**File: fid0f659 -- Voice 015.m4a  
Duration: 0:34:31  
Date: 11/03/2020  
Typist: 727**

**Respondent: Margaret**

START AUDIO

Interviewer: That’s us. That’s sorted. First of all, thanks very much for taking part. I've given you your participant info sheet and you’ve signed your consent form?

Respondent: Yes.

Interviewer: Are you happy enough just to start?

Respondent: Yes.

Interviewer: Okay. Can you tell me a wee bit about your role as a healthcare professional?

Respondent: Initially, I trained as a midwife. I finished in 2012, started working in 2013 and worked in various units. I worked in three hospitals. I've been qualified now as a health visitor for maybe two or three years. That’s really my background in healthcare.

Interviewer: With regards to this project, obviously you know the subject matter. Thinking about providing advice to women who might be seeking pregnancy termination, have you ever come across that first-hand?

Respondent: In Early Pregnancy, I've come across girls who have maybe wanted to have a termination and then, when they’ve gone for the scan, because they have to scan to ensure gestation, it’s been non-viable. It’s maybe been a miscarriage or whatever. They come to the service and they can be very upset even though that was what they were seeking.

Interviewer: How did you feel about that, first of all, as a healthcare professional?

Respondent: I suppose it’s that old thing you don’t really know how important something is until you nearly lose it. It’s that realisation and then there's probably a lot of guilt with the girls who feel like that because they felt that they didn’t want to continue with the pregnancy and then it’s been whereby it’s not been continuing and they have been really upset. They’ve been quite upset by it.

Interviewer: Personally, I'm looking at this as a professional and also your personal feelings with regards to that as well. Would you have had any issues with providing advice on terminations?

Respondent: I would have just said that they would have to go to women’s health and contact the service. I would just have said, although it’s offered as a choice, it’s offered as an easy option but I don’t know if it is always an easy option. I think I would maybe say in terms of that. You would do it in a non-judgemental way but you would always direct them to the service.

Interviewer: So signposting efficiently then and effectively, that would be a big part of that role?

Respondent: That would be your role. It wouldn’t necessarily be something that I would help facilitate for them but I would just signpost them to that service.

Interviewer: That brings me to the participation side of things. What would you identify as participating within the termination process?

Respondent: For example, when I was a midwife in an antenatal ward and somebody came in for a selective reduction and I was the only midwife that could site a cannula. She needed a cannula sited because she was going down to foetal medicine whereby they would do a selective reduction. The first thing, when she came in, I said I didn’t want to participate and I didn’t want to look after and then I was asked would I site a cannula. I went to site the cannula but I never sited the cannula.

Interviewer: You didn’t?

Respondent: No, because I felt that that was me participating in the process.

Interviewer: Yes, you would be, would it be fair to say, hands-on then?

Respondent: Yes. If she buzzed and I had to go in and do something for her, for example, if she needed water or anything like that or if she was asking me anything, I would have facilitated…

Interviewer: So a care side of things then, Margaret, rather than…?

Respondent: Absolutely but not directly involved with the…

Interviewer: That procedure, as such? Okay. That makes sense. There are, I suppose, different ways of looking at participation in this. One of the main things we’re trying to establish here is what do healthcare professionals class as participation? What you would regards as what constitutes that participation? That’s really clear to me, what you're saying. The reason you decided that you didn’t want to participate in that way, did that come from your views that you’ve had before and your views on abortion?

Respondent: I suppose it was just always the way that we were brought up. I was brought up Catholic. Also, in Early Pregnancy, when I worked there and I worked there for quite a while, girls who had terminations who then came back from a different… They had that at Women’s Health and then they would come to the service and not be able to have a viable pregnancy and the distress and the guilt that that caused. That would be…

Also, I think because that was a selective reduction of twins, I don’t know why she was getting a selective reduction of twins. Personally, as well, I found that very difficult because I've got twins and I just… I suppose it’s that religious thing. When I go before my God, there would be lots of things that I've done wrong but I don’t want that on my conscience.

Interviewer: That’s something that you feel really strongly about then?

Respondent: Yes. I remember a girl who was Catholic who felt under pressure to do it. It was Room x in the xx hospital and, I won't say her name, she participated in it and she said, when you do the handover, you're all in front of each other and, “You go to room such-and-such.” She just said, “I didn’t know how to say no.”

It was a Downs pregnancy and it was about 13 weeks. I can't remember why we both went in the room afterwards. We went into the prep room and she was saying to me, “I'm going to go to hell for this.” I was going… This is probably really inappropriate but I was saying, “Let’s say three Hail Marys for the baby.”

I was going, “[name], you'll just have to ask for forgiveness, it was circumstances, the way you felt.” Seeing her, I thought, “I never want to feel like that.” However, I have been in a situation where Room x had buzzed and I have delivered the baby.

Interviewer: Really?

Respondent: Because she buzzed and the baby was being delivered.

Interviewer: There was no way of…?

Respondent: That, for me, was okay because I had nothing to do with that process. They were all screaming. It was quite traumatic. Although the girl couldn’t get to the room quick enough and I answered the buzzer and the baby was being born so I, obviously, helped deliver the baby. It just came itself.

Interviewer: How did that make you feel, Margaret?

Respondent: I think because the baby was quite disfigured. It was a big baby. I don’t know if it was nearly 30 weeks. It was a big, big baby. The family were all screaming and were really distressed by it. There were lots of her family in at the time. It was really weird because you're thinking, “This is what you chose.” There was obviously distress.

Interviewer: Do you think maybe, in situations like that as well, obviously, it’s what she chose and I know that that is an option, do you think they maybe don’t know completely what to expect as well?

Respondent: I think they're also under a lot of pressure. There's a lot of pressure by medical staff to terminate. A lot of pressure from medical staff. You're deemed as silly if you don’t terminate for certain things.

Interviewer: Really?

Respondent: Absolutely, 100%.

Interviewer: How does that make you feel with the views that you have?

Respondent: I think, again, it’s selling something that’s sold as an easy option but why is the option not explored that your baby’s… Okay, it might not be compatible with life but your baby’s going to die anyway so why not have your baby and enjoy whatever you have with your baby for a short period of time because then it relieves… In a way, for me, I would think that would relieve that guilt. So to have the baby and enjoy it for that small period of time because whether you let it go to term or let it naturally… I know with some people’s mental health, they can't cope with that.

Interviewer: That’s a big thing as well, I suppose, isn’t it?

Respondent: You get some people that just physically couldn’t… Their mental health wouldn’t cope with that. It’s so complex. It is so complex but I know medical and foetal medicine that you are… I know of a case whereby, at the other end, as a health visitor, I have got… This is all confidential, isn’t it?

Interviewer: Of course it is. Of course.

Respondent: I've got a baby that has encephalocele so it means that the spine, it’s open up here and there's a big… The spinal fluid is leaking out here. Is it hydrocephalocele or encephalocele? That’s terrible. I can't remember. Anyway, that’s what it is and they can be severely disabled children, it can be life-limiting and she felt horrendous pressure to terminate.

She’s had a horrendous time. Anyway, her baby has been operated on and her baby is meeting all developmental milestones, it walks and does whatever and mum now struggles with this diagnosis of what is classed as what is a normal child because she was so prepared for a disabled child.

She speaks about it mentally. Her mental health was really, really poor but she said she felt every time… She was at the one hospital and went to the other for foetal medicine and she said that’s what you're offered all the time. All the time.

Interviewer: What age is the baby, if you don’t mind me asking?

Respondent: Now? She will be between 13 and 15 months so she’s just over a year. She had her final review because she had surgery when she was about seven months. Hers wasn’t terribly bad but they noticed the swelling and blah blah blah but irrespective of what… They didn't really know the outcome but that’s what she was offered at every turn.

Interviewer: Saying that then, Margaret, if you don’t mind me asking, does that validate your feelings on the abortion process then, if you know what I mean?

Respondent: It just makes you think medical staff are passing a diagnosis for which they're not really sure. Also, we’re eradicating Downs Syndrome children and I know, when I was a midwife, that if an undiagnosed Downs was born, it was like, “There's an undiagnosed Downs in that room.”

I used to say, “That’s the way you feel about it, that might not be the way they feel about it.” There are so many more… If you're looking at a \_\_\_[0:12:45] spectrum of what… You could have a severely autistic child and that could be far more difficult than having a child with Downs Syndrome.

Interviewer: That’s a really good point, actually.

Respondent: There are just so many worse things. You could get asphyxiated at birth or you could get loads of things whereby that is so much more complex than the life of a Downs Syndrome child. Because we can see it and we might a perfectly normal looking child who is severely autistic, that is a really complex thing for a family.

Interviewer: How do you know? When that child’s in the room, you can't…

Respondent: That’s society because we deem that’s perfect because they look perfect.

Interviewer: This is it. Do you think that society has got a lot to do with the decisions that people make and the pressures?

Respondent: I think you would be deemed as stupid to have a Downs Syndrome baby. I also had a Downs Syndrome wee girl on my caseload who was actually from a Traveller family. God, that’s really specific.

Interviewer: This is totally anonymous, as you know.

Respondent: They just adore her. I don’t know whether mum knew that in pregnancy because she’s a bit older but, because I only came into the caseload and got her for a short period of time, I don’t know whether mum knew that and she had a diagnosis of that or whether mum went ahead with pregnancy irrespective and maybe not testing.

Interviewer: Yes. You’ve obviously had experience of quite a lot of cases, do you know what I mean? For research, obviously, that’s really important and it’s great that you're able to share that so I really appreciate it. Would you say that the views that you have now were the views that…? You mentioned you were brought up Catholic so has that always been the case then? Or would you say, through your professionalism, it’s strengthened or…?

Respondent: I think I've always had those views and, obviously, as you get older, I've experienced friends that have had terminations and I've experienced a lot of things in terms of people that I've met. I would say that if I was asked about Room x, would I participate as a health professional? I would say I wouldn’t judge anybody.

That’s not my job to judge them. Would I ever want to be the person who facilitates that, in terms of whether that’s giving the drugs or whether that’s siting the cannula or whether that is anything like that? Once the deed is done and they inject the potassium chloride into hearts and different things, thereafter, if somebody needs my care, then I'm happy to do that. If the buzzer goes and I have to do something like that or if they need analgesia…

Interviewer: You're still caring without that judgement, obviously.

Respondent: I'm happy to do that. I'm not judging anybody but it’s for me that I want to be… I've got enough on my conscience that I want to go before…

Interviewer: That’s what I was going to say. Conscience is really important, then?

Respondent: Yes. That’s what it is. Do I want that on my conscience? I've got close, close friends who have had terminations and, for right or wrong reasons, that’s not my job to judge them. I wasn’t party to it. If they phone me up and they cry about it, of course I'd be compassionate and I'd say, “You did what you did at the time with the information you had.” I wouldn’t be judgemental but, for my conscience, I wouldn’t want to participate in that at my work.

Interviewer: Conscientious objection then, what would say that term means to you?

Respondent: I would say, exactly what I've said, that your conscience wouldn’t allow you to participate in something that you know that, I suppose, you'll have to go before your God and answer that, why did you do that?

Interviewer: Would you say it’s fair to say then, it’s choosing not to act?

Respondent: I would say it’s not that you're withdrawing your care, it’s just that there are certain bits of that care that are fundamental to the end result of that… If you give them the [mifepristone 0:17:51], you give them the… If you do that then that’s not something that I would do. Siting the cannula…

Interviewer: See, the likes of signing, the doctors, you know how you need the signatures?

Respondent: Two signatures for the termination?

Interviewer: Would you say even putting your signature is an act of participation?

Respondent: Yes. We had doctors that wouldn’t do that because in RAH, they run their clinic alongside the diabetic clinic.

Interviewer: Really?

Respondent: This is completely different. At this hospital, it’s completely different. Women’s Health is a ward on its own down the bottom. Another thing, this is probably going off a bit but another thing that annoys me about that is, if you come to Early Pregnancy and your baby is no longer viable or you’ve had a miscarriage and you need removal of products of conception, they just go on a waiting list.

They could wait a week or two weeks. They could be lying in a bed next to a man who’s getting his toenail off. The women, because the hospital make money through providing that service and there's a ward that’s dedicated, they have a single bed and they have a single room whereby that same service isn’t extended to…

Interviewer: I see what you mean.

Respondent: People would ask you, “Where's ward such-and-such?” and you'd say, “It’s down there.” You think, “Why is this girl who is completely distraught…?” Say, they go for their normal scan at 12 weeks or whatever and the baby’s dead so they come through to Early Pregnancy where they get the counselling and, this is the way it was, we would just phone up and try and get them on a list. They'd need to get their pre-op. They could go to [name of hospital] for that or they could go...

Interviewer: It could be any…?

Respondent: It was just fitting them in on a day surgery list.

Interviewer: Which brings me to the limitations to conscientious objection, just because you mentioned the time factors and things as well. What would you identify as limitations to conscientious objections? First of all, what do you think might stop somebody from objecting?

Respondent: Pressure and standing at the handover, as I discussed with that girl who felt, if you say that… For example, I asked my friend, another girl who’s a midwife, I said, “Why don’t you ask if she would like to participate?” My friend, they're quite friendly, she mentioned Room x and this girl went absolutely nuts. She went, “How do you know about Room x?” I'm like, “It’s not a secret.”

Why, if you're not doing anything wrong, is it so secretive? She said, “You know, lots of people go to Room x for all different sorts of reasons and I hate when people...” I said, “But I'm not saying that anybody’s wrong for going to Room x, I'm just saying I wouldn’t participate in the first part.” I'm not saying that I won't deliver care but I'm not going to be the one responsible.

Interviewer: It’s stated as a right, isn’t it?

Respondent: Now, when I see… Her name’s [name]. When I see [name], I know that there's going to be a bit of…

Interviewer: A wee bit of an issue?

Respondent: She’s would be like, “Why did you discuss Room x?” If you don’t think Room x’s wrong then why is that not…?

Interviewer: Yes. I see what you mean.

Respondent: We talk about the ward and Women’s Health.

Interviewer: If you're working, do you think then…? Obviously, if you're part of that team, as such…?

Respondent: You're seen… If you expressed your views in the labour ward like that, you would be deemed as… You weren’t popular.

Interviewer: That’s what I was just going to say. So it wasn’t a popular thing?

Respondent: You weren’t popular.

Interviewer: One of the questions I've asked various health professionals along the way is about expressing your view. Do you feel comfortable or is it something that you learn about people just by, not having an open conversation but just by getting to know their way of working? It’s not something that you would sit down and properly discuss.

Respondent: I probably wouldn’t be senior enough on shift, when I worked as a midwife, to be asked to do that room but the more senior you got, you knew that was going to become something that you would have to participate in that I wouldn’t have participated in. For example, saying that, on the ward, “I don’t want to look after that woman, I'll take the other.”

There was another set of twins coming in and they were going for special treatment. They'd been down in London, I think. It was a totally different treatment. It was to try... I think they had twin-to-twin transfusion. I can't remember but I know that all the people thought like that, “Margaret, refused to look after her.”

Interviewer: So you know that you would be talked about, basically?

Respondent: Absolutely. However, there was a girl, [name], who was a much more experienced midwife. She’d been a nurse and midwife for years and she said, “Margaret, I don’t do it anymore.” She said it’s not really so much… When they started doing things… She mentioned a cleft palate. I don’t know whether that’s true, a hair lip and a cleft palate.

She said, “When they start doing that, where's the right and where's the wrong?” She said, “So I don’t participate in it anymore.” She said, “I don’t want to be judging where I think that’s okay and that’s not okay so I just don’t do it anymore.” It wasn’t religious or anything, she just said…

Interviewer: Again, a conscience thing, I suppose. That is her conscience telling her that’s it.

Respondent: That was her saying, “I'm not going to do that anymore because I don’t want to be judging what I deem is a good enough reason and that’s not a good enough reason.” She just said, “No.”

Interviewer: That makes sense.

Respondent: You're not popular.

Interviewer: Yes. Obviously, we said about limitations and that’s a really big one, I think. There's a pressure side of things. Coming in to practice now, as a midwife or nursing care, do you think that’s something that they should look at and make sure there's a clear guideline in place that says…? I know we've got the clause.

Respondent: A protection? Yes, definitely.

Interviewer: It needs to be clearer, as such.

Respondent: Yes, and that you're not deemed to be stupid or religious. That is your right as a healthcare practitioner. You're not saying that you won't deliver care in an emergency. Need is need, if somebody needs you to get them water, that’s not what it’s about for me.

Interviewer: Do you think there has been things out there that’s made people look at things…? Obviously you know the [case], it was really quite prolific.

Respondent: I worked with [name].

Interviewer: Did you? You'll know how that went and how that was portrayed media-wise and all that as well. Do you think that there's a responsibility there then to better look after people who…? What would I say? I don’t like to use the term deal with but understand people more who have that objection and not turn it into something because, you’ve said there literally just a couple of minutes ago, that’s because of their religion or it’s quick, as a society, to label.

Respondent: Medics wouldn’t be questioned over that. There are loads of doctors that I could tell you who wouldn’t participate in that and they're well known. Women, if you're particularly Catholic, they would choose to go to them and they're not deemed as stupid so it’s okay for them but, as a midwife or I dare say as an auxiliary, if you were asked to do something.

Interviewer: So you think there is a difference then, up and down that ladder?

Respondent: Absolutely. I don’t know what it was like in their career to get there, to be a gynaecologist or an obstetrician, I don’t know what they faced that way but I know that there are certain doctors who will not participate it and I know that there are lots of Catholic doctors who go to mass who do participate in it.

Interviewer: It’s hard to say then, isn’t it?

Respondent: What their views on it are or how they see it in their heads or if they see it as need? I don’t know. As a practicing midwife, you would be deemed as, A, that would be obstructive that the sister asked you to do something that you said no to. Saying that, in the room when there are 12 on shift, “In Room x, there's this and such-and-such, can you go there? Can you go there?” If they said, “Margaret, you go to Room x or you shadow somebody in Room x.” You would wait until everybody was aside… How would you say that? It would be really difficult.

Interviewer: In front of everybody because there's that pressure element?

Respondent: You would have to say it but you would be deemed as… You would be spoken about, 100%.

Interviewer: That’s difficult, isn’t it?

Respondent: I think there should be something that that is totally acceptable and that you're not deemed to be vilified for it.

Interviewer: Yes. Or frowned upon?

Respondent: These medics aren’t frowned upon.

Interviewer: What grounds then do you think that healthcare professionals should…? If it was set in stone, these are the reasons why you should be allowed to withdraw from this on grounds of conscience, what do you think would support that? What reasons? Does that make sense?

Respondent: What would deem conscientious…?

Interviewer: What would allow you to withdraw from taking part in that procedure if it was written down in black and white? Do you know what I mean? What do you think, whether it be religious reasons or moral reasons?

Respondent: I suppose that if, as a person, that would affect you in terms of your... Yes, you can be. Muslims don’t always participate in it. I daresay if somebody said that they were Muslim and they didn’t participate in it, they wouldn’t be questioned as much as a Catholic. They wouldn’t. That’s probably more a political thing but they wouldn’t. I don’t think those midwives would have been taken through what they were taken through if they were Muslim because society wouldn’t have allowed that. That’s just my personal opinion.

I think if it is religious, I think that you should be able to say that because why shouldn’t you be allowed to say that you won't do something on grounds of a religion? If it’s not a religious thing, if it morally doesn’t sit well with you, if that would affect you in any way that you think, “I just cannot do this, this isn’t for me.” I suppose morality… That’s what it is, isn’t it? Religion and morality.

Interviewer: Do you think experience would come into it as well? If somebody had a direct experience that, again…

Respondent: If they had participated in it for many years and then something happened and they just thought no or people with regret or loss. Absolutely.

Interviewer: It’s fair to say that your views and your feelings are interchangeable like that and that should be accepted?

Respondent: Absolutely. There would be loads of people who would object and then think, like lots of people would say in terms of rape. I suppose, when it came to something like that, you would think, A, you’ve also been raped but, B, you’ve also lost your baby. I remember when I worked in [name of hospital], there was a wee Filipino girl who had been raped by a council worker and there were lots of women’s services helping her.

When we do the handover we say, “That baby’s a product of rape.” I'll say, “There would be lots of babies that are products of rape within marriage that we don’t discuss so we can't really say…”

Interviewer: Label that?

Respondent: Yes. She was delighted with that baby. She came to the desk and was so impressed and she was so happy. She was so happy and people were like... She’s entitled to be happy about her baby as much as somebody might be entitled to make another choice. She’s as entitled to her choice.

Interviewer: Again, that’s a way of the world and society and how we look at things, do you know what I mean? You should feel like this or you shouldn’t feel like this.

Respondent: Maybe somebody that saw that, that would maybe change their experience of thinking everybody who was raped had to have an abortion. That’s traumatic, if we put that in the law.

Interviewer: There are different degrees and different ways…

Respondent: People, the way their conscience is pricked, like you say, experience or dealing with things, like [name] who did it for years and, all of a sudden, she went, “No, this doesn’t sit well with me.”

Interviewer: Where do you draw the line? I think you’ve answered, even before I've asked the questions, which is absolutely brilliant. With your whole experience that you’ve had through your career, you’ve answered all of my questions.

Respondent: Right. Okay.

Interviewer: Is there anything else that you would particularly like to add, Margaret? Anything that you think…?

Respondent: I just think it’s really important that people are allowed to object and not be vilified, whether that is through their experience of something personally, whether that be a morality thing, whether that be a religious thing or whether that be whatever for them, you should be…

That’s not saying that you won't deliver care but if, for you, there's a bit that you can't go to then that should be within your… Because that doesn’t detract from you as a practitioner and it doesn’t detract from you as a… You're not judging people. It’s about me. It’s not about you.

Interviewer: It’s about protecting yourself, as a person and a professional.

Respondent: Yes. That’s nothing to do with me. I'm not here to judge her but, for me, that’s the bit I can't do.

Interviewer: It’s for your own wellbeing, really.

Respondent: It’s for what you know that you're going to have to answer for.

Interviewer: Thank you very much. That’s brilliant. Thanks a lot.

END AUDIO

[www.uktranscription.com](http://www.uktranscription.com)