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START AUDIO

Respondent: - as long I don't have to hear my voice.

Interviewer: No. I know, I cringe when I hear my own voice back. It's part and parcel of the job, but anyway. Thanks very much for participating. Obviously you've signed your consent form, so we're good to go. Can you tell me a wee bit about your role as a healthcare professional?

Respondent: I started in 1982. A couple of breaks of service. So I've had quite a wide variety of experiences, from care of the elderly to surgical- mostly surgical. I have worked in medical, but didn't particularly enjoy that. I like the surgical-

Interviewer: Hands on?

Respondent: Hands on. For the last almost 17 years I've worked in renal at Monklands. A mixture of the Dialysis Unit and rotations onto the ward. But for the last few years, it's mainly in the Dialysis Unit.

Interviewer: So you've got a real varied-

Respondent: I also bank for a wee care home, because I'm planning to retire at the end of next month from the NHS.

Interviewer: Really?

Respondent: I find a lot of changes in the NHS. And there's much more admin and less- there's not less patient care. The patient care still has to be done, but there's not the same focus or time to focus-

Interviewer: On the patient?

Respondent: Yes.

Interviewer: Okay. In your time through you career, have you ever come across pregnant women where you've maybe been in a role where you've had to advise women who may be seeking pregnancy termination?

Respondent: Yes. I have come across that.

Interviewer: Could you tell me a wee bit about that? Like how you felt, given your role as a healthcare professional? Were you quite comfortable taking part in that process? First of all, maybe-

Respondent: Yes, because I was absolutely fine. I don't know if you know, but we have- there is an opt out that we can- if we have- whether it's professional or personal objection, we can opt out from participation in the actual procedure.

Interviewer: Yes, the conscience clause in the act. Yes.

Respondent: So while I wouldn't want to be a part of the actual procedure itself, I wouldn't have a problem before care or after care, because professionally, I can't judge because I've nursed people from all walks of life that have done all manner things. But to actually sit there and say I couldn't give you a cuddle and tell you what I've done-

Interviewer: I could imagine, yes.

Respondent: We've had prisoners in handcuffs sitting with guards.

Interviewer: That still need that care.

Respondent: The care has to be given. It's not- I don't pick and choose or judge who I look after.

Interviewer: Absolutely.

Respondent: I might think to myself, "You're not a very nice person", but I'd be failing in all the years that I've…

It's time for me to leave the NHS, but my professional integrity is everything. People can say you did a bad job that day or you're not very nice or I don't like you, I've heard it all, but not to question my integrity as a nurse. That would upset me.

Interviewer: Yes. So you- care and professionalism is first and foremost, obviously. So you mentioned about the hands, more hands on within- thinking along the lines of abortion and that procedure. So what, in your opinion, constitutes participation within that procedure, would you say?

Respondent: The actual physical process of ending that pregnancy. So whether it would be giving the drugs, or if the baby was surgically removed, I wouldn't be a part of that process.

Interviewer: Have you had experience where you've been in the situation where you've said, "No, I'm not willing to go any further"?

Respondent: No.

Interviewer: But you just know in your head that you would-

Respondent: I know that’s there, so I'm in- there's been a formal discussion, "Listen I know how you feel about this". So it's absolutely fine. It doesn't-

Interviewer: So is it fair to say you felt like the conscience clause, with that being there then, that you felt as a health professional pretty much protected by that then? If you get what I mean.

Respondent: Not as a healthcare professional, just because from a faith a conscience point of view.

Interviewer: I understand, okay.

Respondent: I wouldn't be…

There's no- from a healthcare point of view, there's no ethical, legal or procedural which prevents me or makes me feel that I wasn't protected. The only way I would feel not protected was if I was being asked to do something that was out with my experience or I felt wasn't right. And I have been asked that. Not in this context, in another healthcare context, where I've had to step back and say, "This isn't appropriate" or "I shouldn't be doing this".

Interviewer: You don't feel comfortable with it.

Respondent: I don't feel comfortable with it. Not in that context, but-

Interviewer: Yes, but in another situation.

Respondent: Purely from a faith point of view, what my faith teaches me and what I feel personally, I couldn't.

Interviewer: Yes, take part in that abortion process.

Respondent: No. No.

Interviewer: So faith, obviously you've mentioned your faith. So your views on abortion then, is it fair to say that that comes from a faith point of view, as a moralistic upbringing? Your upbringing, has that been kind of involved in your views as well?

Respondent: Yes.

Interviewer: What do you think has helped you then to sort of form or shape those views that you have?

Respondent: Well, the family that I grew up in and the views I heard expressed. To be honest, I did think their views were a wee bit strict and extreme, but it's only when you engage with people and their experiences…

I can give you an example, if you'd like?

Interviewer: Sure, that would be great.

Respondent: A lady who was recently widowed and went out and got drunk and met someone, and the pregnancy was the consequence. She said that her family, who were Catholic, disowned her and she was completely alone. And "You must think I'm a horrible person, but I can't, I just can't continue with this". Why would you think that we're judging you? We're here to help you.

She had counselling or whatever. That wasn't our…

We hadn't provided that, but she'd gone down that route. In fact the only person that she felt really supported her was her priest. But her family, and they know the church's view, he didn't support the end of the life. But very much, "You're not on your own and we're not going to cast you out as a terrible person".

Interviewer: Did she go on to have the baby?

Respondent: No. No, she didn't. But she felt her family had issued her an ultimatum the family ties were- she said, "I've lost my husband. I did this terrible thing. I felt dirty, I felt awful". Equally, I've looked after young woman that have just- and you think, would you give it a thought? One of my own family. That's just, "This isn't for me, I'm not having it".

That was very hard to take.

Interviewer: Definitely, yes.

Respondent: But at the same time you don't stop loving them or supporting them. And that was awful.

Interviewer: Yes, I can imagine. Because, I mean, it's a very emotive topic, right, in itself? But when it is at your door as well, you know, I can imagine it's even more so.

Respondent: Reflecting back, I thought it was…

It was my sister's daughter. "You've just lost your mum, what, a year ago? So maybe…"

Interviewer: There's been other factors.

Respondent: We thought there's been other factors, but not that I would want her to suffer, but I felt as if she picked up her life too easily and I think "You didn't grieve". It was as if, well, it's over and done now. Put that to bed.

Interviewer: But obviously, maybe with your own views and your feelings, you know, you wonder how can you feel like that? How can you, you know? It's difficult.

Respondent: I can't comprehend it, but then maybe I shouldn't even try to comprehend it, because it wasn't my situation.

Interviewer: Yes. So do you think it's fair to say then that your views and your beliefs have always been the same? Like, even before you came into the healthcare profession? You've had the same feelings and views on this particular topic always?

Respondent: Yes.

Interviewer: Do you think they've maybe strengthened or changed in any way as you've gone on in your career?

Respondent: I think if anything they've strengthened, because my view hasn't changed. I know…

How can I put it? It doesn't always go hand in hand with the church. Sometimes I think, "That's conflicting a wee bit here", because sometimes I think it's blinkered. But the basis, the original thoughts, feelings, no, that's-

Interviewer: That's the same, that's a life.

Respondent: I can bend the way sometimes, but that's not in support of the actual procedure, but the compassion that you feel for the person that's making that decision.

Interviewer: Yes, absolutely. So again, you know, from an experiential point of view, it's very much kind of situational then? It depends on what that person is having to deal with and having to live through. So you have said like before care and after care you don't have an issue with?

Respondent: No.

Interviewer: And that's due to, would you think, compassion and empathy?

Respondent: Compassion, empathy. My role as a healthcare professional, as a human being. I think the ‘don't throw a stone analogy at people in glass houses’. You can use all these old clichés, but-

Interviewer: [Crosstalk 00:12:35].

Respondent: - I haven't made a mistake. There was a nurse that made an error at work a few weeks ago, and was absolutely distraught to the point where, "I need to leave, I can't do this". And we all sat down.

"Remember that time you did this", or "remember that"- we told our own wee horror stories. But you're also calm and professional, because you learn from it and you move on.

Interviewer: Because you've had experience so you understand first-hand, because you've gone through that. So, do you think it's fair to say then, you know it's maybe obvious to say, that your own experiences, you can kind of relate to other human beings, whether in a personal capacity or a professional capacity, by experience? So maybe that's a care factor, looking back again to this particular situation with terminations.

So you have that understanding already sort of in built in you, because first and foremost, you care.

Respondent: Yes.

Interviewer: And I think that's really important.

Respondent: It's been at the heart of everything I've done in my working life.

Interviewer: Absolutely.

Respondent: I don't necessarily like everybody that I've ever cared for. Some people I'm glad to see the back of them and hope never-

Interviewer: They've pushed you to your limits?

Respondent: Yes.

Interviewer: But you're still caring.

Respondent: Yes. Still do a good job and send them away hopefully healthy or fixed, whatever. I'm not going to fix their attitude or their behaviours, but physically I've done what I needed to do.

Interviewer: Yes. So that's the same then with the women that are coming in for terminations. You do what you have to do for them physically as well.

What do you think, you know, we've kind of touched on conscientious objection. What would you say that means to you as a person?

Respondent: To me as a person it just allows me that freedom to \_\_\_[00:15:04] and freedom of choice. I can decide whether or not to participate or not participate, and not be made to feel bad or I'm not doing my job, or I'm not being a caring person. But that could all be, I think it's a good thing, because that can all be sorted out and decided. It wouldn't be decided at your patient's bedside. You have your wee morning report or your shift change handover, and you…

If you weren't in charge, you would be able to say to your line manager, "Listen, I have a problem with this".

Interviewer: So is there scope there then, you feel like you would feel supported in the fact that there is scope there to sort of voice that?

Respondent: Yes.

Interviewer: Because some people might have the other counter argument and say, "I don't feel comfortable within my job. I'm scared I might lose my job if I say that I can't take part in that". You know?

Respondent: There might be some people that feel that way, but there really isn't a- that's not backed up, that's not a justification. You can always, if you don't feel comfortable speaking publicly, there is always someone you can speak to.

Interviewer: Even in private?

Respondent: Yes. There is always a way to- I've had a situation at work, that my line manager left and it was a male. I had a gynaecological problem that required me to be off sick. So I'm just not coming to him to talk to, I can't do it. But there was someone that I was able to speak to. So when we did sit down and have cause to speak, I said, "So-and-so will feed back to you". "No, that's fine. We don't need to have this conversation". I said, "You just need to know my sick line will be in"-

Interviewer: So there was that understanding?

Respondent: Yes.

Interviewer: Also, in the same kind of vein, just thinking to past conversations I've had with varied health professionals, some might say that they don't particularly agree with the conscience clause and say, "Well, you're in this role, you're let's say a midwife. You've signed up to this job, this is part of the job, so you shouldn't be allowed to opt out of this". Which makes you kind of think, okay, you've got - particularly myself as a researcher, step back and say - you need to see things as kind of- I need to be on the fence as such and say, "Right, okay. Try and understand this".

What would you think about that?

Respondent: I can only speak from personal experience. It's been a positive thing, and this has never- I think if I worked in theatres and I was a theatre nurse, then surely you think- because it has come up. Like when I was doing my training and you think, "What if I came across this?" You think, the chances are I'm not going to be working in theatres.

But if you take on that role, you must be aware that that is potentially so, would you not? Because I thought about it. I thought, "If I'm going to be working in a surgical ward, if this happened, what would happen?"

Interviewer: So you've kind of pre-empted that possibility? You think, "What would happen if?"

Respondent: If you took a theatre job, then I think you've really not got a case for refusing, because you can't pick and choose what you do. Whereas, if I'm in a surgical ward, the chances of being sent to theatres, depending on where you work, is pretty slim. So the opportunities for raising objections in that situation, it really would be difficult to see how that would be a problem.

Interviewer: Yes. And do you think, looking at- we're going to come on to limitations to conscientious objection in a wee minute, right? But just putting it out there before that, sort of staffing levels. If somebody had to use the conscience clause and opt out, would you think that there would be enough sort of cover there for somebody else to step in and take over? Or would that have to be pre-planned beforehand?

Respondent: It wouldn't be pre-planned, no it wouldn't be. Just purely experience from surgical places of work, they wouldn't pre-plan. They'd think, "Oh no, she said this. What are we going to do?" Then they would have to re-jig. They wouldn't plan, "We may have somebody who would object to this".

Interviewer: Okay, right. Because that was another sort of thing, you know, an issue. Looking at limitations to conscientious objection. So kind of bringing me on to that then, what would you think, or what would you identify as limitations to conscientious objection, if you know what I mean?

It's a kind of difficult one, but…

Respondent: It's hard to say what limitations there are, unless someone objects to the whole package. Then yes, that's limited. Saying, "Well, this woman's come in the door. I want nothing to do with her". Then that's just not on.

Interviewer: So that maybe comes back to the participation, what you would deem as participation again then.

Respondent: And I've not actually seen it in black and white, it's just an implicit understanding through discussions I've had on surgical placements or surgical wards. They've spelled it out, participation is actually being in theatre whether they're surgically removing a pregnancy or administering whether it's a drip or a drug that will hasten the end of it.

Interviewer: Yes, so that act is-

Respondent: The actual act, nothing else.

Interviewer: Yes, the other side of it is caring for that person, maybe.

Respondent: - recovery room. I could be in the recovery room. My understanding and experience of objection is that you take the patient to theatre and receive them from theatre. It's just the bit in between-

Interviewer: That you're not participating in.

Respondent: Especially actually working in theatre, the chances of that happening now, unless you work in a surgical unit I think with all you do in continual rotations, you could be in theatre, you could be in recovery, you could be in the ward.

So at [name of hospital] a lot of their staff only work in theatres or only work recovery, whatever.

Interviewer: Right, I understand. That makes sense.

Respondent: So if you only work in a ward, the chances that you would be sent to theatre to cover that…

The more likely scenario would be that the manager, the nurse manager would be looking for people to cover theatres and phone down, "So-and-so's called in sick. We're trying to cover this shift tomorrow".

Even then, the theatres are like a suite of rooms. So it would be feasible to me, although it's been a long time since I've had a placement at [name of hospital], you could be in gynaecology or somebody's having a hip replacement. So the chances of saying, "Listen, can we swap? You go there and I'll go here," there's still scope for-

Interviewer: Accommodating that, really.

Respondent: Going back to the original, I don't think, personal experience, I don't think the limitations are significant. Not in my experience.

Interviewer: Sure, right, okay. Yes, that makes sense. And really, that's kind of pretty much everything that I wanted to sort of ask, unless there's anything else that you think I might have missed out that's pretty important to this topic?

Respondent: No.

Interviewer: Or anything else with regards to your experiences that you might want to, maybe just drawing attention to this, you know, the main aims of the study. What do healthcare professionals understand as constituting participation in abortion, which we have spoken about. I think you've made really clear.

The second part, which elements of the abortion process should professionals be permitted to withdraw from on grounds of conscience? Which again, you've really talked me through that as well.

Respondent: It's obviously something that I've considered. We may find issues with healthcare professionals that don't have…

They're not looking at it from my perspective, how would I reconcile my views as a person from a faith point of view? Personally and professionally, how do you reconcile all these? Someone else might just not have that…

Interviewer: Yes. I know what you mean.

Respondent: If you were asking someone of no particular faith, or any faith at all, what their views on it were, they might say, "Why are you even asking me this? Is it a thing?"

Interviewer: Yes. So it's all very much to do with the individual?

Respondent: Yes.

Interviewer: And what makes those individuals, what their beliefs and their views are, really?

Respondent: You'll still get nurses who practise their faith, who think that they should have no part in any of it. You think, well, how do I decide when that wee man comes through the door that battered his wife? Or the man that killed someone.

I've not had a murderer that I know of. I've had a prisoner and they wouldn't talk about him, or had a prisoner that came in and was quite free with his information, "I done this and I done that". Whatever.

Interviewer: Yes, you're just seeing the patient? And the person that you're having to care for.

Respondent: Yes.

Interviewer: Yes. Yes, that's great. Listen, thank you very much.

Respondent: You're more than welcome.

Interviewer: That's been really, really insightful and valid, so I appreciate it. Thank you.

END AUDIO

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