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START AUDIO

Interviewer: So first of all, thanks very much for taking part.

Respondent: Thank you.

Interviewer: And you’ve read over, had a wee read at the participant info sheet?

Respondent: Yes, I’ve read that.

Interviewer: And you’ve signed a consent form?

Respondent: Signed, yes.

Interviewer: Good to go? So, first of all can you tell me a wee bit about your role as a healthcare professional?

Respondent: Currently I work as a school nurse, and so it’s within public health. Prior to that I’ve worked in various areas, including oncology. I worked as a midwife, both here and abroad as well.

Interviewer: Fantastic, right.

Respondent: And so that was like pre and post-partum care of women, okay. And one of the hospitals I worked in, any sort of terminations would be carried out in a specific ward, so I was given, if I was asked to work there, I did have the option to refuse. And the same within a maternity ward where late terminations were carried out, I did have the option to refuse to participate in that.

Interviewer: So was that the option you chose under this conscience clause then? Did you choose to opt out of those?

Respondent: Yes, and the interesting thing was I was always asked if I had any objections to my participation in it, so to say no, I didn’t want to participate in that, and then I worked in a different area on that particular day.

Interviewer: So in that vein then about participation, what would you constitute as participation within that process?

Respondent: Participate? I think it depends on your perspective. I think some people could include sort of pre care, sort of actually doing the procedure, and then the post op care of the woman involved in that, which is quite interesting. So any time I’d worked on the gynae ward, the actual gynaecologist on the wards that I worked on did not actually perform abortions, which was really interesting. Anybody who was having a termination went to a different ward.

So that was actually surprising for me because you sort of make the assumption that most gynaecologists will actually perform them, and that was a learning experience for me to find out that actually there are a lot of gynaecologists who do not perform abortions, which is quite-

Interviewer: And would you say that would be like the same under the conscientious objection?

Respondent: Yes, I would imagine so. If they knew that that’s what the woman was coming for I suppose they would have the option to carry on that treatment or refer on to a different gynaecologist to perform the procedure.

Interviewer: Yes, that is interesting.

Respondent: Which was really interesting for me, it was a learning curve for me at that time in my career.

Interviewer: Absolutely. So, you know your views on the termination procedure then, can you give me a wee bit more about the background to your views? Like how you think those views have been shaped?

Respondent: I think sort of growing up, obviously I’m Catholic so I grew up in a Catholic family, so it was very much pro-life. I also went to a convent school where we were taught about the horrors of abortion. We had a lot of links in with the SPUC and with the Innocents. We did lots of things within Innocents, and in fact we were involved in a wee group towards the tail end of school where we had actually gathered money together and it was a fundraising thing.

And \_\_\_[0:04:06] aunties who’s a dressmaker, she actually made the bassinet and we kitted out the bassinet from scratch, so we got a basic thing. And I’m a knitter so I knitted lots of baby clothes and we bought lots of different things for a mum who’d approached Innocents and gone on to have her baby.

Interviewer: Really?

Respondent: Yes. And it was interesting because one of the sisters that was involved in that asked if she could use the template that Mam had made to make further.

Interviewer: So that kind of started off.

Respondent: So that started off, they started making the bassinets from scratch and kitting them out and letting them supervise in like a, I don’t know what you call it, a little pack for the mums so it was like a starter pack for the mums. So that was actually, you felt you were actually doing something very positive for the women.

Interviewer: So do you think your education as well as just that upbringing then, your education has had an impact on your beliefs?

Respondent: I think it’s had a major impact. I think everybody’s got the right to life and I believe in serendipity, that things happen for a reason. You don’t always know what the reason is at the time, and in my mind there are worse things than a wee baby to be honest with you.

Interviewer: Yes, that makes sense. So obviously my next question is going to be what has helped you to form these beliefs and you’ve kind of answered that in the sense of your upbringing and also your education. So the beliefs that you’ve had then, they’ve stayed with you I take it throughout your career?

Respondent: They’ve stayed with me through my career. I try to be non-judgemental because I believe that people in a way have got the right to decide and I think my part in it is helping them to make a positive choice rather than a negative choice because of, not just the physical impacts of an abortion but the negative impact, and the woman’s health as she grows and continues through her life path.

Interviewer: Wellbeing and things, emotional wellbeing.

Respondent: Emotional wellbeing, yes.

Interviewer: Do you think that abortion has a major impact on the woman then emotionally as well as-?

Respondent: Yes, I think on different women. I think it depends how sensitive a woman is. Some women feel that they’re caught in an impossible situation and they’re making an impossible choice. And I think it would have greater bearing on them and their future mental health and wellbeing because of what they have chosen to do for whatever reason. And I think it’s the hard thing for women. And I think I see myself as trying to promote something positive with them, saying that there is another option to that, because it is a difficult choice.

Interviewer: Yes. Do you think that education style plays quite a major role in that choice, so to speak, as well?

Respondent: I think to a certain extent, but I think society has sort of warped that a little bit, because I think even children come through and it doesn’t have to just be a Catholic education system, it can be like another Christian education system where abortion is also frowned upon, but society takes over sometimes when people leave that and people make decisions based on societal norms.

Interviewer: So it’s seen as it should be this or It should be that, yes.

Respondent: It should be that, yes.

Interviewer: Yes, rather than seeing it as an individual thing?

Respondent: Yes, and I think because, and I’m not saying that abortion is easy, although I think it is to a certain extent, but I think people can be pressured by friends, boyfriends, to actually make a negative choice in their life and one that they might regret in the future.

Interviewer: And having access to maybe misinformation that’s out there as well, you know. It’s interesting what you say about what’s out there. We’ve got information at the touch of a button now and it might not necessarily always be right. It’s almost become sort of a cultural thing do you think?

Respondent: Yes, I do think that. And I think some people see it as an easy solution to a problem, you know. “Oh, it’s the wrong time and I don’t want this. I don’t want this child,” you know, not seeing that the child could be an actual positive to their life and bring a lot of joy. And again, it goes back to my feelings that things happen for a reason and you don’t always understand what the reason is until maybe a couple of years down the line.

Interviewer: Have you ever had anybody sort of first hand come to you for advice about possibly seeking a termination? Have you had experience of that first hand?

Respondent: I can’t think of anything like that. I’ve had conversations with friends about, you know, how-. In fact it was someone, it was, I’m trying to think- one, two. It was her third child and she was pregnant with her third child shortly. I think the new baby was only about, I don’t know, three months old when she found out she was pregnant again and she was actually offered a termination by her GP.

Interviewer: Really?

Respondent: Yes, and she didn’t even think twice about it, she just said no. But it was interesting, years later talking about that when she saw how wonderful her daughter, as it turned out, her daughter actually was. How, if she’d made the wrong decision then her daughter wouldn’t have existed. So it made her really think about-

Interviewer: The impact.

Respondent: The impact, yes, but it’s a positive, so I think it was a positive impact. Like she would have destroyed someone who was a really wonderful person, so-.

Interviewer: So seeing like your friend’s experience as such then, has that made your views even stronger then, like listening to her story and seeing first hand?

Respondent: Yes. Yes, it has, it has, because I just think, again going back to serendipity, everything happens for a reason, and you don’t realise at the time. Years later you look back and you sort of think, you know, if I’d made that wrong decision then this would not have happened, I would have gone a different path.

Interviewer: So bringing the conscientious objection in right, what does that mean to you? What does that term mean to you as a health professional?

Respondent: It means that as a health professional that I should have the right to not participate in any procedures, and that could be termination, as we’re talking about, it could be ending someone’s life at the other end of the spectrum. I should have the right to object to that and not participate in that.

Interviewer: Okay. And obviously there’s the Clause 4 within the 1967 Abortion Act that does take that conscience clause into consideration. Do you think that’s clear enough within the law?

Respondent: I think it was probably clear at the time, but because society has moved on then the edges might have become a bit blurred because society’s more accepting of abortion. It’s almost like a cultural norm if you get pregnant and you think, “It’s too early, oh I’ll just go and have a termination.” And a lot of people do think like that, because I’ve heard a lot of people say that, you know, and I’ve sort of said, “No, that’s not right, because you’re talking about a child, it’s not a right thing.” So I don’t know, maybe it should be amended to move on to encompass today’s societal beliefs as well.

Interviewer: And to make things kind of less of a grey area really?

Respondent: Oh yes, I think so, yes. Because then there’s no mistaking and you would still have that right to object and not participate in procedures that you don’t want to do.

Interviewer: What do you think would be limitations to conscientious objection?

Respondent: Limitations. That’s a difficult one actually because a lot of the time it would be down to staffing, so if there is no other staff here to participate in that. And then you wouldn’t really have a choice. But that’s an interesting point as well, because although through my career I have objected, I’ve not participated in pre-care during the procedure, I was called upon at one time to actually recover a woman who had actually had a termination and that was actually quite a humbling experience to me.

Interviewer: Really?

Respondent: Yes, because when she was coming round the woman was so distraught, she had been put in an impossible situation and made an impossible choice. And the caring part of being a nurse is that you look after someone’s emotional needs as well as their physical needs. So I found it actually quite humbling and I sort of reassured her in a way. I don’t know if that’s the right word. And I know this is going to be a wee bit of conflict here-

Interviewer: No, that’s fine, just-

Respondent: And she was in an impossible situation. I won’t say the details here, but my reassurance to her that for her at that time that was the right thing. I know that’s a bit of conflict, and that conflicts with me, even today, but-

Interviewer: It brings it back maybe to that individual situation which we were saying about, you know, what’s right for one person-

Respondent: Is not necessarily right for another one.

Interviewer: Considering factors that are involved maybe.

Respondent: I know that that woman herself would remember that child in her own way because she did say that, she said that she would never forget this, she would never forget this child, but it was such an impossible situation for her to be in.

Interviewer: But you provided that care.

Respondent: I provided that care for her, but that was the only time that I was involved in a post-op care.

Interviewer: And was that due to, you said the staffing levels?

Respondent: That was due to staffing levels, yes, and there was no one else. It was a bit mad because it was actually on a labour ward as well, so I think there’d been an emergency.

Interviewer: A crossover maybe?

Respondent: Yes, and I think that was why my help was needed to look after this woman recovering.

Interviewer: How did that make you feel?

Respondent: Tearful I think. I was upset that I had to do it, but at the other end it gave me a different perspective and I knew that I’d done something positive for that woman. And although she regretted it, again, it was an impossible situation. But she said, “I’ll remember this baby every day of my life,” so it was a humbling thing and it gave me a different perspective on it, although it didn’t change my beliefs and my views.

Interviewer: No, but it was witnessing somebody else’s experience.

Respondent: Yes, and witnessing what was a trauma to them as well. You know, so it was a trauma at the end result of a previous trauma, so it was quite humbling.

Interviewer: Thanks for sharing that. So you had said kind of earlier on that you were asked your views, if you want to participate or if you don’t. Have you known that to be always the case then? Like your views were always sort of taken into consideration by your supervisor or ward manager?

Respondent: I think so, yes. I think that was the only one time that I was asked to do anything, because even when I was doing nurse training, working in theatres, I would always say, “I don’t want to participate in this,” and I was always found a different job in a different theatre.

Interviewer: So it never created a problem as such then?

Respondent: No.

Interviewer: No, like there was no-. You know, because some people might say, “Oh,” just for argument’s sake, like, “if that person objects it’s putting more pressure on me because then I need to-.” Do you think that comes into or-?

Respondent: I think it possibly does come into it, but I think if you’re a strong person and stick to your guns. Some people will say, “Well that’s fine, I’ll go and do something else if you want to go and participate in that, that’s fine.”

Interviewer: Because you see that as your right?

Respondent: I see that as my right, yes.

Interviewer: Both as a professional and a person in your own right?

Respondent: Yes.

Interviewer: Sure, okay. So thinking about elements of the abortion process that health professionals should be allowed to withdraw from, can you think of any that stand out in your mind?

Respondent: What do you mean, like-?

Interviewer: Examples like looking at the second question and the whole sort of research paper, so which elements of the abortion process should professionals be permitted to withdraw from on grounds of conscience? Thinking about that meaning of conscience.

Respondent: I think possibly the whole process. I mean I can see admitting a woman but being actually involved in the pre-med process and then the actual process in theatre and then the recovery process. Although I’ve had experience of recovering a woman, which still conflicts me a wee bit to date.

Interviewer: Does it?

Respondent: Aye, it does, yes. But at the same time it was humbling to hear that woman’s story and gain an understanding of why she had, and the fact that she herself said that she would regret it every day.

Interviewer: And if you had-. Just thinking about the word, conscience, right, so you had to step in and recover that lady.

Respondent: I had to step into the void to do that, yes.

Interviewer: So if you had have point blank refused do you think that that would have been on your conscience if she’d have been left with nobody?

Respondent: Yes. I think it possibly would have, especially because in the labour ward that day there were a few emergencies and there was nobody else to do it. And recovering somebody from any surgery there are always difficulties, and reactions to-.

Interviewer: It’s traumatic.

Respondent: It is, it’s traumatic for them and they have to be monitored very closely. Yes, but it’s still conflicting me today. It does, yes.

Interviewer: Even though you had your own sort of reasons for not participating. But as somebody who’s a health professional I can tell from the conversation, am I right in saying that first and foremost you’re there to care?

Respondent: Yes. I think that’s what nurses and midwives are primarily there to do, to care for a person and not to make judgements about them. And I think that can sometimes be difficult in the job and you’ve still got to do it, you’ve still got to continue in your role and be professional in that role that you’re performing.

Interviewer: Sure. Thinking about conscientious objection as a whole as well, right, and thinking about coming into contact, just like yourself, which I mean, you’ve explained it really, really well, but have you had experience with other colleagues who have maybe asked for some support on that? Does that make sense?

Respondent: Yes. As in support after. Faith actually helps. Yes, some people feel it’s difficult. They have made the choice to do that but it can still be difficult for them to come to terms with what they have actually done, and I think, I don’t know, the counselling of them is about remaining professional, about fulfilling-. But again, I would say to them, “If you don’t want to participate in that then you should make that known to the people in charge who are allocating you to do that work.”

Interviewer: Do you think it’s made easy enough to speak to, whether it be ward manager or your supervisor, do you think it’s easy enough to speak to them about how you feel prior to-?

Respondent: Prior to it?

Interviewer: Yes.

Respondent: I think it depends very much on where you’re working. It depends on what the culture is. It depends on a lot of things. How busy the ward is. Staffing and as we know staffing levels are falling so that I think makes it more difficult. I think if you’re a strong person with strong beliefs though I think that you would approach them, you would make it known that you had a conscientious objection to doing that.

Interviewer: So do you think that kind of comes into, say like having a duty, obviously your duty of care, and your professional obligation to your patients, right?

Respondent: Your patients, yes.

Interviewer: But also to yourself, to your own conscience?

Respondent: Yes, I think so, because I think you appreciate-. It goes back to who cares for the carers, you know, like nursing is stressful anyway and if you have your conscientious objection overruled then I think that can have a long term impact on you as a professional and your emotional wellbeing as well, because I think sometimes nurses and that get forgotten in the mix. You know, you’ve got to care for the carers basically, and that’s physically, spiritually and emotionally.

Interviewer: It’s taken for granted sometimes do you think?

Respondent: Yes, taken for granted. Yes, I think so and that-

Interviewer: And that’s your job, so that’s how it should be.

Respondent: That’s your job, you’ve got to do that. Sort of saying, “Well I’m not doing it,” you know, and I think that it takes a strong person to actually do that rather than give in to the pressures that abound, that are out there and are placed on you.

Interviewer: Yes, which takes in just what you were saying earlier on about society and whether you’re like culturally and, you know. So as a health professional you’re almost this person who just does.

Respondent: Yes, and I think that has an impact on people who do object, because I think, like you said earlier, people will say to you, “Well, it’s your job, you have to do that.” And, “Well no, it’s not actually. I’m there as a nurse, I’m there to care and support people, yes, but I don’t want to participate in this.”

Interviewer: You’re a person within your own rights, sort of thing, yes.

Respondent: Yes, and they can talk about respect, but I think if they are actually saying that to you they’re not respecting your views and your stance-

Interviewer: Rights.

Respondent: Your rights and your stance on it, sort of saying, “No, I’m not doing it,” and that can be quite difficult as well.

Interviewer: So, almost striving to find that kind of balance there then between the professional and the person. Do you think it’s fair to say then that, again bringing back in what we were saying earlier on about that clause being made a bit clearer?

Respondent: Yes, I think that’s probably needed, because when you think about it 1969 wasn’t it, yes, ’67.

Interviewer: Sixty-seven.

Respondent: Sixty-seven. That’s how long ago, so that’s almost 50 odd years, it’s a long time, and things change, society changes, and people’s response to people who are making conscientious objection changes as well, so I think there have to be protections afforded to those people who want to do that, or don’t want to do that.

Interviewer: Or don’t, yes. No, that’s great. Well, you’ve answered all my questions that I was going to ask, which is great, because obviously this is what this is all about, it’s all your experiences and your feelings. So is there anything else on the topic as a whole that you think maybe I’ve sort of missed? Anything’s wrong or anything else you would like to add at all?

Respondent: No, I don’t think so, but I do think that society has changed and people’s views on abortion are changing. In one way it’s almost becoming socially acceptable, but to me it’s people, it’s individuals, not taking their responsibilities as a person. Like the outcome of whatever they’re doing, if it results in a pregnancy I think they should have been more responsible in the first place, so that the pregnancy didn’t occur and then they wouldn’t have a difficult choice. Or an easy choice, whatever way you want to view it.

And I think that’s the sad part of our society, that there’s almost a disregard for human life. I just think that that’s really sad. It’s almost as if people are expendable. Babies are expendable. Anybody’s expendable, and I think that’s a really sad thing about our modern society.

Interviewer: Yes. Thanks very much for your input.

Respondent: No, thanks, I’ve enjoyed it.

END AUDIO

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