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START AUDIO

Interviewer: I’m recording on that one, that’s going, and I’m recording on that one. Yes, that’s going. Okay, so to begin with, can you tell me about the work that you do as a health professional?

Margo: Yes. So, I have been a midwife for [number of years]-plus years.

Interviewer: Wow, congratulations.

Margo: I was a [job title] for, well, [number of years] year of those years, and I’ve been in [job role]. So, now I’m a [job title] and have been doing that for the last [number of years] years.

So, I still maintain my clinical skills because I do work on the maternity assessment unit, and in the past, my main role was on the delivery suite. So, I’ve got, like, a breadth of experience in terms of theatre, high-dependency care, women in labour, women with foetal loss. So, I’ve looked after quite a lot of women with far-ranging things.

Now, research is just a different direction for me, but for me, it’s still being part of… obviously, all of our practice is evidence-based. So, it’s being part of that change of practice and having skills to be able to communicate, how the trials are run and setting them up and those kinds of things.

A lot of the midwives think we just sit at a desk all day and don’t do much, but actually, our role sometimes is a little bit extended in that we often take on things that are not within our, kind of… you know, as a midwife, you will look after a woman whether she’s in your [job role] or not. So, sometimes, even if patients don’t take part in the [job role], you’ll still give them extra support and provide another link to information, if they need to contact the hospital, those kinds of things. You’re there to give them that, sort of, extra bit of support.

Interviewer: Yes. Oh, that’s brilliant, and tell me, is abortion something that you come across often?

Margo: Currently, not in this role. In terms of until recently, because we’ve been working in the emergency room, you, kind of, are a little bit more aware of patients that, like I said, are coming through that have gone for a termination and not had a termination, then turn up with, like, an ectopic pregnancy or potentially a miscarriage.

So, physically looking after them, not for the last [number of years] years, but prior to that, I had quite a lot of experience of looking after women that were coming from, you know, [country name], coming in for terminations for foetal abnormalities. Obviously, because our foetal centre’s a regional unit, we get a lot of women who are diagnosed with a foetal condition and then go onto opt for a termination of pregnancy.

So, my main experience would be around early termination, as in the [name of abortion clinic], but more, sort of, you know, later on, and there was quite a, sort of, far gestation as well.

Interviewer: How do you feel about that?

Margo: To be honest, it’s never really been a problem for me because I just think it’s not my choice to make. It’s a difficult choice to make and it has to be based on that woman and that woman’s family situation, doesn’t it, and on what their expectation is and how they feel about that.

It’s about them, not about us, and I am a Catholic, and I was just saying to the girls yesterday, a few years ago, I trained as a family planning practitioner as well and I worked in the [sexual health service name]. People come in there regularly for the morning-after pill, and there were quite a few girls, young girls, that need a referral for termination. I worked there and it was fine, but uncle, my dad’s brother, lives in the [name of region in UK], is a real pro-lifer.

Interviewer: Oh, right. So, that’s quite opposing views.

Margo: As a Catholic going to a Catholic school, in my fifth year, GCSE year, one of our projects was on abortion. So, we did all that right to life and all that kind of stuff.

So, I feel like I’ve got a lot of other experience of views, but my view is that if that’s what’s right for that woman, then I’m happy to look after that woman in that situation. There are occasions where you might come out and think, “Why are you choosing that because that is not actually…?” just in your mind, because it might be because they’re predicting that the baby might go on to have some learning difficulties, or whatever, it’s got a genetic condition, but actually, you’re thinking, well, that wouldn’t be my…

Interviewer: Your personal choice.

Margo: … personal measure of whether that child’s going to have a good life or not. That wouldn’t be my personal, sort of… what’s the word? Like, yardarm, whatever, measure, but for them, that’s what it is. So, there are occasions where I’ve thought, “Hmm, I’m not…” you know, but that’s their decision, isn’t it?

Interviewer: It sounds like you’ve got a professional head. So, you know, professionally, irrespective of the decision that the patient may present with, you’ll be accepting of that and still provide patient care.

Margo: Yes.

Interviewer: But, on a personal front, you might be thinking, “That’s not the decision that I would make in your shoes.”

Margo: Yes, yes, and I think that’s part of your moral… and also, like I said, your religious… sort of, what’s in you because you’ve had it for such a long time. Even when I worked at the [sexual health service name], I had a little bit of conflict with that in that, as a midwife, you’re seeing women and you’re looking after them in pregnancy, and then I was getting young girls that were coming in that had had a baby that were then going out and coming in the next day for the morning-after pill and you were like… I just found it really difficult.

Yes, I did find it difficult, and in the end, I stopped doing it because I was like, “That is not for me,” and, obviously, like I said, the same situation, you wouldn’t refuse people treatment. You wouldn’t refuse to give them the pill, but personally, I would be thinking, “Oh, that’s not making me feel…” I don’t like that.

Interviewer: Yes. Can I ask, and, again, don’t answer any question that you don’t feel comfortable with, but would you view in that position that you were… so I’ll ask a couple of questions, so that it, kind of, relates. I’ll break it down, rather than giving a big question. So, do you see the morning-after pill as an abortion, to begin with?

Margo: No, it wasn’t the morning-after pill issue. It was the fact that they were putting themselves in that position. I feel like it was more of a moral than a… because I’ve had the morning-after pill and I had that with my last baby, and my last baby is now 14.

Interviewer: Oh, right.

Margo: That was an unplanned pregnancy, and, yes, I obviously went and had it too late, and then I have him, and now I sometimes think, “Oh my God, what would’ve happened if I didn’t have him?” and I feel really bad about it, but at the time, that was the decision I made.

So, yes, I can’t say I’m… I’m not. It’s not from that point of view. I think, for me, it was more of a, kind of, moral thing of, you’re having unprotected sex and then you’re coming for that. It was more that was conflicted for me.

Interviewer: Yes, it’s almost like-

Margo: Well, that you just want to get rid of a baby. Like, if you’re pregnant, you just want to… there is a small element of that, isn’t there, when people use termination or they have the morning-after pill for repeated contraception, and they just default to that rather than taking responsibility for their overall health and wellbeing.

Interviewer: Yes. Of course, yes.

Margo: But no, at no point would I think, “You can’t have it,” because, morally, I just find it a little bit like that’s not what you want to be doing.

Interviewer: You’ve, kind of, almost answered my next question, which was do you feel that those young women are using the morning-after pill as a form of contraception?

Margo: Yes.

Interviewer: Was it that that you were a little bit uncomfortable with?

Margo: Yes, it’s more that, and I think as well, being a midwife is not just being a midwife. It’s about everything. It’s about the holistic thing of women’s health and how women have to… you know, they’re such a key part, aren’t they, to society. You’ve got to look after yourself, got to protect yourself, and you just think they’re undervaluing themselves a little bit aren’t they, and also, then are they putting their health at risk?

Interviewer: Yes, of course. There’s lots of other things.

Margo: Then it impacts on their kids, and there are all those things. So, it’s all that kind of thing. You just think, as a midwife, we’re trying our best to try and keep them as healthy as we can, they have these babies, to be as healthy as- you know, and then that all, kind of, is undone in those choices, isn’t it? So, I think from that point of view, that’s where, but I would never feel uncomfortable about someone requesting a termination, and, obviously, they need to be informed, don’t they, well-informed about what…

Interviewer: … what decisions they might make.

Margo: Yes.

Interviewer: Yes. Oh, brilliant. So, as you know, this project’s looking at conscientious objection to abortion. What do you feel or think constitutes conscientious objection to abortion?

Margo: I think, in my experience, I can only recall on a couple of occasions. For me, I would think it was somebody that was declining to participate in that process. So, there are probably maybe a couple. In my, kind of, delivery suite time, there was one midwife particularly that would decline to look after these patients.

Interviewer: Oh right, okay. Well, what impact did that have on you?

Margo: Well, it impacts on other people because then what happen is that one person… because I, obviously, have got quite a quiet, sort of, gentle-ish nature, it tends to default to those midwives that are of this kind of personality that end up looking after those patients all of the time. So, if a stillbirth presents, you get that patient. If you get a termination, you get that patient. So, if someone else declines who’s, you know, equal experience, similar personality to you, then, obviously, it comes back to you.

We haven’t got endless amounts of staff. So, there’s always a group, a little, sort of, minority that’ll end up always looking after those women.

Interviewer: Yes. So, it sounds like it puts pressure on certain individuals.

Margo: Other people, yes.

Interviewer: Yes, and then I suppose that leaves you or colleagues such as yourselves at risk of, you know, affecting your wellbeing.

Margo: Yes. Well, continuing exposure to those situations is stressful, and most of us can manage that in whatever way we manage it. We go home. You know, you find different strategies, but for some people, it can get too much. Like, it could get too much if you were just constantly-

Interviewer: Get burnout?

Margo: Yes. So, if less people were happy to look after women in those situations, that would make it, yes, quite difficult, I think.

Interviewer: Yes. I suppose, as a conscientious objector, people who are conscientious objectors, do you think they can work in this area of care, this medical area, so such as in midwifery services?

Margo: I think they can because they’re probably really in a minority. If you’re going to be a doctor or you’re going to be a midwife or you're going to be a nurse, most people will come into those professions knowing, at some point, there’s going to be some situation or some exposure to patients or care that you're not going to be 100% comfortable with, whatever that is. There’s lots of things, isn’t there? I don’t think there would be that many of them that would… there might be people who are uncomfortable about it, but would still do it.

In all my time, that’s that one person, and then, like I said, recently, one of the doctors in ER, she’s just gone on maternity leave, commented, and I was like… they’re the two times in that whole [number of years] years that I’ve been exposed to someone actually saying, “I wouldn’t be comfortable to do that, prescribe that, look after that woman.”

So, I don’t think there’s that many of them around. So, I don’t think it impacts massively, but if there’s 11 of you on a shift… and we get women regularly come in in those situations. That can impact on that individual because then they’re always getting the same women.

Interviewer: Yes. Do you think conscientious objection has an impact on patient care?

Margo: I wouldn’t say so. I think the difficulties that I found, like, particularly was in the context of the [sexual health service name] because people used to protest outside.

Interviewer: Oh, really?

Margo: Oh yes, regularly. So, you’d have to walk through them to get in. It was not the [sexual health service name]. It was the [sexual health service name] in [name of area clinic was situated], and, yes, they’d be outside on a Saturday afternoon when you’d be walking in.

So, that would impact on people because that would impact on teenagers wanting to go into that service and then not being able to, but as a member of staff and as someone who’s got experience of clinical care and stuff, it didn’t impact. It didn’t impact on the staff. So, the staff are there to provide the care, but I don’t think so, no, would be the answer.

Interviewer: If a colleague was to conscientiously object to a person, so just to give you a scenario, a woman comes to a midwife and says, “Oh, I want to come for an abortion,” and they just say no, what impact do you think that might have on them?

Margo: Well, it’s obviously detrimental to that woman, isn’t it, but then as for that woman, she needs to go elsewhere and find someone else who’ll help her. It’s difficult, isn’t it then. How can women be proactive to do that, but I think generally now, even people where English is not their first language manage to access services if they need them and they want them.

So, I think if they weren’t happy with that, they would just find an alternative route, whether they rung the hospital or they saw their GP or whatever. I don’t think somebody would settle with that now, and it wouldn’t be appropriate either, would it? It’s just, like, wrong. Well, it is because it’s denying them care, isn’t it? It’s like saying if they came with a broken arm and like, “Oh no, you can’t go and have an x-ray,” isn’t it?

Interviewer: So, if somebody was a conscientious objector, if they do refuse, what do you think they should do?

Margo: I think that they should at least direct them to somebody else.

Interviewer: Refer on or signpost to different services?

Margo: Yes, but then I suppose their argument will be that then they’re being involved in the process, wouldn’t it?

Interviewer: Would you see them as being involved?

Margo: I personally wouldn’t, but potentially, if that was that person, they might think, “Well, if I do that, then I’m helping, aren’t I, with them,” but I personally would not think that. I think if something’s outside of the realms of whether you're comfortable or happy with it, that you should… I don’t know. I just have a conscience. I think I couldn’t leave that person hanging.

Interviewer: Yes. I think that’s the difficulty around conscientious objection isn’t it, because…

Margo: My conscience would be around the care of that woman and the outcome for that woman, whereas I suppose if someone’s saying, “Well, that foetus needs to be protected,” then that’s their conscience.

Interviewer: Yes, they may see that person as the patient, for example. It is a challenge. It is difficult. Where would you draw the line on participation? So, it’s, kind of, related to this. So, for example, signposting or giving advice, taking a telephone call from a woman who wants to discuss the morning-after pill or abortion, would you see that as participation in abortion?

Margo: I wouldn’t think that that was participation, but I can see the argument for why people would say that, kind of, but I personally wouldn’t because you’re not giving them drugs, you’re not carrying out any, kind of… you know, you’re not doing a foeticide. I personally wouldn’t think that was. That would be my opinion.

Interviewer: Yes. So, there was a case, I don’t know whether you remember or whether you know, but in 2014 of two midwives who did take their case to court. They objected and they had a list of 13 things, which included actually referring-

Margo: Of the things that they wouldn’t…?

Interviewer: Would refuse. So, they were conscientious objectors. They were senior midwives, worked for a number of years, and then I believe they’d never actually been involved in any abortions, but then abortions were coming onto their wards or what have you. They listed things, like signposting, taking telephone calls, supporting patients and their family because they did perceive that to be participation in abortion.

Well, anyway, long story short, they took the case to the Supreme Court and they lost, as the judge ruled that abortion should be restricted to hands-on activities only, not those sorts of periphery services or related services as such. It sounds like you take a similar perspective.

Margo: Yes, yes, I would agree with that. I think it’s a sensible, practical approach, especially when, like we said, we work in this environment.

What happened, terminations used to happen on gynae and then gynae moved in my time as I qualified, and things started to move down to us. So, then there is still a little bit of a crossover, but it all came to maternity then. So, it’s probably what that shift was then that we would get, and our bereavement services now cover every bit of foetal tissue, from 3 weeks to 40 weeks. So, the girls who work in the bereavement team are responsible for…

Interviewer: Oh, that’s huge, yes.

Margo: Yes, it’s whether a woman comes in with a miscarriage or she has a termination, all that foetal tissue is accounted for and looked after by them as midwives. Yes, there was a change in practice that’s happened over that period, which is, obviously, maybe what had this-

Interviewer: Where they, sort of, stem from, yes.

Margo: Where it’s happened to them, and they come in and then they’ve gone, “Oh my God, this is going to be a situation that we’ll be faced with.”

Interviewer: Yes. Do you think it’s possible to be a conscientious objector? Oh, sorry, I think I’ve asked that, haven’t I?

Margo: Yes, I think it is. I think there’s probably things that we subconsciously don’t get involved with maybe if we can avoid it, and you only get involved if you really have to. So, I think there might be more people who… I think the out and out, “Oh yes, I object. I’m a conscientious objector and I don’t want to do this, this and this,” is not many people, but I think there may be people who subconsciously have a little bit of uncomfortableness about things that they maybe try to avoid being involved. Do you know what I mean?

It’s like any aspect of care. If you’re on a labour ward and you get a really sick woman or a normal- you know, there’s ways to, sort of, say, “Well, I’m not comfortable. I’m not doing that,” to be a little bit more selective. So, I think maybe there are a few people that maybe are uncomfortable, but would not, hopefully, say, “I’m not looking after that patient.”

Interviewer: Have you or your colleagues ever been asked if you're a conscientious objector?

Margo: No, that’s not a term that people would use, yes. Well, not that I’ve come across anyway. Not that anyone’s ever…

Interviewer: Never asked you?

Margo: No.

Interviewer: No. Have you spoken about this, sort of, topic to anybody before this?

Margo: Not really, only in relation to… you know, sometimes, like I said, if you had a patient, you came out and you thought, “Oh, I don’t know why she’s terminating,” but that’s part of how we cope with stuff. It’s like offloading onto your colleagues, but in terms of termination, not really to each other.

I was just talking about this because my daughter’s [daughters age] and I had a raised screening test. Screening was only just, kind of, around, coming in. It’s evolved a lot since then. I had a raised risk for Down’s and I went onto have an amnio, and we were just talking about this yesterday, and I waited three weeks for those results at that time.

So, in my family, my mum and dad are from a large family. My dad’s Irish Catholic. They live in the [name of region in UK]. He’s got three or four brothers that live there. I was the first one to get married, I was the first one to be pregnant, and then that whole thing of waiting for those three weeks, I was only 23, 24. What was I going to do? If we decided to terminate, how were we going to do that because my uncle was like… and my dad was quite staunch as well.

So, that was a difficult time. Like, when I look back to that, and then when I went on to have- and it came back normal and it was all fine, and then I went onto have two more children and I just didn’t have any screening the next time.

Interviewer: Did you not?

Margo: Because I knew that, even if there was a problem, I wouldn’t be terminating them. So, that changed my… because first time, I wasn’t sure, but second time, I was like, “No, whatever we get, it’s ours and I’m happy to…” and you do meet a lot of families like that, don’t you?

Interviewer: I can relate to that, yes. Yes, I can definitely relate to that.

Margo: So, we were just talking about that among ourselves yesterday, sort of, on a personal level, but no, it’s not something that really I suppose comes up because it’s just, kind of, accepted that, if you’re a midwife, you look after those patients. I don’t know if people would express an issue with it because they’d feel that they were going to be maybe looked on in a negative way. You know, it’s just difficult as a midwife.

All the things that we have to deal with and cope with, there’s a lot of stuff going round at the minute about resilience and stress. A lot of the newer midwives struggle to cope with the workload and things like that, and it’s, obviously, ever increasing and we’re always short-staffed and stuff. I think, for me personally, the way that you usually deal with all that is to talk to your colleagues, but, kind of, in a way that’s not serious, but I think if I said, “Oh, I’m a conscientious objector to abortion,” they’d be like, “What the… what?”

Interviewer: Yes.

Margo: You would be like, “What? What are you on about? Shut up.” I just don’t think it would go down well. That’s what I’m saying, maybe there are people who have a feeling about it, but don’t actually feel able to-

Interviewer: Voice it.

Margo: Yes, but then if you object to that degree, then you wouldn’t be able to look after patients. Yes, it’s not clear cut, is it? There will be people that are a little bit uncomfortable with it, but are not in a position to say, “Actually, I would rather not do anything with those women.” When you haven’t got an issue yourself with it, you just assume everyone else is the same.

Interviewer: Yes. Yes, unless people say.

Margo: Yes. If, like, your friends or your family came to you and said, “This is happening, I’m going to have a termination,” I’d just accept that they’ve made that decision. I wouldn’t try to persuade them otherwise. I’d just think that’s down to them, isn’t it? That’s their choice.

Interviewer: You seem very patient-focussed in your approach.

Margo: Yes. Well, I am like that because that’s what I’m like, that’s why I am in this job. You don’t come into it worrying, you don’t come into it for glamour. You come into this job because you care about people and you want to care about people, and you try to do that the best you can in whatever circumstance that is. So, if it’s a woman who wants a normal labour, ends up with an epidural and a section, you try to make it the best you can. If a woman comes in with a dead baby, you try to make it the best you can.

So, that’s my ethos. That’s the way that I am. So, that’s why I’m like that. That’s my, kind of… but it is influenced, isn’t it, by what you’ve… like I said, sometimes I think with religion, because I don’t go to church every week, it doesn’t really impact on me, but in actual fact, it does.

Interviewer: Well, that was actually my next question, what’s helped to form your views?

Margo: It’s quite in you. It’s just engrained in you, to the point where I don’t think you realise that sometimes. I think from a moral point of view, it definitely influences, but yes, it does.

Interviewer: So, would you say your religion, or, you know, your Catholic upbringing, that’s maybe instilled some fundamental foundations, for want of a better expression?

Margo: Yes, but also, you realise that you don’t have to agree with everything. You know, abortion would be, like…

Interviewer: … considered wrong.

Margo: Yes, the Catholic Church, no, no, no, but for me, I’m like, “Well, actually, that’s not a problem.” So, personally, that’s fine.

Interviewer: Do you think your opinions have changed since coming into the profession? So, before you come into the profession, did you have a particular opinion about abortion?

Margo: No. I just come from a family... like my mum’s a nurse and I’m a midwife, my sister’s an OT. We’re all healthcare-focussed. My sister has owned a kids’ nursery. We’re all healthcare, sort of, person- you know? I think that’s just the way that we are. So, no, I didn’t really have any… I’d obviously had what I’d had at school about abortion and stuff, and as part of our training, they sent us to the [name of abortion clinic] Clinic. That was in our first year. So, that’s your first exposure of termination in real-life, and then, as a student, you know, you experience things as you go through.

So, I came into it with my eyes open. I don’t feel like there’s anything particularly that I’ve changed my view on since starting at [age], and now being nearly [age]. It’s, sort of, the same. I don’t feel like there’s anything that’s changed dramatically, yes.

Interviewer: Oh, that’s brilliant. Thank you. So, what do you think are the limitations to participation in abortion? We, kind of, covered that a little bit earlier on actually, didn’t we?

Margo: Yes. Limitations, you mean, in terms of what we said before about, like, staffing?

Interviewer: Well, just what you consider to be the extent of and limitations to abortion.

Margo: So, for me, I think if someone doesn’t want to be involved, then they shouldn’t have to… so, for me, it would be looking after the woman and administering any drugs in relation to the process.

Interviewer: So, the hands-on activity again, yes.

Margo: Yes. That would be it, I think.

Interviewer: That’s fair enough, thank you. Have you ever refused or considered refusing participating in abortion?

Margo: No.

Interviewer: Do you know of any who may have, maybe a colleague?

Margo: There’s just one midwife that I know of that has, but that’s it, and like I said, the doctor making that comment recently. It was a bit of a shock to me really, but otherwise, no.

Interviewer: No. Would you mind giving a little bit more information on what happened with the midwife, for example?

Margo: It was quite a long time ago.

Interviewer: No, it’s fair enough.

Margo: I think in terms of just the shift leader was allocating the patients. So, you’ve got your board of patients and they’re allocating or in the shift changeover, and it’s like, “Oh, will so-and-so take that woman?” and she then said, “Oh no, I don’t look after those patients,” and then, “Oh, you take her then.”

Interviewer: Oh, right. So, again, it was-

Margo: It was put on someone else.

Interviewer: Yes. So, there is a risk of that burnout really, if you’re always getting given those patients.

Margo: Well, this is what happens. It tends to be, you know, if you're of, like I say, that nature, that personality, then you will get those patients all of the time. You can tell. You can name the people who get them all the time.

Interviewer: Ah, that must be quite hard really because you want a bit of variety yourself as well.

Margo: The positive side of it is that they know the routine and they know what needs to be done, and they know how to make sure the women get the right care, and the right pathways are followed afterwards with the bereavement team and stuff like that. Yes, on the other side, the negative for the person is it’s quite depressing, you know, looking after patients, and then if they’re having a termination for a foetal anomaly or whatever, you still have to do all of the things, like the handprints, the footprints. You have to take photographs. It’s quite stressful. You know, it’s quite upsetting.

Interviewer: Yes, I can imagine.

Margo: So, yes, you do get a bit, like, overload with it.

Interviewer: Yes, that’s hard. That must be quite hard. Have you ever experienced a woman who’s been seeking an abortion who’s been refused care at all?

Margo: Only the ones from [country name]. So, I’ve looked after women from there, where they’ve rung their local hospital and they’ve basically said to them, “We cannot give you any information about where to go for treatment.” There has been a couple of situations where whoever’s been looking after them in [country name] has said, “Google this name,” and they then had to Google the name and then contact the hospital directly themselves. Obviously, when they go home, they usually decline to have any postnatal follow-up because they don’t want their community to know. So, yes, that would be the major thing here.

Interviewer: What impact do you think that has on the patient there?

Margo: Well, it’s like not only in terms of emotion and stuff like that, but they have to pay all their own… so, they have to pay to get here, they have to pay to stay. Oh, it just must be the worst nightmare ever. They have no family support. Often, it’s only the couple that know and they don’t tell anyone else. Yes, that’s just, like, the worst case scenario, you know, and they’re staying in a hotel down the road or something. They come the day of the termination, go home the next- you know what I mean? It’s really…

Interviewer: … a quick turnaround for them, yes.

Margo: Turnaround, yes.

Interviewer: They mustn’t have time to really process, catch-up with what’s going on almost.

Margo: No. So, they are refused care, aren’t they, there and they have to seek it out themselves, but not anyone here that I’ve known.

Interviewer: That, kind of, brings me onto the next question actually. So, for example, in some places, conscientious objection is unlawful. So, Sweden, you know, you’re not allowed to conscientiously object as a healthcare professional, whereas in Italy, whole institutions will invoke their right to conscientiously object, and they just won’t provide abortion. They’re quite clear about that, and I was just wondering what your thoughts are on that. You know, two polars, you’ve got unlawful and then lawful, and I was just wondering what you think.

Margo: I don’t think unlawful is right because people should be allowed a choice because we’re so restricted in everything these days anyway, aren’t we? It’s becoming more and more difficult to have an opinion isn’t it, and to have a choice. So, I don’t think unlawful should be the case. Have I got that the right way round, lawful and unlawful? Yes, unlawful.

Interviewer: Yes, the unlawful choice. No, that did sound right. I was catching up.

Margo: I was thinking, “Is that right?” Yes, but it just must be difficult mustn’t it, because if there’s a unit where you live and they don’t provide it and then you have to travel, it’s just like the [country name] situation isn’t it, and then how does that happen to be paid?

Interviewer: It sounds like it might become really quite complicated.

Margo: Yes, and, obviously, it’s like that isn’t it, to put people off as well, to maybe force them into not seeking an abortion if that’s what they wanted.

Interviewer: Yes, thank you. Do you know anyone who’s… I think I’ve asked you this. I apologise.

Margo: It’s alright.

Interviewer: Have you heard of a colleague who’s objected or refused to participate in abortion? So, you mentioned the midwife before.

Margo: Only her and, like I said, the doctor that commented recently.

Interviewer: Do you think she’s actually refused patients to their face?

Margo: No.

Interviewer: No. How do you think it’s worked when she has refused?

Margo: I think that what will have happened is they’ll have just gone to somebody else.

Interviewer: Really?

Margo: Yes, because that’s what I was saying before isn’t it, they’re a minority. So, for 1 person that refuses, you’ve got 10 that’ll do it. So, it’s, kind of, like, just find another registrar or whatever to see them or whatever, so yes.

Interviewer: Do you think there’s any implications to that refusal?

Margo: Well, obviously, if the patient was put off at that point, that’s an implication to them isn’t it, a significant implication, but if it was just in terms of staffing, it just might mean maybe a delay or a little bit of trying to find somebody else to do it, but it wouldn’t be huge. It would be something small that could be corrected. So, they would always able to find somebody else.

So, I don’t know why. She is of a different faith. So, I don’t know whether that had much to do with it, but then I have a colleague, a friend who’s Muslim and, I don’t know, I suppose we never really talked about it. I don’t know whether that has any impact on it because I don’t really know a lot about, like, other kinds of religions and things. So, I don’t know.

Interviewer: But then I suppose the same could be said about Catholicism, you know?

Margo: Yes. Yes, yes, it’s the same. Yes, I’ve just found since I’ve become friendly with this other person that we’re quite similar in actually what we believe and what we hold as, kind of, our moral codes and things, but that’s not a subject we’ve ever, kind of, got onto.

Interviewer: Yes, that’s quite interesting.

Margo: It’ll be interesting, yes, yes, to see if we have the same kind of view about it, because she’s never declined to look after anybody and I worked with her on the delivery suite. So, I don’t think she has any issue with it, but it’s not anything we’ve discussed.

Interviewer: I think in a weird way, because I think people just assume religion is the reason, but actually, there could be a whole array of reasons. It doesn’t have to be-

Margo: Yes. No, it’s not just that. Yes, yes.

Interviewer: Yes, and, you know, because if it was, then, strictly speaking, you’d expect all Catholics, or, strictly speaking, you may expect all Muslims to refuse if that was just the primary reason.

Margo: We have a [name of event] on a Friday, and just interestingly, in relation to that, the geneticists were saying that… because they were doing genetic screening on a family, and they’re Muslims, but their interpretation is that they can have a termination up until 17 weeks because the baby doesn’t have a soul.

Interviewer: Oh right, I see.

Margo: So, this particular couple held that belief, she said, “But not all Muslims believe that,” and I was like, “Oh, that’s really interesting.”

Interviewer: Yes, that is quite interesting.

Margo: Because, like you say, a lot of time, you make a lot of assumptions about things, but she said, “Yes, they’ll have-” so, if they had a genetic condition, they would consider termination if that’s what they wanted to do. So, that was quite informative. I thought, “Oh, yes.”

Interviewer: Yes. That’s quite interesting actually, yes.

Margo: Yes, she said, “But not everybody has that same belief.” You know, like they’ve not interpreted that in that way.

Interviewer: No. If we were to think of abortion as processing, signposting, referral, booking someone in, administering medication, do you think there’s any part of the process or element of that process that a midwife should be able to refrain from?

Margo: I think if you don’t want to be involved, then to me it would be the treatment’s part of the prescribing, giving care, hands-on care. In fact, I can see that they’d find that difficult, but I think it has to be that woman’s choice, doesn’t it? For me, I think if they refused, I would find that difficult to accept that they’d refused even to refer the woman. I would.

Interviewer: Yes, that’s fair enough. No, that’s brilliant.

Margo: That would be my view on it.

Interviewer: Yes. Okay, so I suppose you’re very patient-focussed, and then on one hand… sorry, I’m trying to tie together what you’ve said. So, you’re very patient-focussed, or the focus of the patient comes first to you, first and foremost, and I’m just wondering, whose rights do you feel overrides whose? So, do you think the patients’ rights come before the healthcare practitioners, because you’ve mentioned previously that, you know, you do feel that the healthcare practitioner also has rights, obviously.

Margo: I just think if you choose this profession, then you take responsibility for that and you take what comes with that, and that’s part of it. You see, we’re told all the time, you basically put yourself aside and you look after the woman. So, that’s the interpretation of that. That’s what you're doing and it’s exactly the same situation, isn’t it? It’s just that the outcome’s negative, not positive.

So, I think really, that it should be patient-focussed and it should be about their choice, and we’re here to care for them in whatever choice they make. That’s how I feel about it. That will be my stand on it really, my viewpoint.

Interviewer: So, would you say the patients’ rights come first before your beliefs?

Margo: I think in this context, yes, because there’s been lots of things in the news and things hasn’t there, about healthcare professionals praying at the bedsides of the patient and things like that, and then them going mad because, actually, it’s not about you, is it? It’s about them. If you’re the patient, you want those people caring for you to be about you, not about them.

So, I think when you become a patient, I was a patient, not in a maternity setting, for something else, and yes, you want them to be looking out for you. You don’t want them…

Interviewer: Yes. Well, I suppose as a patient, you have that expectation that you’re under their care.

Margo: Yes. You want them to look after you.

Interviewer: And give you their best, so that you’ve got the best chance really, yes.

Margo: Yes, and I know that we’re all human and we all have our things that we’re contending with, but more and more now, it’s all about, like, even this resilience, sort of, support and that that we’re offering, because I’m one of the professionals, the advocates. So, we’ve replaced midwifery supervision. So, we’re trying to encourage the younger staff about resilience and how to cope and coping mechanisms with stress and stuff. Yes, it’s all about putting aside what’s going on outside, coming to work, doing your job, and you know that’s never going to be fool proof, but if you can try to work to that, sort of, ethos, then you’re going to be-

Interviewer: Yes, almost compartmentalise things.

Margo: Yes.

Interviewer: I suppose to a certain degree, given the nature of your work, you know, you can’t take everything home with you, can you?

Margo: No, and you can’t bring everything to work either is the other thing. So, you have to drop something while you’re here, do what you're doing, especially when you’re working clinically because I do shifts at the weekend sometimes, and I don’t look at my phone all day, and anything could be going on outside of here. I wouldn’t even know, and I don’t need to know either because it’s not my concern at that time, but that’s how it is.

So, I just think if you're here and this is your job and you’ve chosen this career, this profession, then you, kind of, have to take the bad with the good.

Interviewer: Yes. So, I suppose there’s always going to be elements of a job. You know, whatever your job is, there’s always going to be parts that you do like and you don’t like.

Margo: Yes.

Interviewer: So, like I say, we’re interested in trying to develop some sort of guidelines around conscientious objection. There are some guidelines that do exist, but they tend to be quite woolly and there’s no definitive sort of breakdown.

So, in terms of the Abortion Act and the conscience clause within the Act, that, again, just says a person has the right to invoke their own conscientious objection, and I’m just wondering what your thoughts are if the clause itself allowing conscientious objection for healthcare practitioners was scrapped, what do you think should replace it, if anything?

Margo: The only thing is, if you scrap it altogether, then do people then have the right to say, isn’t it? It’s that thing about, is it allowed and isn’t it allowed? I think you should be allowed to express that if you feel that, and just because my observation is that there aren’t that many people who do that, those people should still be allowed to say that shouldn’t they, if that’s how they… and if they can get through their career without ever looking after a patient like that, then that’s good on them. You know, if they can achieve that and they feel happy with that, then that’s good for them, but I don’t think it should be that they’re not allowed to say. I think you should be allowed.

Interviewer: Do you think it’s realistic that somebody who was an objector could get through their career without encountering…?

Margo: This is what I was saying before. It depends, doesn’t it? It depends on how you are, where you work. If you don’t work in a setting, you know, if you never work on a labour ward, you’re never going to be in that position. Well, not never, but it’s unlikely.

Interviewer: Unlikely, yes.

Margo: There are a lot of midwives who work in this unit that will train and then never go back to a labour ward. So, potentially, yes, they could get through a career without ever-

Interviewer: Gone through.

Margo: Yes, that would be my view on it, and maybe they’d choose areas to work that were not exposing themselves to those sort of situations.

Interviewer: Do you think they should choose areas where they should work, where they don’t expose themselves potentially?

Margo: Well, yes, but if you feel that strongly about something, then yes, why would you put yourself in that position, but then if you can manage to work in an area where it would be something that you’d come across, then obviously that takes strength of character doesn’t it, to be able to stand up and say, “Actually, I can’t look after those women.” I don’t know.

Interviewer: It’s challenging, isn’t it?

Margo: I think you can get through your career without being exposed to this because even within my team, two of them are relatively junior. I know in terms of my team of five that I have the most exposure to that situation, and for the future, that’ll probably remain because they’re not in that setting, and potentially may not even be in that setting, or will be in that setting but with less exposure because of the hours and things. They do less hours and stuff.

So, I feel like out of five of us, that potentially there’s a couple of them that won’t ever go onto even be in the situation because they’ll choose different career paths and things, and maybe not actually be clinically hands-on.

Yes, I think people can get through their careers that way and can be selective a little bit about… but I think people should have the choice.

Interviewer: Do you? Yes.

Margo: Yes.

Interviewer: Yes, that’s fair enough. Yes.

Margo: Yes. I don’t think it’s fair to say… so, is that what the proposal is, that they remove that statement?

Interviewer: No, to be honest, there’s no proposal whatsoever, and I think that’s where my manager’s seen the gap. The Abortion Act was introduced over 50 years ago now. You know, obviously, abortion, I’m sure you’ve seen it, like you said, there were changes in your career.

Margo: Yes, everything’s evolving. Yes.

Interviewer: It’s hugely evolved. So, what was a surgical procedure carried out by doctors is no longer the case. Obviously, there are still surgical or medical abortions as such, but as such, necessary personnel have also changed, with pharmacists, with nurses and midwives having a greater involvement than ever before. I suppose what my manager’s recognised, where a gap is in the research, is actually that all these different people have been introduced to it. They haven’t had their opinions considered.

So, first, does conscientious objection, I suppose, even exist among these healthcare professionals? Obviously, we know it does, but, you know, it’s not recorded and it’s not evidenced, and can it be accommodated? You know, what are the limits? Do people consider the extent of participation in abortion and the limits to abortion, referral, taking telephone calls?

Margo: Yes. So, that’s what you’re trying to establish isn’t it, because before, it was the doctors and it was like, the doctor, and a lot of the time it was easy- it’s probably easier, especially for the nurses to say, “The doctor has…” you know, the doctor does and the doctor… as midwives, because we’re autonomous practitioners already, we do so much stuff ourselves anyway. For us, we’re already taking the responsibility, whereas maybe, like you said, the nurses and pharmacists are only just getting that, aren’t they?

Interviewer: Yes, that’s it.

Margo: As the years have gone on, they’re only just getting that put on them, aren’t they?

Interviewer: Yes. I don’t suppose they’ve ever really been asked, you know, their opinion. We know, of course, that we are all individuals with our own independent opinions. You might have a professional opinion, but you might have a personal opinion, and can you resolve the two or can that conflict be resolved, if there is indeed a conflict?

So, yes, there’s no proposal whatsoever to scrap it. I suppose, conscientious objection is being brought up, and I suppose what’s being highlighted is there are a lot of unanswered questions, and this is what the purpose of the research is, to try and answer some of those questions.

So, it was only raised again, I think it was 2017 in the medical activities debate, and it was brought to the fore in the Houses of Parliament. So [Crosstalk 00:47:11].

Margo: Yes. Oh no, it’s interesting. It’s really interesting.

Interviewer: It’s funny isn’t it, because I think, you know, you, kind of, have an opinion on something and then-

Margo: It’s like you said, you don’t discuss- like we talk about a million and one other things because we always talk about women and what’s going on and stuff, but it’s not a conversation you have, is it? It’s not even a conversation you have with your own family, I don’t think, in terms of, like, what would I do. Do you know, if it was, like, one of your family members.

I don’t remember having a conversation with my mum about it. I just remember my saying, “Don’t have screening,” and then I had screening and then it came back abnormal, but I don’t remember the conversation ever about termination. I talked to my dad about it, I think, but I think he was just, kind of, like, “Wait and see.” He would’ve supported us whichever way, in spite of his, kind of… but yes. I was more worried about the uncle.

Interviewer: If it’s okay, I’ll just quickly go over my questions, make sure I asked them all. I’m pretty certain you answered everything that I needed to answer. I think I asked this, have your views changed over time?

Margo: Not really.

Interviewer: Not really, no, I think you did answer it there.

Margo: Yes.

Interviewer: Yes, I’ve asked everything. Thank you very much. Is there anything else that you want to ask me?

Margo: No, it’s just really interesting, and it’s good probably to have a little bit of a conversation about it because it isn’t something we talk about, and it’s just good, sort of, to get your mind thinking about people who maybe are in that situation, how difficult that could be really, I suppose.

Interviewer: Yes. Well, thank you very much. I’ll just stop these.

END AUDIO

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