I: First of all, thanks for agreeing to take part in the interview.

Naomi: No problem at all.

I: So you’ve signed your consent form and you’re happy to go ahead?

Naomi: Yep.

I: OK. So, can you tell me a bit about your role as a HCP?

N: Sure. I’ve been a nurse for a good few years now [laughs] and I’ve worked in various places along the way. At the minute, I work in sexual health….I’ve been here for about 8 years now and I really enjoy this remit.

I: Great. Can you tell me if you advise women who are seeking termination of pregnancy?

N: Yeah….mhmm that does come in to it.

I: OK. How do you feel about that?

N: Well its part and parcel of the job really. Usually us nurses are like the first port of call for patients. We see them to get their medical history and things done….like then they see the Dr after they’ve been in to us. It’s the same when patients come for like 3 monthly appointments and things to do with contraception and even like STD checks and things. I think it’s part of my job to put my patient at ease as quite often they feel embarrassed or that they’ve made a mistake or that….

I: Yeah, I understand. How do you feel about pregnancy termination?

N: Emm….well it’s not something that I would personally be comfortable in doing, but that doesn’t mean to say that I judge others for doing it. It kinda depends on the situation if you know what I mean….like some of my patients have been in really rocky relationships or perhaps have just made a mistake or sometimes their pill has failed and they’re left with the consequences and feel they have no other choice. We’re not here to tell them what to do but we can advise….most importantly without judgement though….

I: Yeah. So you think it’s really important not to come across as being judgemental – or even if you don’t necessarily agree with their choice or?

N: Exactly. That’s their decision to make and a baby is a huge responsibility. Especially if you haven’t planned for that. I mean not all would opt for abortion but I know that some do and that’s their choice. Who am I to say if that’s right or wrong?

I: Yeah. I know what you mean. So, what do you think has helped you to sorta form or shape your views here?

N: Well my profession for a start. I have seen a lot and heard a lot that like makes you realise that you can’t judge others and that not everyone has the same ideas as you. Also I’m a practising Catholic, but to be honest, I don’t really think that comes in to it as I have to keep that separate in a way….

I: Can you tell me more about that?

N: Yeah….well I mean you know the Catholic faith traditionally doesn’t support abortion, but in my line of work it’s not that simple. The reality is that sometimes people are abused or raped or in violent relationships where they feel they have no other choice and things, you know?

I: Yeah, I understand.

N: So I feel that my personal and professional views are kinda separate.

I: That’s interesting. I can understand what you mean….can you explain that more?

N: Yeah, just simply that I may not choose to have an abortion but I also feel that it’s not for me to tell anyone else they can’t as I wouldn’t be doing my job properly if you get me?

I: Yeah, I do. OK. So, what do you think constitutes participation within the termination procedure?

N: Hmmm….well I think the Drs signing are participating and if its surgical then that’s a given that you are participating but….emm….

I: What about offering advice?

N: Well I suppose, but only to a certain extent as ultimately the patient has then to make the decision….so….

I: Yeah. So, would you class participation as more of a hands on thing then?

N: Yeah. Definitely like signing the forms and even like the prescription form I suppose as well. Some nurse practitioners can do prescriptions, but not for this part of things as yet….it’s up to the Dr still.

I: OK. I see. If I say the term CO….what does that mean to you?

N: Well….to me it’s like back in the war times sorta thing. If you feel you can’t morally commit to taking part in something, then you would be conscientiously objecting.

I: Yeah?

N: Mhmm….and I know that applies to terminations too. If HCPs feel they can’t assist in abortions then they can refrain from doing so by law I think.

I: Yeah, it’s a clause in the 1967 Abortion Act.

N: Yes. I know it’s there, but I don’t – well it hasn’t really applied to me in a way as I see the patient before that stage if you know what I mean?

I: Yeah.

N: But if a member of staff felt they couldn’t participate for like religious or other reasons then I would also understand. Again, that’s their choice I would say….

I: Yep. That’s interesting as maybe the lines can be a blurred though?

N: Yeah like everything it’s not maybe straight forward, but I still think that people have rights to make choices….

I: So, you mean like the patient and the HCP?

N: Yeah, definitely. They’re all human beings, so yeah….

I: Yeah. Have you ever had any experience of CO at all?

N: Well back when I started in this clinic, there was a nurse who was just covering this particular day and she was like oh I don’t know about having to advise on abortion – she was like staunch Catholic and she was really very much against abortion but she let everyone know how she felt….the staff, not the patients I mean.

I: OK. Was she covering due to staffing levels or…?

N: Yeah, it would’ve been around holiday time as I started in the summer months, so yeah, but she never came back….

I: Do you think it was maybe out-with her comfort zone?

N: Mhmm and that’s fair enough….

I: In that vein, what do you think would be limitations to CO?

N: Oh….I’m not too sure….

I: Like, what do you think might stand in the way of a HCP being able to use CO?

N: Oh….OK….well like I said there, maybe if they feel they’ve been thrown in due to staff shortages, or maybe like they feel they can’t vocalise how they feel in-case *they* are judged….

I: Yeah….so maybe if it’s hard for them to talk about it?

N: Yeah, because they might be scared they would lose their job or that….but that should never happen.

I: Do you think it could happen though?

N: Hmmm well anything is possible, but I’ve never personally known anyone though I do know about those midwives from a while back….it was in the news at the time.

I: Yeah. That’s right.

N: It really is quite tricky though because if you come in to a job like this then you know what you should have to face and at the end of the day it should be about the patient….

I: Yeah. Is there anything else you might want to add?

N: Only that I think there are lots of things to consider when a woman goes for an abortion, but I don’t agree with it being used as contraception. Yeah mistakes can happen, but you learn from that and there are responsibilities to think of when you’re sexually active.

I: Yeah.

N: When I was younger, I had a scare and I remember thinking oh what will I do! But deep down I knew I couldn’t go through with a termination, and thankfully it didn’t come to that as it was a false alarm….but again, it just shows you that you can’t judge as it does happen.

I: Sure. Just thinking about like HCPs being able to withdraw on grounds of conscience….can you add any thoughts here?

N: Emm….well maybe if they had a traumatic experience that has lived on in them….like maybe multiple miscarriages or if the themselves have had to terminate due to foetal abnormality or something like that….

I: Yeah, good points. Is there anything else you think maybe we haven’t covered?

N: I think that’s everything but we could talk about it forever….

I: Exactly. Well thanks so much for agreeing to participate.

N: Pleasure.