healthcare professionals to conscientiously object was withdrawn or reconsidered, what do you think, if anything, should replace it?

Nellie: Oh, I don’t know. Locally, instead of having that locally, you could have some sort of written contract or you could have it written into an employment contract, couldn’t you, if you felt that strongly about it? You could do it more locally rather than on a national level. That would work okay. Or the people who conscientiously object are just not going to work in those services, are they?

Interviewer: Yes.

Nellie: You know, it would be difficult to be able to do that, I think, from their perspective.

Interviewer: Yes, yes. I suppose it’s difficult, especially for yourself as a…We would sort of label you a non-objector, sorry, the label sounds strong.

Nellie: Yes, yes.

Interviewer: We would group you as a non-objector. I suppose it’s hard to know really unless you know what an objector’s beliefs and the reasons behind it might be?

Nellie: Yes. I think that would have to be explored, wouldn’t it, to see whether there was a way around it?

Interviewer: Yes. Do you think… you mentioned, as I say, those two doctors? Did their objections put any strain on any of the colleagues at all?

Nellie: Not at all but it was a very big service.

Interviewer: Oh, right, yes.

Nellie: So, we had… on any one shift we had a lot of staff on because we were a very busy service. So, no, it didn’t have any impact whatsoever. It actually made no difference to what happened. I imagine for a much smaller service, that wouldn’t be quite as achievable really.

Interviewer: Yes, yes. So, again like rural areas and stuff? Do you see referral as part of abortion process or part of the element of abortion process, participation and abortion?

Nellie: Do I? I suppose I don’t, I suppose I don’t. Because we were very sort of at the very first step of that process, I suppose. So, yes, it is part of that process but, I think, because it was the first step of the process maybe I didn’t see it necessarily as part of that process. In my mind then turning up to the actual abortion service, that was the start of the process and we were merely referring on really to them.

Interviewer: I suppose your job, as you say, you were given a balanced sort of education around choice?

Nellie: Yes, yes, yes. So, it sort of didn’t feel like that but actually yes, it probably was the beginning of the process. I think I’ve always viewed it as just a stepping stone in the beginning of the process was them turning up to actually the termination service.

 So, they used to go… I don’t know whether they still do this because it’s self-referral now, so, they actually don’t need to be referred by anyone. So, they just phone up and make their own appointment. They used to see us and then we’d fax off the referral form as soon as they’d been in clinic. So, we did it that day.

 Then about two weeks later they’d then turn up to the termination clinic and they’d have a counselling session with a healthcare professional about choices and what happens next. They’d go through in-depth information and then they’d have another appointment after that to discuss options and to make sure that it’s exactly what they want and the termination actually didn’t happen until the third appointment.

 So, that’s what used to happen, whether that still happens? So, it’s actually quite staggered and it gives a lot of time for thought and it gives breathing space in between your consultations.

Interviewer: Yes?

Nellie: It gives them that ability that they weren’t rushed into it. Now whether that is the same or not I don’t know.

Interviewer: Yes? No, that’s fair enough.

Nellie: Yes.

Interviewer: Definitely. So, there was plenty of opportunity as you were saying for people to reconsider and step back?

Nellie: Yes, yes.

Interviewer: It wasn’t just about, “You’re here, this is what you’re going to get.” It’s actually, “You’re here, this is the options available, this is one of many.”

Nellie: Yes.

Interviewer: I see where you’re coming from. I think I’ve actually asked everything now. That’s probably going to be my quickest interview ever. Yes, I think so. So, is there anything else that you’d like to add or add to the conversation? So, we’re looking at conscientious objection in terms of the extent and limitations around abortion? Is there anything that you’d like to add?

Nellie: I suppose, to me, they’re just a very vulnerable group of patients. I suppose if you were looking at 16 and under, that would be even more vulnerable. You would hope that maybe conscientious objectors wouldn’t target those services to work in.

Interviewer: Yes, yes.

Nellie: I don’t think they would. All the services that I had connection with didn’t.

Interviewer: Yes? Yes, still very young themselves?

Nellie: Yes, yes. They need a lot of care and attention really.

Interviewer: Yes, definitely. Thank you so much. That’s brilliant, that’s absolutely brilliant. I’ll just stop that.

END AUDIO

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