I: So, first of all, can you tell me about your role as a health professional?

Nancy: My role as a health professional was to assist the nursing staff and be there as back up when required – on the ward, most of the time, with the patients.

I: OK. Right, so obviously you know I’ve explained a bit about the topic – the subject matter that we’re researching, so can you tell me a bit about how you feel about pregnancy termination?

Nancy: It’s a subject I feel quite strongly about because and simply because, to me, at the point of conception life begins and therefore after that, it’s ending life….any interference is bringing an end to that life. That is my feeling.

I: So from that moment that child has been conceived then the life has begun?

Nancy: Yes. It’s begun.

I: OK. So, bringing me on then to a question about participation in the abortion process….you might have seen in recent years the case of the Glasgow midwives….so a lot of that was to do with what they constituted as participation in the abortion process. What would you say was participation within that whole process?

Nancy: For me, being in the vicinity – in the room where it’s happening, in an area where your help was required to do this – that as far as I’m concerned is participating in the procedure.

I: OK. So, even like coming down to making appointments for patients – would you say that was participating in the process? Like say you were answering a phone and you were booking that patient in for an appointment – would you class that as participation?

N: That’s difficult that one….that’s very difficult. Emm….because in actual fact it’s between the Consultant and the person. If you’re only taking an appointment, 9 times out of 10 perhaps you wouldn’t know why they were coming to see the Consultant….

I: Yeah, that makes sense. Some people would say like they would class participation purely as whether it be the medical abortion – like giving that pill….so if you’re prescribing and signing for that and if you’re handing that pill over to the woman….or if you’re within a surgical procedure – if you’re there and assisting that that’s direct participation….but also people say perhaps they’ve been short staffed and have people in recovery after the process and they’re in that room because the woman requires some help….whether it be a drink of water or something….do you still think that is participation?

N: That’s another difficult one I think because that decision has been made and what they’ve done is what they’ve done and that person needs support. It would be difficult….I don’t think….

I: Mhmm….if you were called to….am I right in saying that you would be an objector giving your beliefs and feelings on the subject?

N: Absolutely.

I: So if you were required to assist in the procedure, you would refuse on ground of conscience – is that right?

N: Oh yes.

I: Have you ever been in a position where you’ve cared for somebody who have had a termination, being in that situation?

N: Thankfully, no.

I: Right OK. So, your views on the subject matter as a whole – how would you say your views and beliefs have been shaped?

N: Basically I think it’s probably religious grounds as well as, as far as I’m concerned….common sense. A lot of people perhaps don’t believe there’s life until that child is brought in to the world and that’s not true….as far as I’m concerned, as I said before, at the point of conception there’s life and that’s what makes me feel strongly about it because as soon as that happens then protection needs to be brought in to the picture.

I: Sure. OK. So, would you say that your upbringing – whether it be morals, or family values and things….would you say that has had an impact on your belief system?

N: I think it must, yes. I think it must. It would be untrue to say the upbringing you had didn’t have an affect there.

I: Do you think education plays a part in that as-well?

N: Oh absolutely because as I say there’s a lot of people don’t believe that there’s life there until the child is….and when illegal abortions were happening – like when we were children, there used to be a vehicle that came around – it was called the black Mariah and you would see that coming and they were performing illegal abortions with knitting needles and you name it – like up in tenements and that set within you….you didn’t as a child know exactly what but when you were a bit older you realise, so there was an absolute fear of any woman becoming – it had such an effect on family. There were other children, the woman, the husband, the child….the whole well-being of the family and that fear of what was happening behind that….that is something that invokes within a terrible fear of that ever happening to people – whether it’s surgical or backstreet….it’s the same, the same….

I: So you’ve got that perception, that sort of idea of what that’s like?

N: Yes.

I: You’ve mentioned about these illegal backstreet abortions, which is really interesting and then we had the 1967 Abortion Act, which a lot of people may argue would provide a safer environment

N: for killing….

I: and also like it would protect the Drs and if this was offered as a medical service then that protection is there….but also within that there’s the clause that mentions that HCPs should be allowed to withdraw on grounds of conscience, which brings me to the 2nd part of the main research aims which is – which elements of the process should HCPs be permitted to withdraw from on grounds of conscience? So, you had mentioned like faith and religion – is there anything else you can think would or should allow HCPs to withdraw from that process?

N: I just think that if they are professionals, they’re there to protect and nurture life so therefore you couldn’t be a part of that – you wouldn’t….that itself to me is a reason. I don’t think personally it’s so much to do with religion or upbringing – just the actual idea and common sense factor is there’s life and they should be allowed to withdraw from anything that’s going to be detrimental to [CROSSTALK] any person. In this case you have 2 direct people not to mention the other members of the family.

I: So you’ve got like the mother and a child? [CROSSTALK]

N: mother and the baby.

I: Then there’s the HCP themselves- as a person on their own right as-well….if they have that feeling that they cannot participate in that then they should be protected by law?

N: Absolutely because it’s got to have an effect on them emotionally and mentally – if they are bulldozed in to doing something that is against their moral feelings….

I: Which brings us to the meaning of CO then….what would you say CO means to you?

N: It means standing up and saying no I cannot participate in any part of this procedure….in being that decision being respected by other professionals to the point where yes if something happens and a nurse needs to be replaced then it shouldn’t be held against that person that they had to withdraw from that.

I: Yeah. Some people might argue that it’s within the duty of care or that it’s that person’s professional obligation to provide that service – so some people might feel under pressure would you think?

N: Absolutely. They would and not everyone in the health care profession, in my estimation and I worked in it for 30 years – a person needs to have a lot of strength to be able to stand up and say no to certain things and they are afraid of the outcome afterwards and if they participate in that against their own emotions then they’re going to pay the price because it’s going to be on their mind and in their hearts and it can cause illness for them as-well….

I: And have a detrimental effect on their own well-being?

N: Yes, uhu….how they carry on with their - I mean how can we stand up and say we’re there to care for people because the fact that we don’t see this little embryo doesn’t mean that it’s not there. The holistic approach to those 2 beings should be their main concern….

I: So, is it fair to say then the medical terminology – rather than use the word baby – use the word foetus or embryo, just like you said there….do you think that kinda like the medical terms take that away from being a baby?

N: Uhu….yeah. I think that has a part to play in a lot of peoples’ mind-set – oh it’s only a foetus or but there’s a heartbeat therefrom conception….

I: Looking at CO and within a situation….say there’s a HCP albeit yourself or a colleague who was in a situation and they were asked to assist but want to object under the CO clause – what do you think would be limitations to that….what would you think might prevent them from being able to do that?

N: Well, looking at the way things go in the healthcare profession, there’s a lot of people who would say to themselves well what effect will this have on me….in my work, will I be stopped from further promotion or that and that might hold a lot of people back, but at the end of the day they’ve got to live with themselves. I don’t know, I think it’s possible that would stop people….like my card will be marked here….

I: What about issues with staffing levels, if they’re short and then that person has to step up? That would impact on them as they’re going against their conscience….

N: They would be going against their conscience and every feeling they have about life as far as caring goes they can’t go away if they truly feel like that and let it rest – it’s going to be at the back of their minds that they’ve participated in this and it can have a long-term effect.

I: Have you ever seen or come in to contact with patients who have had abortions within the psychiatric unit where they have been forced in to a decision or perhaps not forced in to a decision, but have to have had that procedure?

N: I have actually. I’ve been with – on a 24 hour constant observation by a designated nurse because the lady in question had ended her own child’s life at a year and a half, through her psychiatric illness, but she was now pregnant and to allow this pregnancy to go to full-term and the baby be alright, she was kept on a 24 hour observation because her mother intervened and said she wanted to have an abortion – the woman – but her mother said this is not her, it’s her illness and she was sectioned under the Mental Health Act and looked after until the baby was born and taken from her. That is 1 occasion, and the others were like post-natal depression which is horrific I mean they’ve got their baby and the baby is being looked after the mother, but the mother in her illness has got the voices telling her to end this child’s life….and again I mean, amazing to bring the mother in and look after her then bring the baby in when mother is a bit better – it was a different scenario because that child could’ve been, you know….the thought of it….

I: That’s really profound….

N: It’s quite horrific. Years before I started nursing patients used to be brought in with – if they were unmarried mothers and it was horrendous. The child was taken away and they have to live the rest of their lives without that child. What an emotional – to live forever and they lived there to sometimes their 80s….

I: Do you think that was a sort of social like, how would you say, a decision that society had made?

N: Mhmm….it was society.

I: It was taken away from that person as a human being?

N: Well in my case where I had a downs syndrome child, the 1st question I was asked was – in the maternity – we can look after her and we can put her somewhere….I said no, she’s going home with me. Oh you want to maybe discuss it with your husband….I said I won’t be discussing it with anyone, she’s not going anywhere, she’s [CROSSTALK] coming home with me. That was so – they were so ready to institutionalise people….

I: Is it because they had made that judgement do you think?

N: I mean downs syndrome as we know it now – they live a full life. An interesting case….1 of our nurses got pregnant. She was married and they were both nurses. In the early stages of her pregnancy she was told by the scan this child will live on dialysis for the rest of its life. You need to have an abortion. She said look, no. What a decision her and her husband had to make and it turned out the child was born and he was fine. I seen him. He was only the weight of a bag of sugar when he was born, but he fought on and he was fine! Now if she had taken that advice….

I: They wouldn’t have known….

N: It was way back when the scans just started off….it was early days. But these 2 nurses – what a terrible decision. Another case is [name of person] and they were told to abort. The child lived to 4 and a half. They were told she’s going to be horrendously handicapped, she’ll have things wrong….but they didn’t do it and the child lived for 4 and a half lovely years with them. OK she had health issues, but….

I: Do you think that maybe it’s like a judgement of society again….what should be the norm….does that put pressure on people through judgement, to say this is the right thing?

N: See people have a definite respect for professionals. HCPs, i.e. gynaecologists, nurses whatever and if that person says the best thing you can do s this….then that’s the seed in their head and they as far as a lot of people are concerned, they know best. They will follow that advice. Unfortunately they think they’re infallible and I know they’re probably great professionals in most cases, but 1 can be wrong sometimes. And unfortunately that can’t be fixed once it’s done.

I: Very true. Thanks very much for sharing your experiences. Is there anything else you think we’ve missed or anything you’d like to add?

N: I don’t think so. I think we’ve covered quite a lot. There was a case of shortage of beds which happens, but people with PND who couldn’t get a bed and she had taken all her children with her. That was a failing on behalf of us – if she had got a bed when she should have it would’ve saved – I mean that whole family was wiped out. I know it’s totally different from abortion but it is in a category where if the care isn’t available then it can be disastrous.

I: Sure. Yeah. Thank you so much.

N: I hope that will be helpful.