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START AUDIO

Interviewer:             How to do my recordings. Okay, so that one is going and that one is going. So, to begin with, can you tell me a little bit about the work you do as a health professional?

Respondent:            So, I am a pharmacist. I am quite new to this trust, so I am employed by the [employer name]. So, technically meant to be looking after the maternity wards and the neonatal wards. And, just random stuff [Crosstalk 0:00:26] as well.

Interviewer: So, how long have you worked as a pharmacist for?

Respondent: [Number of areas].

Interviewer: Yes? So, some time. Where did you work before you came here?

Respondent: I was in the [hospital name] for a couple of years and then moved down south and then back here.

Interviewer: Yes. So, you have had a lot of different experience? Obviously [city name] is the best. So, can you tell me is prescribing or dispensing the morning after pill or medication that induces an abortion something that you come across often?

Respondent: Not here as much. At the moment for the outpatient prescriptions we normally use the morning after pill for getting the cycles regulated so that they can get pregnant.

Interviewer: Oh, right. Okay.

Respondent: The methotrexate injections, we do get involved in them, it could be at least once a week or maybe twice a week. But, it is normally the community pharmacist that deals with the morning after pill.

Interviewer: So, it sounds like you have more dealings with medication that induces a medical abortion, is that right?

Respondent: Yes. As far as I am aware of. My knowledge in that is not that great. So, I think we do the surgical abortion as well, but Jan would be the best person to ask.

Interviewer: And, how do you feel about that? You know, would you have any objection to prescribing medication that would induce an abortion?

Respondent: As a pharmacist, I do not prescribe. But, we do clinical \_\_\_[0:01:59] and we do say it is okay. Obviously we do not know why the patient is having methotrexate. So, it could be due to medical reasons... Well, I am hoping it is medical reasons because I am not hap- Well, it depends on what the patients… Why they want abortion or what the reason for that is. But, I know I have no right to say, "Oh, you cannot have it." Or, there could be different reasons why people want it.

So, I would not say I am happy but sometimes you have to do stuff that is best for the patient.

Interviewer: Yes. Sounds like you have got a professional approach. A personal sort of perspective and you maybe keep your personal perspective to yourself. Would you say that is fair?

Respondent: Yes. And, sometimes you would not... If I do not go through what they are going through I would never understand. Like, I would say, "No, never, I am totally against it." But, if I go through the same scenario that the patient is going through, I might totally say yes. So, until and unless I go through the same situation I cannot say that I would still stick with the same answer.

Interviewer: Yes. So, it is almost- Yes. I see what you are saying. So, it is like-

Respondent: It might change if I go through the same scenario.

Interviewer: Yes, that is it. Okay, thank you.

So, as you know, this project is looking at conscientious objection to abortion. When I say that to you, what do you think constitutes conscientious objection to abortion?

Respondent: So, healthcare professionals can have the right to say no if they want to? I do not know what the consequences are but that is what I understand from it.

Interviewer: So, thinking about your role \_\_\_[0:03:44] that you say that, you do not know what the consequences will be. But, thinking of your role as a pharmacist here and also maybe in the community, if somebody was to object to prescribe medication that induces abortion, or the morning after pill, what impact do you think that would have on patients?

Respondent: If it is outside, they are likely- It is easily accessible isn't it? So, they can go to another pharmacy. Here, there is another pharmacist who can check it and give it out. So, it is not the end of the world if I say no to it. But, yes. I guess at the moment there is always another person who can sort it out if I say no to it.

Interviewer: Do you think pharmacists should be allowed to conscientiously object?

Respondent: Yes. But, at work here I do not think it is going to be such an issue because we do not see that out of hours as much, I do not think so. Whereas in community, employers will not be too keen, I believe. Because, outpatient pharmacy I see they do give out a lot of morning after pills. And, if they are employing you and you say no to it, that is obviously a lot of customers gone. So, yes.

Interviewer: Yes. So, if somebody was working as an objector, either here or in the community, what impact do you think that would have on other colleagues?

Respondent: I assume that I will have the right to say no, and they should be able to accept it. But, I know at the back of their mind they will be like, "Hmmm."

Interviewer: So, maybe a little bit judgey? A little bit judgemental?

Respondent: Definitely. Yes.

Interviewer: Can you tell me a little bit about what makes you feel that people might judge you? You know, not you as such but, somebody who did object?

Respondent: I do not know. Maybe they would be like, "Oh, she is being too picky." Or, "She is living in the olden days." Or, "It is not practical." You know, believe in religion that kind of stuff. So, it depends on what their views are on it. It is not going to affect me in big terms.

But, say there was no one here and I was the only person and if I say no to it and that is delaying everything, and causing a lot of chaos in terms of, it is not getting prepared, or it is not getting given out then that is where the issue comes, I think.

Interviewer: So, it sounds like there is enough people to maybe mop up, but on the odd occasion it may be that refusing, or objecting would cause delays for the patient as well as other colleagues?

Respondent: Yes. And, they might be \_\_\_[0:06:32], "Oh, she is not checking that, so I need to get someone else to check that." So, obviously it is going to delay stuff and might annoy people a bit if it continues. Or, I do not know. I do not know anyone who objects to it. As in a practice.

Interviewer: Have you ever came across anyone who has objected before? Any of your colleagues?

Respondent: Not really. I do have a couple of friends, as doctors. And, they do object to it, but I do not know how often it effects their practice. I mean, they are junior doctors, so I do not know how often they see...

Interviewer: Yes, come across it so much.

Respondent: So, I do not know how often it effects their practice.

Interviewer: Yes. Do you know of any other pharmacists who object?

Respondent: I have not asked them, to be honest.

Interviewer: Is it not something that you have ever spoken to people about?

Respondent: Not really.

Interviewer: You know when you were training as a pharmacist, did you get any training on conscientious objection?

Respondent: No. Not that I can think of, no.

Interviewer: No? Are there any guidelines for conscientious objection that you have to adhere to or have been directed to?

Respondent: Well, to be honest I do not know it ever existed. I never thought of thinking that way, if that makes sense.

Interviewer: Yes. So, are you saying that you have never thought that you could object?

Respondent: I have never thought it through that way. Yes.

Interviewer: Do you think healthcare professionals should be allowed to object?

Respondent: Oh, yes. Because it is such a sensitive topic, isn't it? So, if someone believes it is not right, they should not be forced to say, "Yes, go on with it." Because later on it might even affect them. Like, mentally. I do not know... Like that person might have gone through a miscarriage or loss of baby so they would never say no to it- I mean, they would never say yes to an abortion. So, you do not want to force that person and then cause their life a chaos after that, if that makes sense.

Interviewer: No, that makes sense. You know, at the end of the day healthcare professionals are just people, the same as patients are people.

Respondent: Exactly, you cannot force people to do things that they are not happy to do. Just with anything else, not just with this.

Interviewer: Yes. Okay, thank you. So, I was going to say... Sorry, I have just asked that. So, I was just interested in what has helped form your views towards conscientious objection and abortion. What has helped form your views?

Respondent: The first question, everyone has a right don't they? With ethical thinking, we are humans, so we always have a right to do what we want to do. I mean, again, it depends on what it is, but you cannot be forced to do something that you are not happy to. Although, it does happen. Like, indirectly you might be persuaded.

My view is my Catholic upbringing. So, Catholic teachings are you should not abort unless, if I am right, unless the mother is in danger.

Interviewer: Yes, mum’s health is in danger, yes.

Respondent: So, that is what the Catholic teaching says. So, when I do my methotrexate I believe, and I would like to think that it is for a medical reason. So, yes.

Interviewer: Do you find- Sorry, this might be quite a sensitive question so do not feel that you have to answer. But, is that a conflict for you at all? You know, sort of marrying up your religious beliefs as well as your professional duty? Is that a conflict in any way?

Respondent: I do not know. I have not to be honest took time to actually sit down and think it through. Because as I was saying, if a lady is having abortion due to non-medical reasons, number one I do not know what they have gone through, and I do not know what they feel like. There could be a reason why they are wanting it. So, marrying it up with my Catholic teaching, you always want the best for the person. I actually do not know.

Interviewer: Yes. Maybe you have not had a chance to think about it before?

Respondent: Probably, yes. But again, we want the best. Again, I think it depends on the situation, why are they having the abortion? It goes from there.

Interviewer: Would there be any limits that you would impose? You know, where you would say, "No, I am not going to prescribe the medication." I cannot say the name of it.

Respondent: That is fine. There is but, we as pharmacists would never ask.

Interviewer: Okay.

Respondent: I guess we can, but I do not know if that is confidential or... We do not tend to, if that makes sense. We never ask why. Because we know what it is for, we do not ask why the reason behind it is.

Interviewer: Yes. So, you cannot go, "Oh, is this this woman's 20th abortion." Or, something like that?

Respondent: Yes. We never ask. I do not know whether we are allowed or whether they can tell us, but yes.

Interviewer: So, thinking about- Oh, actually I am going to use an example now. So, I do not know whether you heard but back in 2014 there was a case of two midwives who invoked their right to conscientiously object and to cut quite a long story short, they were practising Catholics, they were working on a maternity ward but did not do abortions and then they were introduced to do abortions. And, they created a list of 13 things that they felt they had the right to conscientiously object to.

Respondent: They as in the nurses?

Interviewer: As in the midwives, yes. So, it was all around invoking the right to conscientiously object. So, they objected to things like answering emergency buzzers they felt that was participation in abortion, taking telephone calls and booking women in, they felt that was participation in abortion. They took the case to the supreme court, they lost as it was felt that when the objection act was first created many, many moons ago that it was envisaged that conscientious objection should only apply to hands-on activities. So, hands on procedures or maybe administering the medication, that type of thing.

I was wondering what your thoughts are, do you perceive participation in abortion as that broader perspective of all the different elements that culminate in abortion, or do you see it as that narrow perspective that it is just the hands-on activity?

Respondent: From that scenario, I think those two ladies are very extreme, strict Catholics. That is my perspective. If it was me I would not say I would be happy, as in I would probably do the same that they did, but in terms of answering the buzzer, I probably will do that. But, in terms of booking ladies in... Was that I would not know why this lady needs abortion. We will assume if it is medical then we would know about it.

Interviewer: So, do you see abortion as just the hands-on activities then, in that case?

Respondent: I think it is a bit of both. Because, if you are completely 110% against it then any input is seen as supporting it.

Interviewer: So, would you say it depends how- I do not know what- Strong does not quite seem to cover it but, how literal- No, not even literal. How-

Respondent: How strict they are with their beliefs? Yes, I guess so. Because some people are a bit lenient and look at each situation differently whereas others do not. And again, views can change from day to day or from year to year. And, it depends on what they have gone through as well. Their family.

Interviewer: So, thinking about our project and what we want to try and gain some clarity on, you know, what constitutes conscientious abortion. From your perspective would you say that what constitutes abortion is all those different elements of these things leading up to-

Respondent: Yes. Because, for me as a pharmacist, if I do not supply it and if I was the only one who could do that, then they would not have it. But, if I do then they would have it. So, I do obviously have a part in it, so yes. I would say it is from A-Z.

Interviewer: Yes, so almost like that broad perspective?

Respondent: Yes, every person involved in that patient will have helped.

Interviewer: Well, I suppose everybody has got different roles, haven't they? Like you say, pharmacist has one role, and then maybe a doctor, and then maybe a midwife, or a nurse at the other end caring. Everyone has got different roles haven't they?

Respondent: I would not say I would be comfortable if I had to face the patient and know that I have supplied this to this patient and she is having it due to so and so, I do think I would be comfortable. As a nurse or a doctor, I would not be comfortable. Us as pharmacists, the medication we supply we hardly ever see the patient.

Interviewer: I suppose you are almost so many steps removed from the situation, aren't you?

Respondent: We are just supplying what is needed. But, I guess that is... Yes.

Interviewer: Would you refuse yourself? At any point, is there any point that you would refuse?

Respondent: I think I might. But, I do not know how strong I am about it though.

Interviewer: I suppose it takes you back to that situation- It is almost very situation dependant, it sounds like you are saying.

Respondent: Yes. Exactly.

Interviewer: Yes. Well, thank you. It is a challenging one. I am sorry. You know, when you are asked these questions it is a difficult topic anyway but then, it is quite challenging trying to almost nail down what is conscientious objection, and what is not, from your perspective.

So, you have not worked in the community have you before?

Respondent: Not as a pharmacist, no. As a student pharmacist, yes.

Interviewer: Yes. I do not suppose you would have had any hands-on activities in dispensing medication at that time?

Respondent: Yes, I have. Yes.

Interviewer: Oh, did you?

Respondent: Just a couple of morning after pills, to be honest.

Interviewer: And, how were you? How did you feel about that?

Respondent: I was not happy at all.

Interviewer: Were you not?

Respondent: Yes.

Interviewer: Would you be able to tell me a little bit more about that?

Respondent: I think it was like an evening shift. Two scripts, that same night for the morning after pill. And, I was kind of shocked the way that people were not ashamed, or people were just fine with it. As in, it is just like getting paracetamol off the pharmacy. So, I did not feel like they did not have any issues with it. And, I do not know if it is right of me, but I felt like they were so used to it.

Interviewer: It is like they are not considering the gravity of the medication that they are taking?

Respondent: Yes, how it works or what is it actually doing. So, if it is... I mean, I have no right to judge but I am assuming it is due to selfishness. But, if it is like say rape or something I do not think the lady would have the mental ability to come and get it from a pharmacy. It depends on how many times they have it, had it or...

Interviewer: Did you consider refusing at that point? Or did you feel that you could?

Respondent: I mean, I could just say, "I will get the pharmacist to deal with you." Actually, I do not know what I would do. I think I did supply it, maybe. I think I did. Because I think you can buy it from the pharmacy, can't you?

Interviewer: I think you can. They changed things a few years back, didn't they? Where you can just order online almost and go and collect.

Respondent: Oh, okay. I am sure you can just buy it, you do not need a prescription for it. So, I think I did supply it, but I was not happy at all with my- I know at that time I was actually disappointed that I did supply it. I could have asked the pharmacist. But, either way that patient would have got it.

Interviewer: Yes. And I suppose you-

Respondent: Me just saying no to it is not going to make a difference.

Interviewer: Yes. And, you were in a, I suppose, challenging situation. You know, you are face to face with someone you do not really know what they are going to want until they come to you, do you? So it is that awkward social situation almost where you do not want to say, and you do not know how people are going to react.

I am going to ask quite a sensitive question so please, do not feel that you have to answer, we can move on. But, do you perceive the morning after pill as abortion?

Respondent: Yes. Definitely, yes. I do not know how it works, though. I am assuming it prevents.

Interviewer: I have heard a couple of different things. So, it thins the lining of the uterus so that your egg cannot imbed. And, then there was somebody else said something slightly different. But, I do not know if that refers to different types of medication.

Respondent: I do not know either. But, from what you are saying, if it is thinning the uterus then you are in a way... So, the egg is fertilised, and you are not letting it grow, if that makes sense. So, you are aborting the baby.

Interviewer: And then there is another medication that stops an egg being released? I am really sorry I do not... My background is psychology, so I certainly do not have a clue.

Respondent: So, the way that I see it, say for example, I would not say a condom is such a big issue compared to the other drugs because you are preventing conception. Whereas, the example that you used where the uterus lining is being broken down so you are not letting a fertilised egg... Shall we say we are not letting a baby to grow? It is starting to grow but we are not nourishing it to grow. So, the way that I see it, you are kind of killing the baby, indirectly.

Interviewer: So, in line with Catholic- Sorry, I am Catholic as well. So, I remember what I was taught in school which is, life would never become life it if was not life already. So, are you in line in your thinking with the Catholic teachings that at point of conception that is when a life becomes life?

Respondent: Yes. Life begins from conception.

Interviewer: Yes, I understand. Thank you.

So, sorry. Did I ask before whether you know of any colleagues who have objected?

Respondent: Yes.

Interviewer: I thought I had, sorry. So, do you have to declare to anyone or say to anyone that you are an objector if you were working in- I know it is a bit different here, but...

Respondent: I think we would. In community definitely, yes. Because 99% of the time, you are the only pharmacist. So, in community you definitely need to tell your employer. So, I do not know what they would do, whether they would just have to say, "It is okay, we will just have to lose those customers and you work." As in when you are on shift, and just direct them to another local pharmacy. At work, as I said, there is always a second pharmacist, so it is not... But, if I were to have to say no to it, I do not think it would be such a big issue.

Interviewer: Yes. So, thinking about if you were working in the community, do you think signposting on to another- Say if you refused as a pharmacist and you said, "No, I am not going to do it, but the pharmacist down the road will." Would you perceive that as being participation? Sorry, I know I am challenging you.

Respondent: Technically, yes isn't it? Because you are helping them to still have it. But, not through you. So, what is the point in that.

Interviewer: So, do you think if you are going to object you should be able to object to every element, as such, or do you think you- Because-

Respondent: I just think it just depends on the healthcare professional on how they want to deal with it. I mean, they should have the right to say I do not want to talk to you, I do not want to answer any more questions you have. But, I do not know how often that happens. I do not know if ever that does happen. They might do but, you know.

Interviewer: It seems like, doing the different interviews that I have done, it seems that it is almost like an unspoken topic amongst health professionals. Not just pharmacists, amongst nurses, amongst midwives. Have you ever spoken to anybody about it?

Respondent: Not really, to be honest. I do not think it is such a hot topic anyway.

Interviewer: Yes. I suppose, like you say, if it is not something that you are coming up against every single day, day in day out, then I do not suppose it would be at the forefront of your mind to be speaking about it.

Respondent: Unless if it is at the community and there is one patient who has it every single week or something and the pharmacy is so familiar with that face. And, with them getting the drug then I think that topic would come up then. But, if not I do not think it is going to be an interesting topic. Well, it will be an interesting topic. It might cause a few chaos. But, I do not think that it is a topic that people would start talking about.

Interviewer: Yes. More likely to talk about soap operas or something. Just general, what the weather doing today.

Yes. Sorry, I did ask what elements of the process you feel that a pharmacist should be able to object to. So, I do not know if you know but there are places such as Sweden and Iceland where it is unlawful to conscientiously object. So, healthcare practitioners cannot, even if it really goes against their beliefs they cannot invoke the right to object. And then, in Italy you have got the other end of the spectrum where there are whole institutions that invoke the right to conscientiously object. And, I am presuming that is very religious based because obviously Italy is a Catholic country.

Respondent: So, do they have no abortions at all?

Interviewer: Yes, so the whole institutions will not provide any abortion services at all. And, I am just wondering what your thoughts are on that?

Respondent: As in just some institutions there are... Am I right in saying there are-

Interviewer: Yes. So, for example a whole hospital say we will not offer-

Respondent: Oh, okay. But there will be still other places in Italy?

Interviewer: Yes. There are still other places. You could say it makes it less accessible if not everywhere is offering that service. So, you have got Iceland and Sweden where everywhere will offer abortion services. I suppose quite similar to this, to England really, in that sense. And then you will have the other end of the spectrum in Italy where, I suppose a little more research would have to be done to where you can and cannot access it. And, I am just wondering what your thoughts are on that?

Respondent: I do not think it is going to be such a big issue. If the patient is determined that they need it then they will get it done. Legally or illegally. The other thing is obviously it is going to delay the patient getting the medication. And, the only thing positive that can come out of it is maybe during the delay the patient might change their mind?

Because, they have got a bit more time to think. So, maybe they might change their mind in between that. Or, like the conversation we had before, say if I say no to it, and the patient knows, if it was me who directly said, "No, I am not happy supplying it due to my beliefs, or due to my personal issues, whatever." They might have just taken a step back and whilst they move to the next pharmacy they might be just thinking. So, they might keep it to the next day, or they might even eventually change their decision. So-

Interviewer: Like sort of giving people breathing space to think about-

Respondent: Yes, more time to think. Or like, just my view might make them think, or a healthcare professional saying no to it. They might just take a step back and think, "Why is that." Et cetera, so they might change their mind.

Interviewer: So, it is almost, it could be quite positive to maybe... It sounds like you are saying it could be a positive impact to maybe not have it as freely available. Am I reading that right, yes? I see what you are saying.

Respondent: Indirectly, I might be able to change the patients thinking as well. And, they might continue with the pregnancy.

Interviewer: So, would I be right in saying, and this might sound like a terrible term of phrase, but you yourself would identify as an objector, would you say you are an objector to abortion? Or... Maybe if I ask the question, how would you describe yourself? That might be a bit better wouldn't it?

Respondent: I would say yes. But again, it depends on the situation.

Interviewer: So, you sound very patient focused. It sounds like the patient’s interests is an interest of yours as well. You sound patient sensitive-

Respondent: Say for example, a classic example is rape, people would say definitely, you know. There is no... They should definitely go ahead with the abortion because it is not their baby, looking at the baby might remind them of all that they have gone through. But then, what if when the lady has had abortion and they cannot forgive themselves that they have had the abortion. Does that make sense?

Interviewer: Yes. It is a big decision to make, isn't it?

Respondent: Exactly. And, I understand if I go through that or if would it happen, but if- Unless and until I go through it I would not know what it feels like so I cannot say no, it is not right do not let abortion happen to you. So, I do not know in that case. But, say for example, if the lady is freely sleeping around or something, then if they have abortion then that is a totally different topic isn't it. So, in that case, they are not looking after themselves if they kind of caused it to happen to themselves. So, I think it just depends on the scenario.

Interviewer: I suppose as well, in this day and age there is so many ways to prevent a pregnancy from happening, if someone is coming time and time again for an abortion, it is quite challenging isn't it, really.

Respondent: Exactly, yes. And they do not know the harm that they are doing to their body as well. It is easy to say yes have an abortion, but you cannot predict how that lady will react once they have had it. There are ladies out there, none that I personally know, but I am sure there are ladies out there that regret it very much, having abortion. Even within Catholics within a marriage as well, even when they have it, they do not take much notice of it. But, then once they have it, they do regret it later on. Once they understand how big of a loss it is, or if they cannot convenience after that, then...

Interviewer: It can have big ramifications.

Respondent: Exactly.

Interviewer: I do not know whether you know, there was a case not long ago actually of a community pharmacist and they... Basically, what happened was, it was a Sunday. A lady had ordered the morning after pill online, because you can order it online now, and when they got to the pharmacist, they phoned up to make sure it was ready to collect. And when they went in to collect the medication, the pharmacist refused. So, from my understanding it was a pharmacy based in the supermarket and the pharmacist said, "No, I am on objector. However, you can go and get it from such and such down the road." But, it was a Sunday and, you know, closing hours on a Sunday within the community pharmacy is- I think most shops are open until like four or five, for arguments sake. So, she was not able to access it on that day.

Respondent: Is this real?

Interviewer: Yes. It was in the paper, I think it was in [name of newspaper], I am sure if you google it, it will come up. I think it was [name of new papers]. I was just wondering what your thoughts are on that?

Respondent: What happened, do you know?

Interviewer: I think she did eventually get it, but she obviously had a delay in getting it. You know, I assume because it was in the papers she must have reported it to the paper or to someone local and that is how it ended up in the national paper, actually. I think it was [name of pharmacy] and they do have a policy that it is okay that people can refuse, but they must refer on. They did refer on, the pharmacist did refer on, but the woman just could not access it. And, I was just wondering what your thoughts are there. Do you think it is fair that the pharmacist can object? And, I suppose what your thoughts are on that situation?

Respondent: I do not know whether they would go to A&E and get it from a hospital? I think that is a possibility. If they are so adamant that is going to be no, I am not going to supply it then that is it, full stop.

Interviewer: Yes. And do you think that is okay for the pharmacist to be able to do that?

Respondent: Yes. They should be. Because everyone has a say.

Interviewer: Yes, we are all people aren't we?

Respondent: Yes. And, I do not think the court would put you in prison because of that. I do not know, I do not think.

Interviewer: I would think there is worse things than that. I would like to think there is, anyway.

Okay. Sorry, I will just turn this over. So, if the conscientious clause was scrapped, as I say this project is about looking to see- I suppose we want to develop some guidelines really, because the conscience clause is so open to interpretation. So, if the conscience clause as it stands was scrapped now, what do you think should maybe be introduced to replace it?

Respondent: I have no idea.

Interviewer: So, do you think that maybe if the laws were to change, do you think we should take a harder stance that healthcare professionals cannot invoke the right at all? Or, do you think that people should be able to invoke the right, but there maybe should be some guidance there into situations and how to protect both parties, for arguments sake?

Respondent: Definitely healthcare professionals should have the right to say no. They should definitely do that. In terms of guidance, that is good. So, if it is a healthcare professional that is for abortion, then there must be some kind of guidance. It should not be available to anyone and everyone. There must be a reason or... Is there a guidance now?

Interviewer: I think, from my understanding for pharmacists, there is-

Respondent: No, I mean just in general? So, if anyone wants to have an abortion, it is legal in this country isn't it?

Interviewer: Yes it is legal. Legal up until 24 weeks. I mean, conscientious objection has been raised actually only last year, in the house of lords. So, there is still a lot of debate over... Not the legality of abortion, but certainly around conscientious objection. And, you know, there has been murmurs in this country about potentially reducing the 24 weeks down to maybe 20 weeks. And, especially in light of what has happened in America. So, I am not sure if you heard but some states have really reduced access to abortion. So, they have lowered the limit at what point a woman can access abortion. So, that might mean that a woman might have to go out of state to be able to get an abortion. And, then there is other countries like El Salvador where it is illegal to have an abortion full stop, whether that is a result of rape or incest or something like that.

So, there was a case quite recently, an 11-year-old girl. And, she had to give birth. I do not know whether she was in El Salvador, but she was certainly in South America and there was a bit on controversy over that. And then in El Salvador there is cases where women have been imprisoned because they have miscarried, and they have been blamed for causing an abortion. So, I suppose it is a very topical and divisive subject.

Respondent: Wow. I did not know such a big topic like that can cause chaos.

Interviewer: Yes. I mean, like you say it is that life aspect isn't it? And, you know...

Respondent: I think there is a difference in how the country sees abortion. As in how offensive they see it. For me, I think it just depends on the situation. And again, my view might change if it was me or it was a loved one. So, I do not think I can put my foot down and say this is always going to be my view on it.

Interviewer: I think it sounds like you are saying experience- Although you can have almost a basis of what your belief is, whether that is because of religion or because of the way you have been brought up, or because of what your family might believe. There is always going to be different experiences that may challenge or may even reaffirm those beliefs really. They might make those beliefs more stronger, or actually they might challenge them a little bit and go well, now I am in that situation, I would not do what I thought I would do, I would do this.

Respondent: Definitely. Say for example, people say it is not right, say the lady got pregnant through rape or something and the common excuse people say is, "Oh you cannot let the lady go through her whole pregnancy and labour and then live with that baby." But, there is situations... She can give the baby up for adoption and the lady will always know that she was raped, and that trauma will always be there. And going through abortion, that is another trauma as well. So, I mean at the end of the day, people could also say, "What is the life of the baby going to be?"

Interviewer: I mean, I suppose it is so individual isn't it. And, it is like how you as an individual react in that situation and I suppose what your mindset would be to that situation.

Respondent: I mean, if you take the same scenario, seeing the baby might change the whole perception of the mum. It might even heal the mum mentally, as well.

Interviewer: Yes. Almost like a positive coming out of a negative.

Respondent: Yes. So, you never know. Unless and until it happens. It might not become anything positive, or nothing good might come out of it for the lady. But, you never know.

Interviewer: You never know, it is so situation dependent isn't it? I think I have asked everything, but I am just going to double check that I have, if that is okay? Thank you, it has been really interesting what you have had to say. Definitely asked that. Oh, have your views changed at all on abortion since coming in to... ?

Respondent: Yes.

Interviewer: Oh, can you tell me a little bit about that?

Respondent: I think before, let's say when I was at uni, I was definitely no, no, no. But, then I think once I have started working as a pharmacist- I think more than that, just maturing over the years, I think. And I have just recently become a mum myself.

Interviewer: Oh, congratulations.

Respondent: Thank you. So, I think that has... I do not know. I do not know if it is because I know pregnancy can be beautiful but if it is out of something negative then I do not know. Because I have never been through it, so I do not know what it is like.

Interviewer: Yes. I think when you are younger, the world is so white and black-

Respondent: Exactly.

Interviewer: And it is very clear, there is no shades of grey. And then almost, as you grow older, those experiences, they make you realise that actually it is not as easy as that really is it?

Respondent: Exactly. And, there are people out there who find it hard to conceive and there is always couples out there who want to adopt as well. So, it is not the end of the tunnel for the baby if the baby does come through the pregnancy.

Interviewer: So, would you say that earlier on you were, as you say, you were very much against it, but to say you have relaxed does not sound quite right, but maybe the stringency around it has relaxed a little bit?

Respondent: Yes, definitely.

Interviewer: And become more situation dependant on the mum?

Respondent: I know that is not what the Catholic church teaches, but yes.

Interviewer: I suppose maybe it is what humanity has taught you? Maybe?

Respondent: It could be yes. I mean, what I believe is some things are black and white in Catholicism is because humans sometimes cannot make decisions. They just go with the flow. But, sometimes you need some kind of guidance. And, even members of the Catholic church might twist- Not twist, might bend the rules a bit if it seems for a good purpose. But, obviously those cases will not be publicised as much. But, I am sure there is members within the Catholic church that do bend the rules a bit for the good. For good outcome.

Interviewer: Yes, for the greater good, as they say. That is really interesting, thank you.

I have asked you the limitations, I have asked you if you have refused, I have asked you if you have ever been an objector...

I have asked all that, yes. Sorry. Okay, I think I have asked everything that I needed to. Is there anything that you want to add, or ask me?

Respondent: What is the aim of the study? Are you trying to change the laws, or do some research-

Interviewer: Yes, so basically- Sorry to talk over you. As far as we are concerned, abortion is awful, we are not trying to touch abortion in that sense, we are not trying to say whether it is right or wrong or challenge the legality of it. What we are interested in is getting some clarity on what conscientious objection is. Because as I say, all the abortion act says is that healthcare practitioners can conscientiously object, except in the cases where a woman's life is in danger. So, obviously in emergency situations, even if it really went against your beliefs. If mum was undergoing an abortion and haemorrhaged, for example, you would have to intervene.

Respondent: Sorry, in that case what would happen if the healthcare professional still says no?

Interviewer: Sorry, what is that? Okay... Sorry [pharmacist name] I was just-

Female: Have you got any spare ones?

Interviewer: Oh, yes. Go on.

Female: Sorry.

Interviewer: I will just stop that one.

Female: 94.

Interviewer: Oh, is it?

Female: Is that full?

Interviewer: No, that is empty.

Female: Oh, is that the \_\_\_[0:44:45].

Interviewer: Yes.

Female: Cool, okay. Sorry.

Interviewer: Thank you [name of pharmacist].

Respondent: Are you both doing it?

Interviewer: Yes. We are.

Respondent: So, is she doing interviews in there as well?

Interviewer: Yes, she is. So, she is- I suppose she is my boss, really.

Yes, so what we are hoping to achieve is some clarity on the rules. So, conscientious objection is so woolly, I suppose. It just says that you can conscientiously object it does not say under what circumstances when you can and when you cannot. So, we are just trying to gain some clarity on it.

So, in the first instance we are trying to understand what your perspective is. Whether you feel that conscientious objection even exists, do you think it can be accommodated. In fact, that is a question that I do not think I asked. Do you feel that if somebody was a conscientious objector and they really, really did not want to participate, do you think it could be accommodated?

Respondent: Oh, yes. Here, definitely yes.

Interviewer: How about in the community, how do you think that would work?

Respondent: It does, like the example you used, there are employers that is fine with it. But, if they can get someone who does, then that is extra money for the business so I think they would come superior to you. In terms of, say that they were going in for an interview or something, if they were someone who was okay with it, I think.

Interviewer: Do you think that in that instance then, that if you were an objector in the community you would almost be limiting your employability?

Respondent: Yes. I think you would. Although, they would not obviously say that would they.

Interviewer: Yes. So, it would be quite a worry really if you firmly believed that you...

Respondent: But, it depends on what area it is. If it is a posh area, or an area that you would not likely see those kinds of prescriptions, then it is okay. But if it is an area like, say in town, then there might be an issue. Because you might be turning away a lot of patients.

Interviewer: Yes. Sorry, I did not mean to talk over you. You just made something spring to mind. How do you think it would work if you worked in a rural area? Do you think that would have any impact on the pharmacist or on the patient?

Respondent: Probably, yes. Not probably yes, definitely yes. Because, there might not be another pharma- Say if it was me, then I think I won't be working in one of those areas.

Interviewer: So, do you think you would give it a little bit more thought about what the role would involve?

Respondent: Yes. Probably work where there is other pharmacies close by. Or even hospitals close by, so that I could direct them to there.

Interviewer: Could I ask, sorry this is sensitive so, you know, do not answer it if you do not want. But, was your decision to work in a hospital based on... ?

Respondent: Oh, no.

Interviewer: Oh. No, it is that I just thought I would ask. No, that is fine.

Respondent: I mean, we do not see that here. I mean, hospitals in general, we do not see that quite often. Here, we obviously do but we do not go and find out what the reason is for the abortion. Normally it is like for methotrexate for ectopic pregnancies, but we do supply tablets for other kind of abortions. We do not tend to think that much about it.

Interviewer: No, that is fair enough. I won't prod too much then. Yes, that is the end of the interview, is there anything else that you want to ask me?

Respondent: No, I just wanted to find out, you know you were saying if the lady is-

Interviewer: Oh, yes. So, sorry. The law as it stands, my understanding of it is someone can conscientiously object, unless a woman's life is in danger. So, I do not know, I cannot really think of a scenario because I am not a midwife or a nurse. But say for example, you were working on a ward and a woman was undergoing an abortion and buzzed the emergency buzzer, and you walked in the room not knowing that they were undergoing abortion, if they were bleeding out you could not go, "Oh, that is because you are having an abortion, I am not going to get involved." They do have to intervene if the woman's life is in danger.

Respondent: What if still say no? Can you be put in prison for that?

Interviewer: I do not think it has ever come to that, to my knowledge. I think it is there as a safeguarding. But, I think I suppose what we are saying is, it is so broad and so woolly. And so, in some ways it is open to abuse but in other ways, there is the other end of the spectrum where people do not even know that they can refuse to provide the service, as such. So, we are trying to understand the extent of and limitations, can it be accommodated, can it not be accommodated. Does it even happen that often? I know as you say, it does not, you know. So, if somebody does feel that strongly, can objectors be accommodated, for want of a better expression.

Respondent: Okay.

Interviewer: Thank you very much for that. Sorry for the interru-

END AUDIO

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