I: OK….so you’re happy to go ahead after my explanation of the project?

Phoebe: I am. Yes.

I: So, first of all, can you tell me a wee bit about your role with regards to advising women who are seeking termination of pregnancy?

Phoebe: My role, I wouldn’t probably come across them….I do a lot of morning after pills and EHCs but I do always say come back if you discover you are pregnant….I would at that point refer to somebody who I knew was sympathetic or I would speak to 1 of the nurses across the road….or in confidence, that be my sort of role.

I: OK. Have you come across that often?

Phoebe: No. I tend to find that we are very busy with EHC….with the morning after pill and because we’re both women of a certain age and non-judgemental we tend to keep busy – well we’re not male, we’re not young and I think that makes a difference. I’m a great believer in give it anyway because peace of mind, they sleep and hopefully it does prevent them getting to that stage of abortion.

I: How do you feel about that – you’ve never had any problems?

Phoebe: No, I haven’t….I think because I’m a health professional; I think it’s something you should consider before you become a health professional….I think if you have strong feelings on it you shouldn’t work in that field. That’s just my own personal views, it’s not the views of everybody else. I know a few years ago there was a debate amongst pharmacists that some people who don’t even give the morning after pill you can refer them elsewhere – you can refer them elsewhere and I personally think you should be non-judgemental and my own views of HCPs as well is there’s a big enough scope out there to not go in to something you’re going to object to….so go somewhere else.

I: OK. So, with regards to….you know you have your personal side you have your professional side, but as a human being as a whole?

Phoebe: Everybody as human being has their feelings but I don’t think you can bring that feeling in to it when it’s your job; I think you have to support the person and whatever. If somebody wants an abortion you support them and if somebody can’t for any reason, you support them….you can get somebody to help them….

I: So with regards to finding somebody to help and in signposting, do you find that’s fairly straightforward?

Phoebe: I would probably refer somebody to [name of clinic]….that would be my 1st call. I’ve had training from them a long long time ago as 1 of the 1st people to trial the EHC for 13 – 19 year olds; we trialled it in here and I’m the EHC for this area and the training I got from them was the best training I’ve ever been given. They’re very sympathetic they look at things from different sides and I think it was a shame when they then rolled out EHC across pharmacy nobody else got that training and that’s when the kinda personal views come in – but that [name of clinic] would be my first port of call….

I: And that’s been around for a wee while now?

Phoebe: Mhmm….

I: Prior to that would it have been GPs?

Phoebe: Yeah it would have been the GPs and GP wise a lot of young girls don’t want to go through their GP….the 1 thing they like about EHC is the 1st way we start the conversation is *it goes no further….*it doesn’t go on your record. Whether that matters to people or not….well it does to a lot of young girls and even to a lot of older women – they don’t want to be thought of as oh I’ve been daft, I’ve been silly, so I think that anonymity and being non-judgemental is important across the whole thing.

I: Regardless of age….

Phoebe: Yeah age or whatever, because contrary to what the Daily Mail thinks it’s not 15 year olds we’re dealing with all the time….it’s older people….

I: Yeah, absolutely. Do think that should probably be highlighted as well?

Phoebe: I think so because I think the press give it a bad deal they think when anything is an abortion or EHC….they think it’s just somebody who is sleeping around and it isn’t….it’s different people who have had accidents and things have happened to older women at a certain time of life and it’s certainly not what the Daily Mail thinks it is.

I: And obviously because you are seeing that, every day really….that can be quite frustrating?

Phoebe: Very much so. I don’t think the schools educate well in this area….

I: Well that’s what I was going to say as well….as far as education goes, do you think that’s fair to say that would be a main factor moving forward?

Phoebe: Yes. It has improved in Scotland – the rates have come down but I find specifically in this area a lot of young girls are not aware of when they can come….that there is a 5 day 1 now; that there is an abortion pill – there are different things and they’re not taught this at school….I don’t know why they’re not. Years ago I actually had a young trainee Dr working with me who approached the schools in this area because they were doing a sorta….I can’t remember what it was called….a sorta sex therapy type thing where they were going round schools explaining LGBT different things and I know the schools in this area didn’t let them in. Very difficult. Uh hu….

I: OK. In the past when I‘ve spoken to some HCPs….some think educating from a younger age will have more of an impact….

Phoebe: Yeah it’s much better.

I: More of a lasting impact….would you agree with that?

Phoebe: Yeah it definitely does. Look at Scandinavian countries it’s far better. It shouldn’t be a dirty thing that’s hidden away.

I: Yeah. A taboo subject?

Phoebe: A taboo subject….I don’t know if I’d go as far; I know there’s a big debate about putting the morning after pill out beside sanitary towels….I don’t know if I’d go as far as that I think that’s a stage too far but there’s something to be said for it.

I: OK. So, what in your opinion do you think constitutes participation in the abortion process?

Phoebe: I would think participation is basically anybody who the person who’s seeking an abortion comes across. Whether it be 1st point of help, whether it’s somebody who’s gonna support them….a HCP, if it’s a teacher, it’s a member of their family….they would be participating as much as the person performing the procedure. It’s a medical procedure but it’s more support and sort of guidance you’re needing – and a cuddle – and things are OK. It’s not a judgemental HCP that’s what you need.

I: So some people would argue that participation is more a sort of hands on – whether it be physically giving out medication or carrying out a surgical procedure….but you think?

Phoebe: I think you’re not actually taking part in that abortion, I think there is more to just giving a tablet….that’s not what it’s about. It’s supporting that person and their mental health….that’s more important to me than who gives the tablet. If you give that tablet and not support them then you’ve failed in your job. It’s supporting the person.

I: OK. So participating is offering that ear?

Phoebe: I think it’s offering that ear or any….not that you’re making any sort of admission of….I suppose it’s not guilt but it’s supporting that person in their decision and in their journey afterwards that is participating and it should be part of a team involved it is a lonely thing for some people. Most people wouldn’t know where to go.

I: That’s why I was saying earlier about signposting….if somebody does have an objection to providing appropriate advice, do you think it’s very important to know exactly who to go to and within a time frame?

Phoebe: Yeah. I think if you’re prevented by society – or by your own beliefs then you should signpost to the relevant person who will give help and that’s the sort of viewpoint I have – you should always do that.

I: And within your area, do you think it’s quite clear how to signpost on?

Phoebe: Yeah I would know how to signpost on I would and would do a possible follow up to check they’re OK.

I: Yeah. OK. What do you think has helped you to form or shape the views and beliefs that you have?

Phoebe: Possibly my training and I think age comes in to it as well; I think I’ve been there….I’ve lost children and I’ve had children and I know the upset of losing and of wanting to be pregnant but I think by the age of 40 something I’d have been horrified to find I’d be having another 1 so I think means that your own experience and experience in seeing what somebody else has gone through. I personally know someone who’s gone through it [abortion] for traumatic reasons and I know someone else who has gone through it because of a genetic condition in the family so personal experience comes in to it.

I: Do you think that helps you to be more empathic with patients?

Phoebe: I would like to think so; well I would like to think that everybody in the health service is more empathetic because that’s why they’re in the health service. We tend to be people who put themselves in that position to help people – some people certainly aren’t though. Perhaps I don’t have strong religious beliefs as well which maybe helps. I did have when I was younger but I don’t have [now]….that’s changed along the way so that’s probably had an impact as well. I also didn’t realise I felt so strongly about it; I have a daughter who was training in [name of city] and I used to pick her up at the hospital and drive past women sitting on the roundabout objecting to abortion. They sat there for quite some time and it’s the 1st time I had quite a reaction where I wanted to stop the car and shout at them and educate them….I never ever thought I’d be that person ‘cos I’m usually just let it go….but I think it’s age and experience.

I: That comes down to your experience….because you’ve come in to contact with?

Phoebe: What I’ve seen and come across….

I: Has it raised your awareness?

Phoebe: Yeah….mhmm.

I: Just touching on what you’re saying – I have come across people who have said that they’ve seen people protesting outside hospitals and it can be for various reasons that women are going in to have a termination….

Phoebe: Yeah you don’t know the reason; nobody does and nobody should.

I; I’ve had another side of that argument though where people say it’s peaceful prayer….it’s not protest as such….

Phoebe: I suppose it’s personal viewpoint; they’re not wrong, I’m not wrong, but I think in some respects it’s that person’s body and that person’s right so we don’t have that right to judge – even if they go to get a toe removed or have their nails done or anything else….it’s just that’s a personal view and I think that’s a stage too far….

I: So touching on that, what do think CO means….to you?

Phoebe: To me, it can be a GP or someone in the health service who is working in obs and gyn or in the 1st line who feels for religious beliefs or their own beliefs that they don’t want to be involved in that process at any point. As long as [to me] they object in a nice manner and not put any judgement on to that person, signpost and make sure they do get help and do follow it up then that’s OK. I do understand in that GP setting that must happen because we all have different views and beliefs. However, when it comes to obs and gyn and sexual health I do think you shouldn’t be in that field….there are plenty of other fields you can go in to you shouldn’t train to be a DR if you knew you had those feelings….go and do something different.

I: Do you mean if that’s what you choose to specialise in?

Phoebe: Yeah, don’t specialise in obs and gyn then say well I’m not going to perform that I only want the happy wee babies being born, it’s a speciality and there are things in all specialities we don’t particularly like but we have to deal with it.

I; Have you ever had direct experience of CO?

Phoebe: Yes. I have a cousin [laughs]

I: If you don’t mind, can you tell me a wee bit more?

Phoebe: I have a cousin who’s GP who’s not far off retiring who was brought up Catholic and she became a GP, married in to a well- known family in the area and she was a GP and worked in [name f maternity hospital] and objected very very strongly and was part of a pro-life group and quite openly was part of this group and it’s something within the family we always say you’re entitled to your views, be part of that pro-life group, but I don’t think you should be as a Dr – high profile within it – I don’t think it should affect your job so that’s my experience of it [laughs]. It’s a bone of contention in our family.

I: I imagine you’ve some debates?

Phoebe: Oh yeah we’ve had some debates and it’s her choice but I can see as a GP she can hand over to somebody else within the practice but I think doing her speciality in the maternity….that was something wrong as you shouldn’t be judgemental. She was very open and I think I was 1 of the only cousins who would say to her….we’re both very alike and both as HCPs; my daughter is now a HCP as well and yeah….we have a kinda argument about it, but again, it’s her beliefs and I respect her beliefs but I don’t think she should be working in that field.

I: In that vein then, what would you identify as limitations to CO?

Phoebe: I think depending on where you work, if you’re in a small geographical area – say the Highlands – and you’re 1 of the only GPs in a practice and you object to somebody, what is that poor person going to do? I think geographical and if you can’t signpost somebody within a 50 mile radius or you can’t get them other help, then I think you need to….

I: Considering time frames as well?

Phoebe: Yeah times as well….

I: That’s very true and very interesting you’ve touched on the geographical issue because a lot of people may not think of that.

Phoebe: Yeah and there’s also the wee towns and villages where you’ve grown up and your next door neighbour is the Dr and you go to school with everybody and….yeah….I do think there comes a point as a conscientious objector where you can’t do that – you can do it in a big practice but not outwith area. The only other 1 thing is I’ve come across a young girl before – a young girl who was Asian and married to a much older man and she was being used very much like a baby machine and she had 3 girls and she was on a point of a breakdown and we did signpost her and she did get rid of another baby because it was a girl. I used to think I couldn’t agree with that, but knowing that girl I 100% helped and….so there are racial differences and ethical differences that I didn’t think of before – I used to think that’s terrible you just get what you get, but seeing what it was doing to that person because everybody else wanted a boy in the family….there can be another side to it as well. I changed my views at that point and thought oh gosh this woman shouldn’t be having any more….

I: What point in your career was that?

Phoebe: It was just in the last 3 years….so again, it’s an age thing. I looked at her and saw her falling apart and….

I: How long have you been in pharmacy?

Phoebe: I’ve been a Pharmacist for 32 years….

I: Vast experience?

Phoebe: Yeah I’ve seen it all change from – morning after pill not being very available all the way through to all this openness with you know free condoms and I just still can’t believe in this day and age we don’t go in to the schools as part of the curriculum. Social education system should have somebody in….I think it should be there. There’s a number of young girls who don’t even know how their periods work like how they can get pregnant….so I think before we even get to that stage of CO, we need to educate.

I; Yeah, well listen thank you so much for taking the time to speak to me.

Phoebe: No problem.