I So to begin with can you tell me a bit about your role as a pharmacist, with regards to advising women who are seeking advice on the morning after pill.

P I don’t have any patient facing role anymore. I am an [job role title] entirely so that’s where I come from. Although I’m sort of interested in the issues and ethics involved, but not any day to day patient contact.

I Ok. And how long have you been a pharmacist for?

P Erm. Fourteen years.

I Fourteen years. So some time.

P Yes.

I So before you became an [job role title] how long were you in a face to face or in a more patient interactive role?

P So I suppose post-University I did a pre-reg year where I had face-to-face contacts with patient’s every day for that year. After that for some time I did locums on Saturday mornings, so I’d see patients you know half a day a week for a couple of years. And since then I haven’t had any patient facing role.

I So have you had experience of prescribing or issuing the morning after pill?

P Erm. No in that I decided that was something I didn’t want to do, I wasn’t comfortable with. And in fact where I worked it wasn’t something that really, really came up to be honest. I mean I talked about it with the employers but it didn’t seem to be an issue.

I Yeah. So you say that you never came round to prescribe the morning after pill, can you tell me a little bit more about that and how you came to that sort of decision.

P I’m Catholic by background, brought up as a Catholic. Although I think my, or I would like to think that well I guess my objection to particularly abortion but also I guess the morning after pill is kind of probably separate. Well not entirely separate from that. It’s rooted in the fact I think as a society and personally we have respect for human life, and as someone who I guess studied to some extent you know human development, I think the most or at least I think there’s a good argument that the most logical point at which that respect should begin is at conception. I think anything else is probably more arbitrary than that. So although I guess probably first being exposed to these issues from a Church perspective I would think that even though I lost my faith entirely, I don’t think I would change my perspective entirely on the questions related to human life.

I Yeah. It sounds like there’s almost two things going on there. There’s maybe how your views have changed over time on a personal level maybe. And then also how you’ve established your views on a professional level and they’ve sort of remained stable really.

P Yeah.

I Would you think that’s a fair reflection?

P Yeah. I mean I don’t think I ever would’ve been comfortable with dispensing the morning after pill. But yeah. Although that is the teaching from my Church, I think it’s important I guess when we think about a society point of view that it’s not just a religious question. Because if it is then it’s easy to dismiss as simply that and I think the implications for society are much bigger than the teachings of a particular faith group or anything else.

I Yeah. It’s almost like religion denotes everything in this area and actually that’s not the case for individuals or certainly that’s what I’m discovering in this role. Religion doesn’t inform everything especially in regards to such an important area as you say.

P Yeah.

I I suppose from our point of perspective if we were to put a name on that we’d label you or tag you as a person who objects to prescribing or issuing the morning after pill. I’m interested to find out how that was perceived or taken by people that you worked with?

P Erm…I think…Partly I guess at the time I was practising. Erm…Certainly from the employers’ point of view it was at a time when there was an extreme shortage of pharmacists in the workforce and I think that on many fronts, people were delighted to have you come and work for them you know whatever. Some people made ridiculous you know requests about money and all sorts of things like that. So I never found any particular, well I’m not sure employers were particularly happy about the situation, but never found any particular problems there. And I always found colleagues respectful. I mean to be honest with you though the pharmacy I worked in largely was mainly we did supervised consumption of Methadone on Saturday mornings. So it wasn’t an issue that came up day to day very much. So it wasn’t something I particularly discussed with the kind of staff working in the pharmacy because it wasn’t…

I It never became an issue?

P It never or very rarely became an issue.

I Yeah. So you say rarely became an issue, was there any point where somebody may have come in [for the morning after pill]? I’m just thinking of a scenario…

P Yes I think there were one or two situations and I said no.

I Would you mind telling me a little bit about those situations and what happened?

P Erm…I think…I think one situation…It’s looking back a long time ago.

I Yeah, I understand.

P One situation, I can’t…I’m trying to remember whether they were prescriptions or over the counter requests. Erm…I think on one occasion actually I’d spoken to a member of staff before and I think before I’d even spoke to the patient she’d said oh the pharmacist here doesn’t supply that. And I kind of became aware that this had happened. And on another occasion I remember speaking to a patient and saying I wasn’t comfortable supplying this, and she said well I’ll go to another pharmacy. I mainly worked in cities so I knew there was another pharmacy nearby. I did once or twice, and it never became an issue but I did once or twice work in rural locations where there wasn’t another pharmacy nearby and I can appreciate that might have been more difficult. But yeah, I don’t think the issue ever came up that it was caused anyone a particular problem so I never had any particular concerns about that.

I Did you signpost on or did the patient sort of volunteer themselves to you know go somewhere else, refer on?

P Erm. I think the patients probably self-volunteered.

I Yeah. Yeah. So just thinking about the signposting and referring on as somebody who wouldn’t be comfortable prescribing or issuing the morning after pill, would you be happy to signpost a patient to an alternative pharmacist if they said, oh I don’t know a scenario such as the one you gave? And I know it’s difficult because you’re not in that situation at the moment and haven’t been for a while. But if somebody said where do I go now or what do I do now, if they got a little bit upset about it would you be happy to signpost them somewhere else?

P I couldn’t say I’d be entirely comfortable doing that. Erm…Do you know, you wonder whether you’re splitting hairs a little bit. You know you could say in abstract way you know you can go somewhere else. Or you know [name of high street Pharmacy] down the road is open. Erm. Are those things morally different? I don’t know. I mean I can’t say it’s something I’d be comfortable with but whether it’s something I would do I don’t know. I guess I’m out the loop. So yeah, it’s not something I’d be really happy doing but I kind of guess I would feel better about doing that than doing it myself I guess.

I Yeah. Yeah. So you’d maybe pass her on to a colleague in your pharmacy that you’re working with and let them refer on rather than yourself?

P Yeah. I mean I guess that all becomes a bit like you just wonder whether you’re making yourself feel better but the outcome is the same. I think that’s tricky really.

I Yeah I think that’s almost the crux of this project in many ways because at what point do you as a health care practitioner consider yourself as participating in the role of abortion.

P You know I think a kind of direct referral to someone else would kind of feel like some direct or I guess indirect participation but…You know in the same respect we’re paying our taxes you know is that an indirect participation? So I can’t say I’d feel entirely comfortable about it but…erm…I’m not sure that it’s morally superior to just saying to someone you can try somewhere else. Yeah I think it’s kind of…

I It’s like taking with one hand and then giving with the other almost? I suppose almost a little bit hypocritical you know if you strongly believe that you just want no part in it.

P Yeah.

I Then that’s not a nice position to be in really is it?

P No.

I It’s not very nice for you. I don’t know whether you know of the case actually of the two midwives in Glasgow in 2014. And they, obviously slightly different profession, but they worked in a hospital. It was a big hospital and although they had no hands on activities or no role to play in terminations or abortions they took their case to court because they felt there was 13 points that they felt they shouldn’t have any role in, in terms of activities. So for example taking phone calls from patients who may be seeking abortion, answering emergency buzzers from women who may be undergoing abortion, dealing with families, that type of thing. And they took it to court and they originally won but then the trust took the case to Supreme Court and that was overturned and they ultimately lost. And the judge ruled that when the [abortion] act was envisaged in 1967 she felt that the parliamentary people or what have you, whoever made the act, they would have envisaged that the Clause would only refer to hands on activities. And I’m wondering what you feel about that? How do you see the parameters of conscientious [objection in] abortion in terms of the limitations to it?

P I mean I think indirect contributory factors you know can certainly contribute to doing something wrong. You say well I wasn’t there in the operating theatre so it’s nothing to do with me. I don’t think I could ever feel comfortable with saying you know I wasn’t there on the day that happened or something, so I’ve got no part in it. So I think there’s definitely sort of contributions to things that I think are wrong that I don’t think I could justify doing myself. So certainly I think yeah, indirect things can be wrong as well as you know direct participation. I have to wonder you know with kind of the NHS being the biggest employer in the country, you have to wonder why people’s skills can’t be used in a way that doesn’t compromise perhaps things that they feel strongly about. I think people have to be careful in their career choices as well in that if you go work in obs and gynae then that’s clearly…

I There’s a chance you could.

P Yeah. I mean I’m not saying those people are wrong to object to what they’ve been asked to do and of course peoples roles are sometimes changed without perhaps them not having much insight into that.

I Funnily enough now you say that, that’s almost case of those midwives because originally the ward where they worked, they originally didn’t do terminations and then terminations were introduced later. And they were senior staff so maybe they were caught a little bit in the headlights in the sense of oh this has changed without my input.

P Yeah.

I So it sounds to me like you’re saying that there’s no reason why conscientious objection can’t be accommodated because you know like you say the NHS is a big employer surely there’s enough people to sort of mop up.

P Yeah.

I I can see where you’re coming from.

P And I think from the point of view as a pharmacist I guess because of that issue I’d be cautious of perhaps working in an environment where, perhaps a very rural environment where you don’t get another pharmacy for miles around so then that might become an issue for you. And I guess there’s issues as well for staff on rotation. You know placement you know nurses, the doctor in training who might go to obs and gynae. But yeah I really don’t see why they seem to have to end up in court. You know that they can’t accept that people have objections to certain things in good faith. It’s not like we’ve got too many nurses and too many pharmacists and too many doctors. There’s lots of unfilled posts aren’t there and lots of transferable skills that you know I think ultimately the benefit that health professionals bring depends on their judgement and their knowledge. They bring all those things into situations. To expect people to leave behind a big aspect of that when they come through the door to work is unrealistic in my view.

I Yeah. Yeah. I was interested in something you said and it’s slipped my mind sorry. We were talking about accommodating conscientious objection ultimately. That yeah people may feel strongly either way, either for or against and there’s no reason why those feelings or those beliefs can’t be accommodated within the broad parameters of the role. I don’t know whether you know but there are some places in the world where conscientious objection is unlawful. So Sweden comes to mind. I think Iceland as well. And on the other hand there are places where whole institutions invoke their right to conscientious objection, so for example Italy. I was just wondering what your thoughts are on those very polarised approaches to the issue? How would you feel if for example conscientious objection did become unlawful here in the UK?

P I think it would be very hard to practice medicine I think for a large number of people. I think that would be a great loss I think too. I can appreciate from a sort of an organisational perspective you know kind of wholesale conscientious objection to a whole pile of issues could cause problems within a health care system. But I think…I think the important thing is to kind of have opportunities to kind of declare these things upfront.

I Yeah. It’s almost like people are scared to have a conversation about this.

P Yeah.

I Which considering the act is 50 years old, over 50 years old if my maths is right, it seems like we’ve moved on a bit in society in so many ways and some really, really bad ways I’ve got to add but we’ve moved on and yet this seems to still fly under the radar doesn’t it.

P Yeah. I mean I think the act is used in ways perhaps it was never intended to be or at least not how it was sold it was intended to be used. I mean I think abortion in the act was supposed to be safe, legal and rare and it’s certainly not rare is it?

I No. I think it’s quite a common occurrence. I think is it one in four women at some point may have undertook abortion so it’s quite a high stat really isn’t it.

P Yeah.

I So you spoke from a medical position if conscientious objection was ruled unlawful. How would it be for pharmacists? How do you envisage it would be for a pharmacist if they were not allowed to conscientiously object?

P I think…I think it would be very difficult because I guess most pharmacists, well most community pharmacists are generalists so that would be…It would be a big issue but it would be a big issue that kind of as I say I kind of practised you know every Saturday morning for a couple of years and only on a handful of occasions did the issue even arise. And so you’re kind of looking at a very small percentage often of what someone does but that might affect whether they could do the rest of the role. I guess in hospital pharmacy or in [name of job role] it’s not something I have to come across anymore. Hospital pharmacists I guess become quite specialist often, you know they specialise in cardiology or they specialise in respiratory medicine and that’s not necessarily going to be an issue either. But yeah I think it could make life extremely difficult.

I So it sounds like for those people who might work in, because speaking to different pharmacists who work in community pharmacy it seems like there is one pharmacist on in each pharmacist or chemist as we used to call them years ago.

P Yes. Yeah.

I So it’s a bit difficult to say. I suppose you’d be put on the spot wouldn’t you really and that’s not really fair. That’s not what conscientious objection’s about, it’s about your right to invoke it, it is your right to do that. I’m going to ask quite a sensitive question so please don’t feel that you have to answer it, it’s quite personal really. But was it your choice, did you make a conscientious decision as such to step into an [name of job role] around these type of issues or around conscientious objection?

P Not exclusively but it was something that was attractive about the role. I mean I think I probably knew from within a few weeks of Undergraduate life that University life was for me and I quite liked [name job role]. But yes it was certainly something attractive about the [name of job role]. I guess I’d say perhaps more than perhaps that drawing me into [name of job role] it’s possibly something that would concern me about going back into practice. I’d probably see it more the other way around perhaps.

I I suppose working in a big city like [name of city in England] you know you are likely to encounter it aren’t you.

P Yeah.

I Very likely. Did you receive any training on conscientious objection at all?

P [Pause] No. Not formally. Erm…I remember we had when I was an Undergraduate [a] professor of pharmacology who actually he was catholic. And he fairly gently kind of you know sort of dropped into you know his lectures about you know steroids, pharmacology and things that you know not everybody was comfortable with you know the use of morning after pill and other things. But it was very much that kind of slightly subliminal kind of suggestion rather than any kind of formal teaching about you may come across a situation where a colleague’s got a problem with X or Y, or you have a problem with X or Y and what to do about it. I don’t remember, I don’t remember any teaching about that.

I So it sounds like that Professor had quite strong, well not strong but he had religious beliefs and the morning pill was something that he wouldn’t like to take part in.

P Yeah.

I So he hinted at it. It seems that there’s no explicit conversation about it from my taking. Is that still the case today?

P No I don’t think so. I think. The pharmacy degree I did was called a General Science degree with some professional stuff tagged on. I mean that’s a bit unfair but compared to our Undergraduates now there’s a lot more sort of going into decision making erm…dealing with all sorts of ethical and ethical dilemmas. Not that we didn’t do any of that but I think it’s more sort of engrained in the degree now but I don’t know to what extent that’s kind of sort of theoretical or to what extent it’s very practical I’m not very sure.

I Do you think it would be useful if it was you know sort of more explicit, more established you know these ethical dilemmas because of course the role of the pharmacist in the community has massively changed really. I mean I’m [age of interviewer] and you know you used to trot along with your prescription but now pharmacists can do blood pressure, diabetes, cardiovascular checks, lifestyle advice, conversations around contraception. So many different things that has happened and like you say the NHS is growing and growing and growing but less money is being put in and more responsibilities sort of being ferried out and decision-making is a huge part now I suppose, a significant part of a pharmacists role. So I’m just wondering whether you know you feel that some explicit training in that area would be helpful.

P I think yeah. I think explicit training in that role and possibly some fairly explicit two-way kind of discussion about you know when someone’s taking on a job you know about exactly what someone’s issues and objections are. And the employers point of view, you know you talked about the example where an employer changed what they did and then that made life difficult for those midwives. But perhaps neither of them had that conversation that you know the employer didn’t say we might do this one day, and the midwives didn’t say well if you did that then we would have a problem with that. I guess I mean in the kind of days that I sort of practiced as a locum pharmacist it was telephone call, can you work on such and such a day and you said yes, you were on the pharmacy register, you were hired. There wasn’t really much conversation much, much further than that really.

I No. Did you know of any other colleagues who may have objected at that time or even now?

P Yes. I mean I remember a pharmacist manager. Shortly before I qualified, doing a stock take and I remember discovering in that way that the manager of the pharmacist wouldn’t even stock the morning after pill in her pharmacy and so you know not only would she not supply it, no-one else who was working there could either because the stock wasn’t there.

P The decision was made not to stock it. How was that perceived within the pharmacist community?

P I don’t know. I mean community pharmacy is a little bit, can be a little isolationist that you don’t necessarily see your peers very often, in your peers being other community pharmacists. So you know I kind of when I was training and Saturday boy kind of went around a load of different pharmacies and worked with different people and that was really valuable but they very rarely get the opportunity to meet each other.

I Yeah. And have those conversations really.

P I think sort of more generally in community pharmacy often the difficult discussions I’ve found would not necessarily be had by the pharmacist but by someone else. And I’m not just talking about that issue, I’m talking about you know something is out of stock, there’s been a long wait, too often you know the difficult discussions have kind of actually sort of delegated to the staff who less well trained to deal with those. Or you know just a simple thing when the pharmacist went out on lunch and you couldn’t give a prescription and you’d have to explain to somebody that yes your prescription is ready but I can’t give it to you because the pharmacist is at lunch. And yes they’re not going to check it when they get back but it’s the law and so all those kind of things. And so all those kind of things were quite tricky. So I think those sort of things could possibly cause some difficulty for the counter staff in pharmacies in some instances I would think.

I Thinking about conscientious objection, do you think that the difficulties around conscientious objection, accommodating it from a pharmacists perspective you know because you mentioned that pharmacists tend to work in isolation. Do you think that the difficulties that may arise in accommodating it could be as a result that you know pharmacists do tend to be quite isolated in their role?

P Yeah possibly. I think that yeah that can be an issue. And particularly geographical isolation can be an issue but also not having that day to day contact with other pharmacists yeah.

I Because there was a case, I don’t know whether you picked up on it quite recently. But there was a lady, I think it was [name of city in South of England], who’d ordered her prescription online for the morning after pill. She called from her car and it was ready for collection. But when she went into the pharmacy the pharmacist was an objector. And she did object, she just said you know this goes against my belief however you can obtain it and she did refer on but it was a Sunday. So the lady felt aggrieved by that. I was wondering what your thoughts may be on that situation?

P I mean I think that’s something that’s been handled badly isn’t it. I think I read about that. They’d been some online consultation or something hadn’t there and she’d been told she could collect this up from any branch and she had nominated a particular branch then. I mean I think that’s been handled badly from the patients point of view and whilst I don’t agree with the use of the morning after pill, I can see from a patients interaction perspective that’s been handled very badly. And that’s not really a moral issue it’s an organisational. Whether the company’s at fault for not accounting for the fact that the member of staff has told them they’ve got a particular objection or whether the staff member is at fault for not telling the company or whether it’s just something that’s been lost in the message, you know that’s bad. That’s bad patient care isn’t it that you tell someone you can get this service at this place and then you turn up and say well actually you can’t.

I From her perspective it could might be like you’ve changed your mind type of thing. What would be a work around? Because obviously you’re a pharmacist, you know far better than me what that role involves, what would a work around be for that situation be for the patient to able to have that service as such but then also accommodate the pharmacists conscientious objection?

 P I guess it comes back to what we were saying earlier. Can you refer someone directly to someone else and I guess that’s the only workaround really isn’t it. Erm. Erm.

I Do you personally see referring on as participation in abortion?

P [Pause] Probably. I guess it’s probably a lesser evil I think. But it’s yeah. I think it’s probably participation to some degree that you know if you say well I’m not going to help you but if you go next door they’ll help you, knowing what that’s…

I What the outcome will be yeah. Can you tell me a little bit more about your thinking in that? You know what’s making you, not making you think sorry. What’s sort of informing that belief that referring on would be participation?

P I think…I guess erm…It’s sort of a chain of consequences isn’t it that you…I’m trying to think. Erm…I guess there’s a feeling that am I actually changing anything by objecting or am I just making myself feel more comfortable.

I Ok.

P And I guess that’s where it comes to. You know if you don’t supply something but take a course of action that will end in exactly the same result then have you changed anything in doing so. And if you haven’t then you probably have contributed in some way. Erm…

I It sounds like you’re saying that you see that as a process. See you know dispensing the morning after pill as part of a process or the pharmacist has a role in that process from begin to the end. The end outcome being the termination or the taking of the morning after pill for the patient. But you would perceive yourself as one link in the chain of those events.

P Yeah. I think that’s probably…Yeah. I think that’s a good summary I guess.

I You mentioned before and funnily enough it’s something that’s come up in previous interviews, about if someone did conscientiously object and how those beliefs could be accommodated. And you mentioned that you’d have to be a little bit strategic I suppose in the role that you choose to take. Say for example I was an undergraduate pharmacist, I firmly believed I didn’t want anything to do with the morning after pill whatsoever. I didn’t want to prescribe or dispense or even refer on, do you think that would impact on my employability?

P [Pause] Yes. But I think with kind of good advice you could find lots of roles where perhaps that didn’t have to be an issue.

I So do you think if that was me I’d be able to work in community pharmacy?

P Erm…[sighs].

I It’s so difficult isn’t it?

P Yeah. A few years ago I’d have said definitely yes but I think the world is changing. I can see a situation where you kind of have to sign up to that as part of a role or not take it. I can see that coming I think. Talking about an accommodation point of view, I think there are many useful roles that you can do and not take part in that very small part of the role but I can see employers and perhaps society making that more and more difficult.

I Did employers ever ask you what your position was?

P No. I volunteered the information. Erm…

I How was that received? Did you feel comfortable to do that?

P I think I would have felt more comfortable if you know I’d been have asked about it as you know a kind of standard part of all the kind of checks you take when your employers. As if to say oh by the way I have to say serious reservations about emergency contraception.

I Yeah. So maybe if there was a list created. And like you say there are so many different roles locums for example have to sign up or agree to do, is it NURS or something like that?

P Oh yeah.

I And stuff like that. If conscientious objection or rather emergency contraception will you dispense or will you not, if that was on a list do you think that would be a little bit better?

P Yeah I think so. I mean I’ve just gone to a GCHP consultation about this and I think you know not every service is provided in every pharmacy. So you know you can’t get your cholesterol and blood pressure checked in every pharmacy. You know some pharmacies do flu jabs and others won’t. So I mean to my mind if that information is available and upfront then the pharmacist can say to the employer well I work for you but from a personal point of view I’m not happy to provide this service in the pharmacy. It’s not really any different from me as the company saying it’s not economical to run a blood pressure checking service in this pharmacy. If you’re upfront about those things then I can’t see [a problem]. I think those things can be accommodated if everybody else knows what everybody is thinking.

I It’s almost like there needs to be some honest conversations had.

P Yeah. That’s probably rarely the case.

I I suppose it’s difficult though isn’t it because especially if you’re seeking employment. I suppose if you’re saying you’re not going to do even this one element I’d worry about being perceived as being restricted in my ability to perform the role which as you say wouldn’t be the case because I might be able to do X, Y and Z. The whole alphabet! But there’s just this one element that I strongly believe that I can’t and that doesn’t seem fair really. You mentioned a little bit earlier, sorry to go back, I’m just wondering what informed your sort of beliefs on limitations and also on conscientious objection. You did mention religion but I’m just wondering how your views have changed over time if you could tell me a little bit about that.

P Erm…I think I’m kind of…Sounds like I’m checking out. My understanding of physiology and pharmacology are always kind of all inspired by just the complexity of what goes on in the human body from you know second to second to you know keep us functioning every day. You know the complexity of our brains which we have very little understanding about. I think that’s quite, quite humbling really and I don’t know, I know relatively little about embryotic development but you kind of realise from you know right from the word go all the DNA is there which makes you what you are and you know even very shortly after conception there’s an enormous complexity there. And I think…that kind of complexity of human life I think kind of sustains a kind of, I guess it adds to you know what I’ve kind of grown up believing and what I’ve been taught from a religious perspective I suppose that, that’s something worth valuing. And so yeah. I think that kind of humbling complexity of physiology and you know certainly kind of adds to that.

I Yeah. Sorry. Because I’m a Catholic, a very lapsed Catholic I’ve got to say.

P [Laughs]

I But I am Catholic and I remember what I was taught in school and that was life would never become life if it wasn’t life in the beginning or something along those lines. And it sounds like [you’re saying] that yes there is that religious aspect but that’s what’s taught or preached in Catholic teachings but actually physiologically it sounds like you say DNA is there from the beginning and that will grow as the person grows maybe.

P Yeah. I think it’s important that the debate isn’t about religion because I think…well you can end up with a really kind of relativist situation there where people kind of claim all kinds of exemptions from all kinds of things. And then you know religion ends up trumping all sorts of other considerations and I don’t think that’s necessarily helpful. But I think you know it’s important to recognise we all, well most of us go into medicine or nursing or pharmacy because we want to improve healthcare. And I think implicitly that is an understanding of human rights and a respect for life, and respect the complexity that we all know. I think it would be incredibly short sighted to say well you know humans have positive rights because the law gives them those rights. I think most of us perhaps just think you know there’s more to it than that. I guess not everyone agrees with this but you know I think many people would save a human life ahead of saving an animal life. And then in every society murder is not really something that people tolerate really well. And I think to sort of conscientious objection to abortion or even I guess the morning after pill is just to my mind a logical extension of that. If it’s wrong to take the life of a five year old or a fifty year old, why is it right to take the life of someone who is five hours old. I come to this from a layperson perspective but also I think it’s seems a logical…

I It’s like a humanistic belief in humanity really. Of course so people would argue at the point of conception that it’s a blastocyst or whatever the terminology is. And I suppose that’s a difficulty around abortion, when life does become life and it sounds to me that you’re saying you see the viability as the point of conception.

P I think so. I mean I think one has to separate what is true scientific endeavour and true scientific finding from I guess classifications, which are helpful in certain situations. So if you’re interested in studying embryology then distinguishing a blastocyst from you know a foetus and an embryo is helpful and necessary. But from deciding what’s right and wrong those distinctions I think are a bit arbitrary from that point of view. I think the language is interesting as well it’s like you know people will say as you say that from the day of conception you’ve got a blastocyst, but any healthcare professional advising a woman who’s thinking of becoming pregnant will say you mustn’t drink or you mustn’t smoke because you’re hurting your developing baby. And that to my mind is you know it’s kind of a dichotomy really that on one hand you’ve got a blastocyst and the other hand oh you mustn’t hurt your baby and I think I guess I’m in the developing baby camp I guess. I’m sure you know that people you know are on different places on that. But you also see the arguments that the baby is not viable without it’s mother for you know but you know neither is a two year old really [laughs]. I think the other thing that I guess that concerns kind of is the extension of the arguments that are often made in favour of obviously abortion that about whether life with particular limitations has any value. But then I think those kind of arguments have enormous implications for you know people who are alive and living in society, people with severe disabilities and those kind of things as well. And I think often that the arguments that are made about you know viability without intervention of others and things in the case of embryo, foetus, developing baby or whatever the terminology you like, also has implications elsewhere. It becomes a moral principle in healthcare I guess.

I Yeah because of course we do allow in this country at least late abortions for woman who make that choice. Again a sensitive question so please don’t feel that you have to answer but what would your position be on late abortions for reasons of disability I suppose?

P I mean I think the…[sighs]. Erm. I’ve had the great privilege to know and to spend time with people with almost unimaginably severe disabilities and I think that experience has taught me that, and I appreciate every situation is different but people have the ability to love and to experience relationships and things like that. And again I think that’s quite humbling, humbling thing. You kind of think to yourself you’re a kind of twenty year old you know rugby player who enjoys going out and doing sport and listening to music, it must be very hard to imagine how can you have a quality of life without any of those things. But I think that quality of life really does exist and I think that we’re perhaps a little bit too quick to sometimes say well someone won’t have any quality of life and so we’re not going to bother taking something from them. I can completely understand the emotions. You know you find out that your child which you’ve kind of hoped for and carried and have made plans for. You know we all hope our children will go on to do like better than we have.

I Yeah that’s it. We all want out children to be well-rounded contributors to society.

P So I can completely understand where those emotions and I guess feelings come from. I think…I think it’s a dangerous game if we start arbitrarily saying well if you’ve got these disabilities or whatever then you know. You know you and I are both wearing glasses that’s a disability isn’t it.

I The way I can see definitely!

P [Laughs] And then I think you know who’s to judge what…

I What’s right?

P Yeah.

I Yeah. It is a mine field. It is an ethical mine field. You think you come to this topic with a view but actually when you start peeling those layers away it becomes more and more challenging doesn’t it.

P Mmm.

I So of the key questions that we’d like to ask, what do you think constitutes conscientious objection to abortion?

P There’s not participating in an action that the individual feels is contributing to abortion and I guess going back to a question that you raised earlier, I’m not sure this is particularly helpful to you but I guess some people might be more than happy to perhaps make a referral and others might not. And I guess the conscientious objection does depend to some extent on what the conscience is I guess. And I guess you take an argument that might be a bit relativist but there are some people who might generally object to abortion but not in some specific cases. So I guess conscientious objection for them might be different to me who’s probably always [thought of it as] wanting to take a life. So I think it’s probably a tricky job you’ve got to define it. But I think even in perhaps the most extreme examples of what we’ve talked about in terms of someone not being willing to perhaps make a direct referral to another health professional I think those things can be accommodated within our health care system and should be really I think. You know as professionals we use our judgement so we all come across different situations from slightly different perspective.

I Picking up on different things that you said in terms of informing people’s beliefs including your own beliefs, it sounds like you’re saying experience has certainly informed your beliefs more so than the typical sort of way people jump to religion for you know being the thing that denotes people’s opinions on abortion. Do you think that’s a fair reflection?

P I think erm…Yeah I think my experiences certainly confirmed perhaps you know, not that my opinion has kind of changed but I guess the experience I’ve had has kind continued to sustain and if anything strengthened that opinion. I guess.

I Yeah.

P Yes.

I Inform it a little bit.

P Yeah.

I That’s brilliant. Thank you. You could go on forever couldn’t you.

P Yeah.

I As you can see I’ve got a few questions but I think I might have. Oh yeah. You know we spoke about abortion I suppose being a process you know from the referral. For the case of a pharmacist if we use that as an example. Someone seeing a GP for example, getting a prescription, handing it in blah, blah, blah to the point of them making that decision whether or not they’re going to take it. So what elements of the process should pharmacists be allowed to refrain from?

P I think ideally all of them...Not necessarily everyone will want to stand back from all of them but I think if we’re talking about a conscientious objection there’s not really any point in unburdening someone’s conscience from one part of the process but saying oh no you still have to do another part. So yeah.

I So it sounds like, broad is the only word I can think of. So you see the abortion process as broad rather than for example if we take that ruling from the Supreme Court who take the approach that it’s only hands on activities.

P Yeah.

I So that could be actually issuing the prescription yourself. It sounds to me that you’re saying that you see it as a process and you choose and quite rightly, no one can argue with that, you choose to remove yourself from that.

P Yeah.

I And you feel that other colleagues should have that right.

P Yeah. But I do think they need to be careful about the career choices they make. I don’t think you can turn up and work in a hospital that specialises in abortion and say I’m not going to have any part in it.

I You couldn’t work in the [name of clinic] Clinic in the [name of hospital] for example.

P Exactly. I mean I think you have to be careful. But I think you know the example you were talking about the nurses where the role specifically changed, you know that’s something I think that employers have to deal with. It’s not like saying erm…You know administrating University for example. You’re administrator on the pharmacy course and the next minute you’re going to be an administer on the nursing course. That’s a very different situation to saying you’re going to be do something that clearly the employer knows that it’s sensitive to a lot of individual’s.

I Do you think that people worry, worry about talking about it?

P Yeah I think so. You know personal beliefs are personal and I think you know a lot of erm…You know you asked a question earlier about did these issues affect your career path and I think in a lot of people they will but it’s not something you talk about or advertise day to day. It’s just I’m here doing what I do and that’s how it is. And I guess in a situation where you don’t come into any contact with abortion in your work place you don’t necessarily feel the need to advertise your objection to that. But when something changes then that becomes a probably doesn’t it.

I Yeah definitely. Well yeah definitely because you could never envisage that there was going to be a change that you would have to accommodate and actually it’s something that you don’t want to accommodate.

P Yeah.

I Very crass example but it’s like I used to work in [name of supermarket] for many, many years. Had no objection to cleaning the bins out but if someone had said to me clean the toilet as you know my job role changed and evolved, I would have been like no thank you.

P Yeah. Exactly. There’s all sorts of examples isn’t there. But there’s equally you know examples of say transferable skills that can be legitimately be used in another setting.

I Hugely. I mean yeah. The pharmacists are hugely educated, hugely experienced health care practitioners. They’re invaluable to our communities especially the way the NHS is going but that’s a whole different argument I suppose. This is quite a tricky question, who’s rights do you feel sort of trump the other? So do the rights of the patient over-ride the rights of a health care practitioner?

P I mean my view of that is when you’ve got a, when a lady is pregnant, then you’ve got two patients. And I think it’s not about the rights of the health care practitioner conflicting with the rights of the patient, although that might well be how that plays out in law and how it’s perceived in society. I think you’ve got a situation where you know medics don’t take the Hippocratic Oath anymore but you know first do no harm is a I guess an approach to, you know not a bad approach to medicine. But not one we always do very well either. So I’d say that kind of in a situation where someone is pregnant then you’ve got two patients there and I think that’s you know why a health care professional would be thinking in terms of doing what’s best for both those individuals and probably particularly the most vulnerable of those. And I think that’s how I see it. It’s not health care professional against the patient, there’s two patients there and I think that’s my perspective anyway.

I I suppose if the pregnancy was, if the mum decided to go ahead with the pregnancy that’s how the woman or the patient’s as such would be seen. Not just as one person, they would be seen as two.

P Yeah.

I So yeah that’s really interesting that. Yeah if the Clause, so the Clause to conscientious objection was scrapped, what do you think should replace it? So as it stands I suppose it’s quite woolly really. It is there, everyone’s got the right to invoke it. Every health care practitioner has that right. But we spoke earlier about lists when it comes to employment and there’s no sort of definition, hard core definition really. So I’m just wondering what do you think should maybe replace conscientious objection as we know it?

P I guess you’re talking about the GMC, the GCHP regulations. Those obviously to some extent. I think pharmacy less so than it used to, protects the health care professionals with a particular viewpoint. But that doesn’t mean that common sense can’t be used as well. An employer and an employee relationships that I mean. You know if an employer and an employee decide that together they don’t want to do X or Y in a particular situation or the employee can do a slightly different role then that kind of common sense means that you don’t necessarily need that. But I also think you need protection for people like those midwives who you said kind of it’s not like they’ve taken a job in the knowledge that something’s going to perhaps erm…

I Yeah.

P So I think in an absolutely ideal world we should be able to work through these issues together. Erm.

I As it stands at the moment because the law is a little bit woolly. So like you say we have go the GMC guidelines but then you’ve got the, is it the GPHC guidelines?

P Yeah.

I My understanding particularly around the pharmacy guidelines it doesn’t just only incorporate religious beliefs it incorporates a few other ethical dilemmas as such. But every time it’s taken to court it’s the law that ultimately is taken into consideration. So health care practitioners are in that situation where if they do object and that’s challenged the only sort of way they can go about it is to seek justice in the courts as such. So I’m just trying to think do you envisage a work around and it sounds like you’re saying conversation really.

P I think so yeah.

I Conversation yeah.

P I mean it can be difficult I mean because your NHS contracts seem to be all encompassing. So you know there are some services you know all GP’s and all pharmacists are expected to provide and those perhaps prevent barriers to perhaps being completely pragmatic about how you run your services. But you know I think pragmatism and conversation and things can erm…Well A, I think accommodate people’s beliefs but also avoid situations like you describe where you have someone turn up to a pharmacy where they have been told they can access a particular service and then be told no.

I Yeah that’s interesting. You did something sorry that I did pick up on slightly and it was at the beginning of that question where I said about conscientious objection being scrapped, you said something about there are some guidelines that protect but not so much now.

P Yeah so GCHP I think, I might be wrong, but as I understand it the professional standards for pharmacists who say well you can conscientiously object, now I think there is an expectation that you explicitly refer to where someone can. There was certainly consultation about that and I think that was the outcome that there are professional standards, guidelines for pharmacists. Yeah.

I Ah right. That sounds familiar. I remember talking to [name of colleague] and he said something.

P Yeah.

I Right yeah. So that put’s people in a precarious position really.

P Yes it does. Yeah.

I Yeah. Yeah. And it’s such a definitive outcome because as you say you know just have an open and honest conversations, there’s no reason why it can’t be accommodated. I’m wondering what made them decide actually you have to refer the patient on, I don’t suppose you know?

P I guess the GCHP comes at it from the perspective of protecting the patient and perhaps there is a slightly different interpretation of who the patient is or whatever than I do. And so from that perspective and from that viewpoint I can see how they’ve come to. They see it as you’ve described as a potential conflict between the rights of a health care practitioner and the rights of a patient, and I think what they’ve tried done is try to protect the rights of the patient as much as possible.

I Be a bit more patient-centric.

P Yeah.

I Yeah. I see. Yeah. We’re getting close to the end, how do you think your objection if you were still a community pharmacist or any other colleagues if they were to object, affects the care that you deliver to your patients?

P Well I think it needn’t really…It sounds daft but if you said well I’m not going to treat anyone with diabetes, that’s clearly you know bread and butter. But I’ve seen it in community pharmacy and I guess it’s depending on, and I know location’s got a big factor but it’s not ever something I remember being a very big aspect of what a community pharmacy does. And particularly if you work in a town or city you know there are lots of other places where people can access these services. You know although you know when you prescribe anyone medicine you want to know someone’s medical history and things, but it’s not something that particularly needs to be integrated with anyone’s care for any other chronic conditions. I mean do think that this is a…you know…an issue that is kind of really…well morally really very important actually. It’s a very small part of day-to-day care and one which can easily be resolved perhaps in another way. So I think if you are losing caring professionals from their roles, from a caring service because of that then I think even from the perspective of someone who’s strongly in favour of abortion or the morning after pill, you’d have to ask whether you are making, well you’d pursue it to be the perfect enemy of the good really. It’s seems like it’s almost like a like I say kind of a test you know, will you sign up to this to you know to be credible as a professional.

I Yeah. I suppose you know from the woman’s perspective, the patient’s perspective, the concern particularly around the morning after pill specifically, I suppose you could argue again with you know surgical abortion or medical abortion would be the time limits. The time constraints.

P Yeah. So if you were in a rural location, you know one bus a week or something. Yeah. No. I think there are situations where patient care could be affected I guess. But again these are things that can be worked around. You know if you go and work in a rural location in the Hebrides then that’s kind of something that perhaps you have to think about. Is that the best thing for me to be doing?

I It’s such a mine field it really is. Erm. Yeah I suppose the last question. I don’t even know really whether this is a relevant question to ask given that pharmacists in the community specifically work in isolation, but would you think that if you were an objector that would put any strain on any colleagues or as an objector that would put any strain on any of your colleagues that you work with?

P Erm. I don’t think so. You know I think in any kind of working team you know aside of what we think is wrong or right we’re all kind of good at some things and less good at others. And we all tend to do the things that we are good at and less of the things other people are good at. I think it is important that if a difficult conversation needs to be had with a patient that, that is had by the pharmacist and not delegated to a junior member of staff. I mean I do think that’s where potentially strain may be put on another member. I don’t think that’s appropriate.

I Like for example if I worked in a pharmacy, no clinical background whatsoever I’d feel I was out of my depth.

P Yeah.

I Yeah. Thank you I think that’s everything. You’ve been absolutely brilliant.

P Oh thank you.

I No absolutely brilliant. Really thought provoking. Is there anything you’d like to add or ask or anything?

P No I don’t think so. I think you’re questions have been helpful in helping me provoke ideas and those sorts of things.

I Yeah. Ah thank you. I’ll just stop that.

P Super.

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