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Date: 23/02/2020  
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**Respondent: Mila**

START AUDIO

Interviewer: Right, first of all, thank you very much for agreeing to meet with me today.

Respondent: Very welcome.

Interviewer: You know what the project is about.

Respondent: Yes.

Interviewer: You’ve read and signed the consent form as well. So, we’ll just get started. So, first of all, can you tell me about your role as a midwife?

Respondent: Currently, my role is as an educator, but when we think about it in relation to your project, I did work as a clinical labour ward sister for a long time. I did several different spells as that. I worked as a midwife from ’81 until about ’84, and then did a year at college, then I did ’85 until ’87 back as the labour ward manager, and then ’87 until ’90, I worked as a senior midwife at one of the large [name of town] hospitals.

Interviewer: Right, okay. So, can you tell me a wee bit about your role as, like, a senior midwife then, and I’m thinking more in line with, sort of, termination procedures. Were you involved in that at all?

Respondent: Yes, I was. As a labour ward manager, we would have women coming in for termination of pregnancy. Now, they would be beyond the 12, 14 week period for such a termination of pregnancy, but the only terminations we dealt with within the labour ward and within that particular hospital was the foetal anomalies.

Interviewer: Right, okay.

Respondent: That’s what they were there for.

Interviewer: So, I’m going to be looking at both personal and professional opinions, if that’s okay.

Respondent: That’s fine.

Interviewer: So, could you tell me first of all, personally, how did you feel about being involved in that?

Respondent: Personally, I don’t think I looked at it so much from my perspective, because it wasn’t my decision to make. I think more from the women’s and the families’ perspectives because they were the ones that were having to make that decision. They didn’t necessarily want to have to make the decision, but depending on the outcome, and then carefully… you know, other anomalies, if they knew that there was little chance of survival and you’re given that dilemma, you really felt it for them, because they didn’t know how to react. They were still coming into that labour ward thinking, “Do I want to go through with this? Do I not want to go through with it?”

So, from a personal perspective, I think you worried more about them than you did- well, than I did necessarily about myself, but there were midwives who would think very differently from that. I think, as a labour ward sister at that time, you had to know your staff.

Interviewer: Right, 100%, yes. I see what you mean.

Respondent: They knew where to go and where not to go. So, I think you often knew in advance that these women were coming down for that procedure. So, you were thinking, on that day, where were you going to allocate your staff. It was very much that.

Interviewer: Who would be able to see that duty through, if you like.

Respondent: Who knew, yes, because although you were very much aware that staff couldn’t really refuse to provide care before and after the procedure, you knew if they had an objection. You wouldn’t want to even put them in that situation, unless you actually had to.

Interviewer: Right, I understand.

Respondent: You know, because you have to respect that individual as well, but also, if you have such strong feelings about something, how easy is it to hide those feelings if you're then caring for someone.

Interviewer: Absolutely.

Respondent: That would always have been my concern, but in a large unit, you always had enough staff that you could do that. We didn’t have many women coming through. It wasn’t as if it was every day of the week. Sometimes, you could go several weeks without. So, you also had to think, you know, if it was the same staff that were having to do that consistently, you would then maybe have had to have thought a bit differently because it wouldn’t have been fair that the same staff did that-

Interviewer: So, the impact on them.

Respondent: Because it does have an impact.

Interviewer: Yes. Oh, understandably so.

Respondent: Quite a considerable impact.

Interviewer: Yes. So, would you say then that was more like a duty of care, both sides, like, you know, duty of care staff have a duty of care for their patients, but also you as a labour ward manager? You had that duty of care for your employees as well.

Respondent: Staff as well, yes.

Interviewer: So, it’s got to, sort of, cover both.

Respondent: It’s the balance.

Interviewer: I can imagine it would be quite difficult sometimes to strike a balance. You know, would you agree with that?

Respondent: I would agree with it, but I think in that particular unit, we worked a rota system. So, we were always with the same staff. I worked with the same staff all the time. So, it was easy for me to plan. Had there been people from another rota or it was like on an ad-hoc basis and you didn’t know, that would’ve been much more challenging and much more difficult.

Interviewer: Right, that makes sense.

Respondent: I think you would’ve needed the conversation with staff, because I think to actually say to somebody, “You are in with that woman today,” it may have worked, it may not have worked, and it really could have been a disaster, but I do recollect one situation. It was a really busy unit, and sometimes you didn’t always have someone for every patient. When they were in for the terminations of pregnancy, I mean these women could sometimes be there for days going through that procedure. It certainly wasn’t a quick fix for some of them.

We often had to cover between several rooms, and you’re balancing out as well, does that woman and her family want someone in there 24/7? Not necessarily, because they need time to themselves as well, and needed time away from each other as well.

So, it was getting that balance, but I had a nun that worked on the rota, and I never ever would have asked her in a million years. I would never even put her in that situation, but there was one particular day and the place, it was just like an explosion, the number of women that were in labour. We didn’t have the staff to cover it. We were covering between rooms, and she realised that I hadn’t cover for that woman for a break to let the midwife out, and she actually volunteered…

Interviewer: She did?

Respondent: … to go in, aha. I did swap her with someone else, but she did volunteer to actually go in.

Interviewer: Yes. So, again, her duty of care.

Respondent: That was her duty of care as well, and obviously thinking of her colleagues.

Interviewer: Yes, which is huge really, isn’t it, you know?

Respondent: Aha.

Interviewer: So, in that, sort of, line then, what, in your opinion, constitutes participation in the termination procedure?

Respondent: Now, that’s an interesting one, and that’s quite a controversial one. If you take it by the actual act, you don’t need to be involved when they undertake the procedure, but you can’t refuse to be involved in the pre-care or the post-care.

When you’re bringing someone in and you're inducing labour, where do you define what’s the pre-care…

Interviewer: That’s quite a grey area.

Respondent: … and what’s the post-care. That is a grey area. It’s very much a grey area, because you could argue they’ve been to theatre, they’ve had the drug injected into the amniotic fluid that, ultimately, is foeticide. Is that the procedure? Is it when they start, you know, giving the prostaglandins? What part of it do you actually call the pre and the post? It’s different if somebody’s going for a suction termination of pregnancy. That’s very clear-cut, but in a labour ward situation, it’s not black and white.

Interviewer: No, there’s other ambiguity, like-

Respondent: There’s huge ambiguity there, aha. So, the post-termination, that’s easy. Once that foetus has delivered-

Interviewer: Has been delivered, yes.

Respondent: Aha, but you could argue even when the foetus is delivered, they’ve still got a duty of care to that woman to provide care if needed.

Interviewer: She needs looked after?

Respondent: She needs looked after, but it’s still termination of pregnancy at the end of the day, no matter whether you’ve got sympathy towards a couple or not. You know, it’s still termination of pregnancy.

My way of getting out of it, and perhaps it was just an easy way of getting out if it, was knowing my staff. Who could I put in and who could I not?

Interviewer: Who could you not, yes.

Respondent: But, again, it’s having the discussion with the staff to know their views…

Interviewer: I think that’s difficult sometimes.

Respondent: … and to know where their boundaries are in relation to that, and I think maybe that’s something that we weren’t always good at. You would just know someone didn’t want to care for these women, and sometimes you just took that on board, and you knew who would care for them, but perhaps we weren’t good at actually exploring that a wee bit further with them, and how knowledgeable were they in relation to what they can or cannot provide. If there’s an emergency, nobody can refuse to.

Interviewer: If it’s life or death.

Respondent: Yes. You can’t refuse.

Interviewer: And because there’s two people involved, yes.

Respondent: If that emergency buzzer goes, no matter what member of staff it is, they all have to respond.

Interviewer: Yes. Have you ever come across a time where that’s… you know, the, kind of, emergency procedure, has there been a difficulty or would you think no, the staff would just go for it and do it?

Respondent: I think the staff would go for it that were available, but quite often, it was the labour ward sister that was on the one on the floor, and that was the one that was available, because if you had a really busy day, the other staff were caught up in wards. I mean, the other people you need to think about here, nursing auxiliaries as well because did they want to be involved? Yes or no?

You know, at the birth, sometimes, they’re clearing up beforehand, they’re in seeing the women sometimes, they’re short of the staff. You know, that woman, does she want to go into the shower for a while? Does she need to freshen up? She’s been there a long time. It still constitutes care, but not part of that procedure in any shape or form, but you still have to try and respect people’s wishes as well, because you want a workforce that’s going to be as happy as you can make them be.

Interviewer: Absolutely, I know, or it can be really difficult.

Respondent: It could be very challenging.

Interviewer: So, you know how you were saying that, obviously, you knew your staff, which I think is obviously going to be a huge help in a situation like that-

Respondent: It’s a huge advantage.

Interviewer: If you take an interest in your staff, and you know what they’re like. Would they have, would you say in your experience, conversations maybe in a staffroom area or would you just pick, sort of, wee snippets up here and there to, sort of, give you a gauge in what their views are? Does that make sense?

Respondent: It’d be difficult in that particular unit because it was quite hierarchical.

Interviewer: Okay, right.

Respondent: The sisters had a tearoom and they didn’t leave the floor, whereas the midwives, they had time off the floor to go down to the canteen. Now, you would like to think they weren’t discussing it down in an open forum, but there must have been times that they did discuss it. There’d be times that they would discuss it with you. You know, if there were things that happened, and there was on particular situation which was just horrific and I’ve never come across it since, but it was very traumatic for everybody concerned.

Even staff that weren’t involved, it was traumatic for, but I think because I knew the staff and they knew me and we’d worked together for such a long, long time, they were good at coming back and forth and saying how they were feeling, if they were the ones that were in with that woman. Sometimes, they would come back and say, “I’m finding this quite hard work. If I do half the shift, can someone else do the other half of the shift?”

Interviewer: Yes, so they share the load.

Respondent: Share the load slightly, and although it has an impact on continuity of I suppose carer and care dependent, how you define those terms, I think you have to think of the staff as well.

Interviewer: Absolutely. Human beings…

Respondent: Aha, because it’s stressful.

Interviewer: … and sometimes people forget that, I think. The healthcare profession, it’s a difficult job to do, you know, regardless of what sort of avenue you're in.

Respondent: Because these parents know the outcome’s not happy at the end of the day.

Interviewer: Yes. So, maybe like a self-preservation for the healthcare professional as well. So, do you think that, sort of, reflexivity, you know, being able to reflect like that on, say, a particularly traumatic time or whatever, actually being able to talk it out helps them to move forward and maybe look at it and say, “Right,” so that this doesn’t quite happen again?

Respondent: I think the situation that I’m referring to, hopefully that’s never happened again. She was a fairly young girl. She had excellent family support. She was I think roughly about 20 weeks’ gestation. She’d had an ultrasound scan, an anencephalic foetus. So, came in for termination of pregnancy.

There were no issues in relation to the actual procedure or the care up until she gave birth. It was at the birth. It was not an anencephalic foetus. It was a normal foetus.

Interviewer: Oh, no. Oh.

Respondent: That still gives me horrors, and it does question termination of pregnancy.

Interviewer: Yes, yes, I can totally understand that, aye.

Respondent: In your head, you know, and for a long time after that, everyone that came in, I thought, “Is this right? Is this wrong?” I thought, “Well, it’s not my decision. It’s not my judgement,” but it had a huge impact on every one of us.

Interviewer: Oh, I can totally understand that.

Respondent: The mistake was back to the consultant that performed the ultrasound. That was horrific. That family were totally… I mean, we were devastated-

Interviewer: Absolutely.

Respondent: But it’s nowhere near the devastation for that family, and how do they ever recover from that? I don’t know how you ever get over that.

Interviewer: That’s huge.

Respondent: Having made that decision to terminate a pregnancy, and then discover, actually, you’ve terminated a normal foetus, because just even in the short time getting to know that family, that was a huge, huge decision for that girl.

Interviewer: Oh, yes.

Respondent: It was huge. It would never have been her first choice. She was devastated by that. Absolutely devastated, and as I say, she had excellent family support. She was single, but she had excellent family support.

Interviewer: She had good support, yes.

Respondent: Even to this day, I still have nightmares about that.

Interviewer: I can see it’s totally affected you as well.

Respondent: Totally.

Interviewer: Yes, and it would.

Respondent: It was just awful, and I often think about her, but you never see them afterwards.

Interviewer: Ah, yes.

Respondent: You don’t know how that has affected them, (a), in the short-term, (b), in the long-term. You just never know, and what trust would they ever have in any system that’s providing maternity care after that? They’d have absolutely none. It was unthinkable.

Interviewer: It’s hard to even go there in your mind, I think, you know? The only thing is maybe the level of care that she got from the staff that were looking after her, but I think it would take a lot of time to be able to look back and think, you know, “They were so supportive of me.”

Respondent: But I don’t think… that would never rise above…

Interviewer: … no, what’s happened.

Respondent: … what’s happened to them, no matter how good the care was. I think that would always prey on their mind.

Interviewer: It’s devastation.

Respondent: You know, they took the advice of staff within that unit. They didn’t take the decision lightly, even though they knew there was no… and what they were told at that time, that that foetus would not survive any more than perhaps a couple of days if you took it to term, and the devastation then to realise.

Interviewer: Oh, that’s…

Respondent: Obviously, at 20 weeks, it wasn’t going to survive. Maybe if that happened at 30 weeks, 32 weeks…

Interviewer: … there might have been a chance.

Respondent: … even slightly earlier, there might’ve been a possibility, but by that, there wouldn’t have been a possibility because, in actual fact, she’d had the amniotic injection.

Interviewer: Oh, wow.

Respondent: So, she’d had the potassium chloride by that point. So, would that have been worse actually, further on when the foetus was dead anyway? You know, she had a dead baby at the end of it, but a normal foetus.

Interviewer: Foetus, yes.

Respondent: The post-mortem did come back as a normal… there was nothing [on the 00:18:10] post-mortem.

Interviewer: Oh my goodness.

Respondent: Absolutely nothing wrong.

Interviewer: I think for the consultant maybe that that would come back on as well. I mean, it has to have been utter devastation as well.

Respondent: It was a hard individual.

Interviewer: Oh.

Respondent: But I’m sure you couldn’t not have been affected by that. Other medical staff were, absolutely. They just couldn’t believe that it actually happened.

Interviewer: Thank goodness it’s not something that-

Respondent: Because the worry at the time was, did files get mixed up and there’s another anencephalic foetus, but they did go through all the recordings apparently, and…

Interviewer: … and there was nothing?

Respondent: … there was nothing, and apparently, they reckon it was just the angle this baby was at. When they looked at it again, it wasn’t an anencephalic foetus, but it was an experienced person that had done the ultrasound. It wasn’t a junior person. It was a senior person.

Interviewer: Oh, my.

Respondent: That was utter devastation, and it brought in different checking systems, but that’s no consolation to that girl.

Interviewer: To the girl and the family that have lost the baby.

Respondent: Absolutely. I mean, you learn from it, but if you're the one that it’s happened to, it’s just devastating.

Interviewer: I know I’m saying looking back and whatever, but would you ever arrive at that in a lifetime?

Respondent: No.

Interviewer: No, I don’t think so.

Respondent: But for the midwives, especially the midwives that were in that room at the time of that, that was utter devastation.

Interviewer: Yes, and would affect their decisions moving forward with regards to conscientious objection perhaps.

Respondent: Oh, it did, yes. Ultimately, they never refused in the future, but you were very wary of trying to keep those midwives away from that situation.

Interviewer: Because it’s so dramatic for them.

Respondent: Aha, for quite a considerable length of time. I mean, we did have a lot of discussion about it because, as a labour ward team, we actually got together and met, and as I say, that’s easier when it’s the same people you’re working with all the time. It not only gave the people that were involved in the situation the chance to see how they feel, but it gave the others the chance to say how they felt as well.

Interviewer: Yes. Oh.

Respondent: So, I don’t know anyone that’s ever come across that situation, before or since, but having said that, it’s not something I’ve ever…

Interviewer: No, that’s right, and for me as well-

Respondent: It’s not something you would bring into conversation.

Interviewer: No, no. Well, that’s what I was just going to say. You know, it’s not something… so, thanks. Really, thank you for sharing that with me because, as a researcher, that’s opened my mind up a bit more as well, you know, yes, that it’s something perhaps that, as a non-healthcare professional really in that field, you would necessarily consider, you know?

Respondent: I’d like to think it’s never happened again.

Interviewer: Yes. Oh, of course, yes.

Respondent: Would you know? No.

Interviewer: Well, this is it. Exactly, which we, kind of, touched a wee bit there. I had mentioned conscientious objection, right? What would you say that means to you, that term?

Respondent: If you take away the Abortion Act, and just think it purely from a personal level, I think it’s your conscience, your values, your beliefs, and, yes, I do have some personal thoughts on it. Am I totally against termination of pregnancy? No, I’m not. I think it’s a right that women should have that choice.

As a student midwife, I saw it used as a form of contraception, and it was the early terminations of pregnancy. You would see them come in. I won’t say what uniform they were wearing because if I did, it’d give away what city I was in at the time, but they would come in with their work’s uniform. They were in an early pregnancy ward. That was where they brought these women in, and there would be two bays. So, you’re talking about eight beds, and that could be a couple of times a week, you know, that these women were going for terminations of pregnancy. Then they would be out the door and back home as if they’d been at work that day.

So, for them, aha, it maintained a bit of their confidentiality. Nobody needed to know, and I totally understood that. It’s not something you’re going to go out and advertise. Where I find it a bit harder to reconcile with was when they were in for their third and fourth and fifth termination, and you were thinking, “This is a form of contraception, really. There is contraception out there. There’s family planning clinics anybody can walk in and out of, but although I had those feelings at that moment in time, I was there to provide care, and in the ward, you’re doing the before and the aftercare.

Where I found it particularly… or where I was a bit uneasy with it was maybe not necessarily so much the fact they were going for a termination of pregnancy. It was the ward that they were in, and you’re with women that were in bleeding and that had previous pregnancy losses. They knew that these bays were women that were going for termination of pregnancy. They were desperate to be pregnant, and then you had the upset with these women and the effect it had on them over the ones coming in for termination.

We’re not there to judge anybody. At the end of the day, ultimately, it’s their decision, and sometimes, you need to be in the situation to know how you would react. You know, I know there’s lots of groups and things out there and you think, “Well, have you ever actually been in this situation?” It’s fine to be strong about something and be quite vocal about something, but…

Interviewer: … having to go through the actual experience…

Respondent: … is different. When you’re faced with a situation, it can be very different.

Interviewer: In the same vein perhaps as a healthcare professional having to go through an actual experience as well, where your views and things could very possibly change, you know, which, sort of, brings me to the next question as well. That would be, what would you say has helped to, sort of, shape or form your own beliefs, both personally and professionally, right?

Respondent: I think personally, I was brought up as Roman Catholic, and that is anti-abortion. It’s anti-contraception as well, but it’s anti-abortion, but it doesn’t account for individual beliefs. It’s very much, “This is the doctrine, and this is what you’ll go by.”

So, sometimes, it depends how you view your religion or certain parts of your religion. I was brought up in a household, yes, as kids, we went to church every Sunday. We often went before school in morning. You would go to 8:30am Mass, and then you’d walk around the corner to the school, but I think my parents made you question things, and although you went every Sunday and they would be there with you, you were always made to question, “What do you believe that that says or not says?”

So, it was never, “Take everything for granted,” you know, and it was always, “There’ll be different times in your life-”

Interviewer: A good way to open your mind up, isn’t it?

Respondent: There’ll be different times in your life that you’ll feel stronger about things than you do at other times in your life. Do I go to church every Sunday now? No, I don’t. I go once in a blue moon, when the notion takes me, but does that mean more going when I feel I want to go than going every week, and I think the same with termination of pregnancy. Although it was there, you knew about it, it was a case of, “Well, you make your mind up, and you make your own judgements up. You form your own views on things.”

I think the other thing that probably swayed me maybe more for termination of pregnancy than anti was SPUC. In my area, there was quite a strong \_\_\_[00:26:58]. Zealots, I think is the only word to describe them.

I do remember a conversation in the house, and it was my mum, and, again, probably this is where I’ve got her from. My mum and my aunt were having a discussion and they were saying, “Well, half of them that are there are single. They’ve never been pregnant. They’ve never had a relationship. They really have got no insight into the real-life-”

Interviewer: And experience.

Respondent: “And to what goes on in people’s lives. Even if it’s a married couple, you never know what goes on behind closed doors.”

Interviewer: Well, exactly.

Respondent: “And who are we to make judgements about anyone else? He who casts the first stone,” you know?

Interviewer: Aye, totally get that, yes.

Respondent: Aha, and as I say, they were so rigid in their views. My other experience as well was working in a unit. It was [name of unit]. There was a house fairly close to the unit that I worked in, and that was where a lot of the women would come. Like, you’ll probably know the unit that I’m talking about. I’m not going to name it again.

Interviewer: No, that’s fine. Yes, I know. I do know, yes.

Respondent: I had mixed experiences with this. They used to go out and do all their fundraising and, you know, they were supporting women to have the babies, they could organise the adoption and everything under the sun, and they were probably very kind to a lot of these girls, but it wasn’t a free service. They had to pay for their keep. They had to work while they were there.

I don’t know. I always had that, “Hmm, was there an ulterior motive here in maintaining the pregnancy, rather than terminating the pregnancy?”

Interviewer: Yes, I understand what you’re saying.

Respondent: In most cases, not all of the cases, a lot of these girls did keep the babies, but in some of the cases, you know, you think, “You’re getting the baby at the end of the day,” and that did alter my judgement a bit as well.

Interviewer: Aye, I can see that.

Respondent: Maybe it was a bit harsh on my part, but I was always a bit wary of that, and I used to feel it for those girls because I never ever thought they had it that easy while they were there. There would always be somebody from that house that came with them while they were in labour.

Interviewer: Really?

Respondent: More often than not, I’d say 99% of the time, somebody would be with them, and at times, I used to find there was a lot of control. Was that power there?

Interviewer: Yes.

Respondent: There was a power imbalance between the woman or the girl having the baby and the person that was there.

Interviewer: And the person there, that’s interesting.

Respondent: I used to find it quite manipulative. So, maybe working in that unit and women were coming through for termination of pregnancy, albeit it was foetal anomaly, it wasn’t the previous scenario, I could never judge these women. They were making a decision that I would never have liked to have had to make and I’d never liked to have been in their situation because you're damned if you do and you’re damned if you don’t.

Interviewer: Absolutely, yes.

Respondent: As I say, even although they knew the outcome, there was going to be an inevitable outcome, it doesn’t mean to say they don’t have thoughts on that for the rest of their life, and you don’t know what it does to a relationship as well.

Interviewer: Over your time, you know, you’ll have maybe heard things and seen maybe what does go on behind closed doors. So, would you say that that experience you have then, which is vast, has had an effect on maybe having a change in your views over time, or has it just strengthened the views that you’ve had, sort of thing?

Respondent: I think with age, your views change as well, with age and experience, as I say. Take me as someone that was younger, I had formed some opinions on some of these girls. When you look back, you think, “You actually had no right to form opinion on anybody. You had absolutely no right,” and although you never voiced it to anyone else, you still voiced them to yourselves.

Interviewer: Yes, of course.

Respondent: But who are you to judge anyone else? None of us are perfect in the big world anyway, and when you look back, you think, “Well, you don’t know what they’re living in, what their circumstances are like.” You just have no idea about their life. They come in for the STOP, go back out the door.

It was a different ballgame when they were coming into labour ward. You got to know them much better. You wouldn’t just take them to theatre, back and out the door again. You actually built up a relationship.

Interviewer: You were with them.

Respondent: You were with them, aha, and more so than midwives on the floor than myself. I mean, I would go in and I would oversee and, you know, I would get to know them that way, but the midwives that were in with them really got to know them, and that was where you realised how traumatic it was for them to actually get the diagnosis in the first place, and then be faced with a choice.

Interviewer: A decision.

Respondent: A decision. Do you carry on with the pregnancy? Do you terminate the pregnancy, and you could argue the pregnancy is going to be terminated one way or another, even when it comes to term, pregnancy’s terminated. So, what’s your definition of termination?

Interviewer: Aye, yes.

Respondent: You know, ultimately, it’s going to happen, but no, I think I definitely changed over time. I think I mellowed over time and I think I softened over time as well, but it wasn’t until I worked on that larger unit that I saw the foetal anomaly. Before, it was the early terminations. Quite often, they were between 8 and 10 weeks, most of them.

Interviewer: Yes. So, really, it’s fair to say then that it’s experience, like we’ve said, you know, that it’s just totally…

Respondent: I would say, not just work experience, I think life-

Interviewer: No, life experience.

Respondent: Experience in general, and you’ll come across people that you know that have… it’s like when you go into a class and talk about it, you know, when that subject used to come up as a lecturer and you were talking about it, you had to be so careful, because when you think statistically, out of that class, if you go purely by the stats, there’ll be several people in that class offered termination of pregnancy. If you had a debate in class, you would have a right rammy because you would have very much the fors and against it.

Interviewer: Polar opposite views.

Respondent: Polar opposite, and they were often a younger age group, not all of them. We did get some mature ones as well, but it was usually one way or the other.

Interviewer: Yes, I can understand that.

Respondent: I’m sure if they did the same debate now, say 20-odd years on, they might be very different now than they were then. I think sometimes it depended as well where these students came from, because at that time, we used to get a lot from Ireland, the Southern Ireland. We get a lot. I’d say the classes in the unit that I worked in, about 90% of them were students.

Interviewer: Was from Ireland?

Respondent: Were from the South, and, again, you had the balance, do you want the students to get that experience, because if they don’t get it as a student, how do they get it?

Interviewer: That’s it, exactly.

Respondent: But it’s having the conversation with them as well, because you don’t want them to go in and the non-verbals are showing that they’re not happy with this. You know, they’re really not in agreement with it.

Interviewer: Which, as a human being, can be quite difficult to conceal, can’t it?

Respondent: It’s very difficult to conceal.

Interviewer: Yes, I totally understand that. So, in that vein then, what would you identify as limitations to conscientious objection, just thinking about the conscientious objection, and just, you know, thinking about people coming from different places and things, right? What do you think would be, sort of, the limitations if somebody wanted to conscientiously object?

Respondent: I think from personal experience, most of them were religion. I’d say the majority were, but not all of them. Some of them just felt that, personally, their own values, their own beliefs, that they just didn’t agree with it and felt it shouldn’t be there, and they also felt they shouldn’t be in a labour ward with other women who were labouring as well. It was an inappropriate surrounding, and you could argue totally inappropriate.

So, I’d say that’s where most of the objection… it was either religion, which was the majority, or just personal, and that could be their background, experience, just upbringing.

Interviewer: Yes, something they’ve been through maybe, yes.

Respondent: You never knew with anyone, they’d perhaps had a termination themselves and regretted it, so didn’t think it should be a choice. You just don’t know. That’s something you’re never going to know. People don’t always divulge. That’s very, very personal, and they’re not always going to-

Interviewer: It is, absolutely, yes.

Respondent: To divulge that aspect of their life, and that’s their choice and that’s their right. You know, you can’t expect anybody to divulge that, and quite often, if they are divulging it, there’s another reason they’re divulging it.

Interviewer: Yes, that makes sense.

Respondent: Aha, they’re still living through that.

Interviewer: Aye, absolutely.

Respondent: They’re not telling you just for the sake of telling you.

Interviewer: No. No, there’s a reason.

Respondent: They want to talk about it.

Interviewer: There’s a reason, yes.

Respondent: That they’re telling you.

Interviewer: So, I think, obviously, you know, from what you’ve said, it’s really important, I think, that you have a good manager for a start. You know, somebody who understands their staff as well as their patients, and I’m just thinking about present times now, like employment guidelines, if you like, really as well. Sort of, moving forward, you know, there’s grey areas that we’ve spoken about. Do you think there’s any obvious way that we could clear those up a bit?

Respondent: I think that’s a huge challenge, and I don’t know if it can ever be achieved because people do have quite polar views on it. I think in relation to staff nowadays, the system in which people work, they’re not always working with the same people all the time.

I suppose where I was working, it was a luxury that you had the same people. You knew their strengths, their limitations, where you could put them, where you could not put them. You know, if a disaster was happening, who did you put in such a room, whereas I don’t know it’s always as clear-cut now because you’ve just got to trust that they can deal with something. How would you deal with that to get over that clause?

Interviewer: I know. It’s like you wonder if perhaps at interview even.

Respondent: I think there’s moral, ethical issues.

Interviewer: Like, you know, do you have discussions? Yes.

Respondent: If you have it in interview, is it discrimination because then-

Interviewer: It’s good, yes.

Respondent: Do you take the staff that will do anything you want them to do, and do you really want that member of staff, whereas others might think, “Oh no, that’s who I want. They’ll do anything,” whereas maybe you want the person that is a bit more discerning, got their own values, got their own beliefs.

Interviewer: Absolutely, yes.

Respondent: But that doesn’t mean to say you’ve got your values and beliefs, that you transfer that onto anyone else.

Interviewer: Onto your work or your contract \_\_\_[00:38:49] anybody else.

Respondent: There’s times you come in that door and the acting face comes on, and that’s the other [sort of] thing. It’s okay. I don’t mind [if she has the room].

Interviewer: Okay, that’s great.

Respondent: So, I think at times, you have to put that face on, but I really don’t know how you got over that. I really don’t know how you would do that or what your answer would actually be with that one.

Interviewer: It’s so difficult, isn’t it?

Respondent: Are you saying then that people that come to a healthcare professional, unless they’re agreeing to do everything, they can’t enter that profession? It’s such an emotive subject.

Interviewer: Isn’t it, yes.

Respondent: In the future, I think the one that they’ll be looking at will be the euthanasia, rather than the-

Interviewer: Absolutely. It’s surprising how many times that’s actually come up in discussion in the past as well.

Respondent: Oh, has it?

Interviewer: Yes, because there are. You know, there’s loads to think about, loads to think about.

Respondent: Aha, and I think sometimes, you have to think historically, you know, from a maternity perspective, the type of unit. We did termination of pregnancy in our unit, but lots of units did not do it. You know, there were certain areas, if women… we didn’t do social terminations in our health board above the 12-week period. They had to go to another health board area. So, the only ones that were ever done in our health board area were foetal anomaly, whereas other areas might have them in a labour ward at a later gestation, and that can be a different ball… people might think differently if it’s social as opposed to foetal anomaly.

Interviewer: See, this is it. There’s so many factors to consider, isn’t there?

Respondent: There is.

Interviewer: That’s why I think there is such a grey area sometimes as well, and even within that clause within the Abortion Act.

Respondent: Historically, there was a unit within this large city area that did not do social terminations. Termination of pregnancy just did not happen, and then when you’ve got reconfiguration of services, that’s introduced. Staff were working there for that particular reason. They knew they would never need to be involved in that, and then all of a sudden, that creates a huge, huge dilemma for staff.

Interviewer: Absolutely.

Respondent: Medical as well as nursing staff, because there were medical staff that would refuse to have anything to do with termination of pregnancy. What they would say was, “No, I don’t do that,” and refer you to someone else. They would refer on.

Interviewer: Yes. So, there was still that, sort of, signposting, like that referral there, yes.

Respondent: Yes. It wasn’t as if it was a total refusal.

Interviewer: Which is important as well, isn’t it?

Respondent: But it’s respecting their rights as an individual-

Interviewer: Yes, absolutely.

Respondent: But still respecting the choice and the rights of that woman, and she does have a right. Under the law, she does have that right and that choice if it’s agreed to.

Interviewer: Perhaps for the healthcare professional then, maybe, sort of, putting a more definite definition of participation as well, you know, might that help? It’s just that, again, there’s other things to consider there as well.

Respondent: I think for a lot of midwives and nurses, they lack clarity as to what their role actually is and what the definition of conscientious objection is in the law, not their definition, because at the end of the day, their definition has got no place-

Interviewer: It might mean something totally different as well, yes.

Respondent: Aha. So, if you’re going purely by the letter of the law, do they understand it? Now, there is a lot written on it, and I googled it last night, and even things like the Royal College of Nursing, even in the last year, there’s quite a lot written about it.

Interviewer: Written about it, more coming out, yes.

Respondent: There’s a lot written about it. So, if it’s current and up-to-date and in that area, they will find a lot of information, and it’s very clear what they can and cannot be involved in, but that very much comes down to an individual.

Interviewer: That makes perfect sense as well. Yes, absolutely.

Respondent: But that doesn’t take away your own personal…

Interviewer: No, there is, it’s still involved, you know?

Respondent: But you have to be professional when you’re dealing with the women and their families.

Interviewer: Yes, absolutely.

Respondent: You have to respect their decision, whether you personally agree or not with it.

Interviewer: Yes, totally. So, everything that you’ve spoken to me about has been exceptional. I’m so grateful for your input here, I really am. Just, sort of, bringing us to a close then, is there anything else at all that you want to add to the discussion, or do you feel you’ve covered everything?

Respondent: No, I think that’s-

Interviewer: Because you answered a lot, before I even asked, which is fabulous because it’s all down to your experience, and that’s perfect really. I really, really appreciate you sharing it with me.

Respondent: No problem.

Interviewer: Thank you so much.

Respondent: But, as I say, I think life changes you.

Interviewer: Yes, I agree. Thanks so much.

Respondent: Oh, you’re more than welcome.

END AUDIO

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