I: So, I’ve given you the participant information sheet and you’ve signed your consent form and you’re happy to go ahead?

Daniella: Yes. Yes.

I: OK. First of all, can you tell me about your role with regards to advising women seeking advice on pregnancy termination?

Daniella: So I work here at [name of clinic] in the termination clinic basically, so we carry out full consultations. Women can either be referred from their GPs or it can be self-referral. You make an appointment and been seen within days….

I: Is that quite quick?

Daniella: Yeah….usually within 2 weeks. We have consultation….do a scan, determine gestational age and then discuss the options with them. Then whatever they decide….

I: OK. So, how long have you been in [name of clinic] now?

Daniella: Almost 3 years, but I have worked in those clinics at [name of hospital] in the past as well….so it’s not just been since I’ve been here.

I: Yeah. Do you find a difference between the hospitals and here?

Daniella: Yeah. Well there’s no longer those clinics in the hospitals because it all came over to [name of current clinic]….[names another 2 locations of these clinics]….but there was a point where there was a clinic in the different hospitals. So, as a registrar I have worked in those as well. There’s definitely a different attitude at the two places….I mean here there’s a sexual health service and people who are doing the clinic tend to be supportive of, you know, women’s right to choose; so the attitude is quite different. Whereas in a hospital setting it’s in an obs and gynae setting where there’s people with lots of different backgrounds through career choices and you can – well people are allowed to *not* participate in the clinic….so there was always that kind of attitude of….some people would be happy to do it and some people would *never* do it. Sometimes it wasn’t about their beliefs….it was just about it being such a busy clinic and let’s just say if you don’t do it, you don’t do it. For some people it was hard to know what their motivation was for not doing it.

I: For *not* doing it?

Daniella: Yeah.

I: OK. In line with what you’re saying there….what in your opinion constitutes participation in the termination procedure?

Daniella: So from hands on participation, I would say that would be carrying out the consultation and prescribing the medication….if you’re talking about people going in to a day ward, then the nurses there who are actually giving them the medication and looking after them are participating….but for me that’s *direct* participation as that’s what it is and anybody else who is peripherally involved is just peripherally involved and I’m not convinced that they should be able to pick and choose whether they do that job or not. Let’s say if you’re the clerkess writing the notes, you know or head of nursing supervising the other nurses, or if you’re the Dr on call if there’s an emergency, then I think you just get on and do your job….I don’t think stuff like objection – or conscientious objection should apply [there].

I: Do you think then it’s fair to say that there is direct participation and indirect participation?

Daniella: Yeah, yeah. So say if you’re in the hospital and a woman comes in bleeding heavily or having some sort of complication as a result of the termination procedure, the GMC guidance is very clear that you are there to provide emergency treatment and you just get on with it. But, I know of 1 Dr in particular, who refused in that circumstance.

I: Do you mind telling me about it?

Daniella: Yeah….it was at [name of hospital] and this is somebody who’s always not wanted to participate and it’s never been an issue, because, you know there’s always been….but then there was a situation where somebody was brought in as an emergency, they were bleeding and this person refused to help….and somebody else had to come in….

I: Really? OK. So how did that make you feel as a health care professional?

Daniella: Very angry because at the end of the day, your patient’s bleeding to death….it doesn’t matter what or why she’s bleeding to death….you just have to deal with it. You should be putting your moral objections aside when somebody’s life is in danger because that is your job.

I: Uh hu….did you feel….well I assume somebody had to step in and save that life?

Daniella: Mhmm….

I: Do you think that then puts pressure on non-objectors?

Daniella: [pause]….Yeah.

I: And you felt that day that….

Daniella: Well it wasn’t me getting called in, it was somebody else but I think if I had been in that situation I’d have been extremely pissed off!

I: So I take it that it was the conscientious objection clause within the Abortion Act that was referred to then?

Daniella: Well that person thought that was his right to do that. But it wasn’t. I mean it’s very clear cut that it wasn’t and I suspect this person knew that but still chose to behave that way.

I: Not to step in?

Daniella: Yep.

I: So, because we’re talking about CO and I’ve mentioned that clause….which you think is pretty clear? Some people may think there’s a grey area there….do you think maybe there’s a need for a bit more clarity?

Daniella: Well I’m sure that there’s going to be lots of situations and circumstances where people do feel….oh, you know, does this clause cover this particular situation or circumstance, so maybe there should be a bit more clarity….

I: What does CO mean to you as a HCP?

Daniella: Well it means somebody has an objection to participating in abortion for whatever reason….maybe it’s religious, maybe it’s just personal belief….

I: And on the grounds of conscience?

Daniella: Yeah.

I: So, maybe that person feels that they can’t participate because it may affect their emotional wellbeing? Or other reasons?

Daniella: Well who knows nowadays….I mean everybody’s got their own reasons, you know we always assume that there’s a reason based on religious objection but that’s not always the case. I’m sure – well everybody’s entitled to their own religious beliefs and if you do have an issue like….maybe you’ve had a termination and regret it and don’t feel that you can participate again – that’s fine you have the right to object but you don’t have the right to force your opinion on somebody else.

I: It’s clear from what you’ve described that when there’s a life in danger – how far should that line be?

Daniella: There is no line.

I: OK.

Daniella: As far as I’m concerned there is no line. If somebody’s life is in danger you just get on and do your job….

I: OK. Has that always been your views and your beliefs?

Daniella: Yeah. Yeah.

I: As a professional? But would you say prior to coming in to your profession and progressing in the career that you’ve chosen….would you say your beliefs have always been like that?

Daniella: Emmm….like all beliefs they kind of change over time. I’m an atheist and I’ve been an atheist since I was about 13….so I suppose from that age onwards there was you know every time something came up like you shouldn’t do this, or that’s wrong, I would have to stop and say but why is it wrong? Who’s saying it’s wrong….is it the Bible or the Koran or whatever religious text you want to refer to….is *that* what’s saying it’s wrong or is it actually something that is wrong? So for a lot of things like I was….like what’s wrong with abortion? I can’t think of a reason why….you know when you’re young you don’t have any clue about what life is really like, so you wouldn’t have any idea about what that’s like for that person to be pregnant and not wanting to be….so it’s difficult to really have firm beliefs on that and then as you get older or maybe you find yourself, you know, I’ve never been….I’ve never had an unwanted pregnancy or had an abortion myself, but of-course as a teenager I’ve had the oh my gosh what if I’m pregnant scares and that point I’ve been like well wait a minute there’s access points and then you suddenly think but what about these people who don’t have access. Then you read about all these women who’ve died because of the result of illegal abortions….

I: Like backstreet?

Daniella: Mhmm….or are still dying and you think that is so wrong – so that’s my belief – *that is wrong* so I support women’s rights to have a safe abortion. It’s not up to me to judge their personal circumstances….belief – or what you believe just does evolve over time and sometimes you can’t really know what you believe until you’ve lived, or been in that situation, or met somebody in that situation or had an actual idea about how the world works [laughs].

I: Is it fair to say that empathy plays apart there as well?

Daniella: Yeah. Yeah.

I: As human beings, are some of us more empathic than others….naturally so?

Daniella: Well I’m not going to say that all these religious people who object to abortion have no empathy. But you can’t just choose to have empathy towards a foetus rather than a woman….I find that very hard. You’ve got a real live woman who’s life is about to be destroyed or changed in a drastic way….why can’t they have empathy towards that person but they choose to have this *enormous* amount of empathy and support and you know willingness to kill abortionists over a foetus.

I: Yeah….yeah

Daniella: That’s where their belief overrides you would assume would be natural human empathy.

I: Yes.

Daniella: Sometimes I just find this hard to understand.

I: So, do you – would you say….you know we were saying tour views can evolve and move on….would you say yours haven’t necessarily changed over time? Have they just grown?

Daniella: If I have any objections to abortion….I think my attitude has changed….again when you’re younger you might have that like oh my, she’s come back for her *third abortion….*Why can’t she just be responsible and take contraception? Now when you look at people’s lives you think well you know some people don’t have lives like….they can’t be organised, they can’t be able to take responsibility….even in like abusive situations there’s people with difficult relationships and all sorts of difficult circumstances in life – so I’m now much less judgemental in that way about abortion than when I was very young with no life experience.

I: Yeah, that’s it – what you were saying like having lived and seeing different walks of life and coming in to contact with people from diverse backgrounds. Yeah?

Daniella: Yeah, but I’ve never ever been against abortion so it’s not something I’m going to change my mind about.

I: OK. So 2 the main objectives of this study (as mentioned on the participant information sheet), the 1st thing being as what do HCPs understand as constituting participation in abortion; which we’ve discussed and you said like direct or indirect, right? Is there anything else you would like to add there – that maybe I’ve not asked about?

Daniella: In terms of like participation?

I: Yeah.

Daniella: Not really, I’m just cynically….well you know that case a few years ago with the [name of city] midwives, they were objecting….that was absolutely horrendous. I’ve worked in that labour ward and the women coming in to that labour ward were women coming in with either still births or late miscarriages or were having terminations because of serious foetal abnormalities….they weren’t coming in because they didn’t want the pregnancy….they were coming in because their wanted pregnancy was going to not proceed or be seriously abnormal and they’ve chosen to go down the path of termination, which could not have been an easy decision and even then the like I object to termination was being applied to these women. To the point that I know the midwives were not actually involved directly, they were just the labour ward co-ordinators….so overall in charge of the floor and supervising the midwives working that day but not actually hands on….again I found that quite objectionable.

I: Which kinda brings us to the next bit which we’ve sort of touched on – which elements of the abortion process should HCPs be permitted to withdraw from on grounds of conscience?

Daniella: Emmm….well….I think you can’t *not* take part in a consultation. I think if somebody comes to you and says they’re pregnant what do I do – I think you should be able to talk to that person, you know talk about options about termination whether you would like it or not because it is an option open to that person and then you then expedite whatever it is that person wants, like here’s the number you phone or if you want to talk to somebody about termination….I don’t think you should be able to not do all of that. You should take part in the consultation about an abortion but you don’t have to prescribe the medication and you don’t have to work on the ward where the abortion is taking place. To me that’s it really. Everything else has got nothing to do with it as it’s part of your job.

I: You think then when you come in to this job, you know full and well what’s expected of you as a HCP?

Daniella: Yes. Yes.

I: In line with saving lives….also providing or like being able to signpost timely? And appropriately? All these things come in to the mix?

Daniella: Yeah, yeah.

I: Is there anything else at all that you would like to add? Like what about the education side of things?

Daniella: Well again that’s just you know, these are the options available so you have to learn about it – you don’t necessarily have to – you can’t signpost if you don’t know what you’re talking about so I don’t think you should be able to opt out of just the normal consultation that goes on. Say if you’re a medical student and the lecture happens to be about pregnancy choices then you damn well sit there with everybody else and learn it as there will be women going through this process….you will have patients who to go through this process so you just need to know it. I don’t set broken legs but I still sat through orthopaedic lectures so as far as I’m concerned, there’s no like I don’t want to see this or do this because in order to counsel your patient fully you need to know what those choices are. Simple as that. To me that’s really really easy. Nobody is asking you to do it, you just need to know about it. And also know how to deal with risks and complications. If somebody comes in after having a termination and has a problem….how do you even go about treating that patient if you don’t know what’s involved in the process? To me it’s quite black and white.

I: Thank you. Your opinions and experiences have been really valuable.

Daniella: No problem.