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START AUDIO

Interviewer: I’ll start that one and start that one. Yes, they’re going.

 So, to begin with, can you tell me a little bit about the work you do as a health professional and what it involves?

Respondent: As [name of job role] we’re just in charge, basically, of safeguarding the use of medicines with patients and safeguarding the way doctors prescribes medicines for patients to take. So, we’re just involved in everything to do with, “Is it okay for the patient to take? Is it the right dose for the patient to take? Are there any side effects? Or are there any other medications that they’re on that could interact with what’s been prescribed?”

 So, we’re just, basically, the guard just to make sure that medicines are being used in the right way, the most cost-effective way and the safest way possible. The medicine’s police, really. (Laughter)

Interviewer: How long have you been a pharmacist for?

Respondent: A year in August.

Interviewer: Oh, so fairly new really. Are you enjoying it?

Respondent: Yes, so far so good.

Interviewer: That’s good. That’s what we like to hear.

 Can you tell me, is prescribing or dispensing the morning after pill something you come across often?

Respondent: Yes, outside of my roles and responsibilities here I do do some locum work for some community pharmacies, and you do get women that do come in for it. So, it is something I’ve come across. It’s not really anything that’s new at all. I don’t think you would get anybody coming here for it though, I don’t know if they do it here.

Interviewer: Oh, in the [name of hospital]…

Respondent: I’m not sure. If they do do it it’ll probably be at the gynae A&E, but there are other places they can go, like GUM clinics and so forth, where they can get them for free. So, I don’t think they would come here because when girls do come to get it they want it fast. (Laughter) As we’ve all been there before, when you need it really, so you can always visit the local pharmacy or you can go to a GUM clinic. It’s much \_\_\_[0:01:51] to get it there than I would be here, I would’ve thought.

Interviewer: Are you involved in the prescribing or dispensing of medications that induce or medical abortions, I suppose is the correct terminology? Do you have an involvement in that?

Respondent: Here not so much I haven’t yet. But, in my old hospital I did. It was always something that there was a lot of, not risk but a lot of paperwork around because we had to order it in a specific way and then you had to make sure that it was used for its only intended purpose and nothing else.

 I have had some cases where people have had it and then miraculously it… In that case she was pregnant with twins and it only terminated one, so she decided to continue with the other one. It was a bit of a really grey area. Normally we just supply it, we don’t really tend to hear back from the patients, she was just a one-off.

Interviewer: How do you feel about prescribing, for example, the morning after pill or medications that cause abortion?

Respondent: From a female perspective, it’s a bit of a catch 22. From a female perspective I’m a bit like, “It’s your own body, you should feel entitled to do it.” In the long run, if you don’t feel that you’re at a point in your life where you’re are able to take care of a child then, by all means… I think you’re kind of stopping something from happening before it could happen.

 Whereas, from the perspective of pro-life and everyone deserves a chance, it’s just a bit like, “Should you really have participated in something when you knew this was always a risk?” So, it’s a bit of a grey area for me. I think it depends on the individual circumstance around it, but you don’t always get to find that out. It’s normally best to just remain objective because you don’t really know the entire full story.

 Most of the time I am comfortable to do it. As long as they meet the requirements, which are that they’ve not had it already in the same cycle and they’ve not having it repeatedly. You do get some patients where they come in very frequently for it, and at that point you kind of have to intervene, not to say, “You’ve had it too many times and I think you’re incorrect, but maybe this isn’t the best option for you to be on. Maybe you need to consider some other aspects of prevention of pregnancy.”

 Then people seem to forget, the younger lot seem to forget, that because you’re having the morning after ill doesn’t mean you’re protected from other STIs and those pose a risk to fertility long term if you don’t go and get those sorted out.

Interviewer: It sounds like you’ve got a professional head and a personal head.

Respondent: Yes, which you’re going to have in any situation. Sometimes you do get some where you kind of have to be a bit like, “Seriously, why didn’t you think just a bit about it before you’ve come,” and other situations where it’s like you’ll see a mum turn up with a toddler already and it’s like, “Okay, I get it. You’re not going to be ready to have a baby when you still have a baby.” So, like I said, it’s on an individual basis.

Interviewer: Have you ever refused to provide the morning after pill or to dispense any medication that’ll cause abortion?

Respondent: I have refused to dispense the morning after pill, but that was purely on the basis that she’d already had it in the same cycle. She wanted me to explain to her why and I said to her, “If I give it to you it might not be effective the second time around. And if it’s not effective the second time round and you do end up pregnant then, technically, I’m to blame because you’ve come to me and I’ve used my professional judgement to decide, ‘Okay, you can have it, it’s fit for purpose, and the likelihood is quite high that it will prevent a pregnancy,’ whereas that’s not the case.” But, she didn’t really want to hear it. She stormed off.

Interviewer: Oh right. So, I can follow, she wanted to have it a second time?

Respondent: A second time. She’d had it, I think, a couple of days before from a different pharmacy, then she’d had unprotected intercourse again and then came back for it to our pharmacy this time. I was like, “I can’t give it to you. You’re going to need something stronger,” and she didn’t want to hear that. So, yes… (Laughter)

Interviewer: You were getting the wagging finger, and… (Laughter)

Respondent: I was getting the, “Who do you think you are?” and all that kind of stuff. I was like, “I’m trying to help you, (Laughter) honestly, I am trying to help you, but at this point you’re being a bit of a brat so maybe you don’t deserve it, but I am trying to help you.”

Interviewer: Are there any limitations that you would have to providing the morning after pill or dispensing any abortion related medication?

Respondent: No. Unless some brought a situation to me… But I couldn’t even think of one off the top of my head.

Interviewer: Say, for example, you mentioned earlier you’ve had women where they’re coming in multiple times, would that be something that you would evoke your right to conscientiously object?

Respondent: No, because they’re still trying to prevent something from possibly happening, which I can understand. It’s just, “Come on now, you’ve done this one too many times, I would’ve thought by now you’d get the hang of it and actively take steps to prevent it from happening, rather than just spontaneously bouncing back in what’s supposed to be an emergency. You’re not really using it for its intended purpose, you’re just using it to because it’s there.”

 So, no. I couldn’t really.

Interviewer: Have you ever heard of anyone who has objected, any colleague pharmacists?

Respondent: I have, but those were more so for religious beliefs. I feel like it’s easy for you to say that you shouldn’t because of what I believe, but at the end of the day, when it comes down to it, you’re still not in that person’s situation. You don’t know their personal lives are like and their social situation. If you was to have a homeless person come off the street and they needed the morning after pill, you wouldn’t hesitate to give it to them because, looking at their circumstance, how are they going to be able to provide for a child when they themselves and provide for themselves?

 So, I don’t think it should weigh into it. I mean, I know pharmacists that do have the right to refuse. I’ve only ever seen it once. But, most of the time, most of the Muslim-type pharmacists that I’ve come across, I’ve not seen them refuse.

Interviewer: Really?

Respondent: No.

Interviewer: You say that you did see somebody object, can you tell me a little bit about what happened?

Respondent: What she had to do was she had to refer her… It’s on the basis of, “If I’m not able to do it I have to refer you to somebody who will.” So, you then have to call up in different areas to see, “Do you provide the morning pill?” and if you do the you have to signpost them there. You have that obligation as a professional to then signpost them elsewhere, to somebody who is willing to do it.

Interviewer: And did they do that?

Respondent: They did, yes.

Interviewer: Do you see signposting as participation in abortion? Or, you know…?

Respondent: In a way it still is because you’re telling them where they can go to go and get X, Y and Z. It’s like you’re never, ever completely removed from the situation because you’re aiding them to get the process done, if that makes sense?

Interviewer: Yes, and so it’s almost like it’s a process of events that culminates in the same sort of-

Respondent: Just because you didn’t supply them with the tablet but you still gave them the instructions of where to go to get said tablet, so you’re still kind of involved, to an extent. But, then I think some people are thinking, “Just because I didn’t physically hand them the tablet, therefore I’m not involved.”

Interviewer: You know you said you experienced a colleague who objected, what impact did that have on the patient?

Respondent: She didn’t really seem… She was quite young, to be fair, so I don’t really think she comprehended why she was refusing it. It was just a case of, “I won’t be able to give it to you.” I don’t think it was explained that, “I’m not giving it to you based on my own religious beliefs,” it was just, “I won’t be able to give it to you today, but I will send you somewhere where you can get it.”

Interviewer: That’s quite a nice way to put it, really. (Laughter)

Respondent: Then that way there wasn’t really any… “Oh okay, yes,” and she just sent her on her way.

Interviewer: Do you perceive any possible impact that refusing to supply, for example, the morning after pill, might have on patients?

Respondent: I’m trying to think… An unwanted pregnancy, really. Then if that happens then long term you get a lot of- I know it was back in the day, it doesn’t happen as much now, but the child will end up, eventually, in the social system and that’s ten-times, not worse but not the most ideal situation to be put in either. So, you’ve got a child who’s wondering why their mum doesn’t want them, they’re in the system and it’s ten-times harder for them to now get on with the rest of their lives.

Interviewer: So, you see preventing access to it could result in an unwanted pregnancy, really.

 When your colleague objected or that person who was, what we’d class an objector, but it sounds like a terrible term of phrase. (Laughter) I was trying to find a nice way to say that, (Laughter) but I’ll just use objector.

 That person was an objector, what impact would that have if somebody is an objector working in an environment like this? What impact would that have on other colleagues?

Respondent: I don’t know. Maybe some colleagues might think they’re not professional. They’re not able to put their own personal beliefs aside and think of that patient’s needs and their own care and prioritising them. If it was me, that’s what I would think anyway.

 I know it’s not easy, but, at the end of the day, they’re still the patient and, technically, not to say that the child or the foetus hasn’t become what it is, but there’s a…

 I would say that, yes, it would probably be that they won’t be seen as professional.

Interviewer: Do you talk about conscientious objection at all, you and your colleagues?

Respondent: No, not really.

Interviewer: Did you receive any training when you doing your pharmacy course?

Respondent: A little bit. We just touch on stuff like the ethics, but nothing… Then we’ve got the standards that we’re supposed to abide by but putting the needs of your patient is one of them and being honest to your patient is another one as well. So…

Interviewer: It almost sounds like it’s thrown in there like an ethical argument. I am sure there are many more ethical arguments as well.

Respondent: You’ve got the ‘meet the needs of your patient’ and then you’ve also got the ‘be honest with your patient’, so it’s like… Argh. (Laughter)

Interviewer: With your hands behind your back.

Respondent: “I’ve got your needs in my mind, but I have to be honest with you.” So, it’s like…

Interviewer: Whose rights do you think comes first, the rights of the patient or the rights of the healthcare professional?

Respondent: We’re here to provide a service, so it’s their needs.

Interviewer: Do you think that should always be the case, even if it goes against your own personal views?

Respondent: The majority of the time, yes. If it really affected somebody personally and they didn’t think that they could see past it then I guess that would be an exception you’d have to make, wouldn’t it? But, you don’t want to make anybody else feel uncomfortably just because of what the patient needs.

 I wouldn’t say that would be a situation that you’d come across quite often. I think the majority of the time people are able to objectify their own… But, until you come across a situation, like the one I mentioned where the woman had the abortion medication and came back in for a scan, found it was twins… We were looking at the side effects of what this medication would be on the foetus long term if she was to continue with the pregnancy, and it just sounded horrible.

 We were trying to think about it from her perspective and were just like, “If this baby was born with X, Y and Z malformations how would she feel? Would she feel guilty about it? Would she feel bad about it? Is it best that we get her to think this through properly because long-term the baby’s going to need more healthcare if they do come out with all these malformations? Will she be able to provide? Will she be weighed down with guilt?” It’s like, “Does she want to carry it on just because she’s guilty?”

 It was like really, really…

Interviewer: Sounds like a unique situation, but I suppose… Unique but it happens, I’m sure it happens elsewhere.

Respondent: Yes, but it’s like, in that situation you’re thinking, “If that were me I would probably have to think about doing it again,” but then she’s feeling guilty about the fact that it was twins and one survived, so should I get… It’s really, really hard.

Interviewer: It’s so complicated, isn’t it? I think it is the life issue, isn’t it? you know, obviously life’s precious but then, like you say-

Respondent: Do you want that child to continue suffering? It’s hard. So, if you’re just coming to me to get the morning after pill because you’re trying to prevent what could possibly end up… By all means have the morning after pill. (Laughter)

Interviewer: As you know, the project’s looking at conscientious objection. What do you think constitutes conscientious objection to abortion?

Respondent: That’s a hard one.

Interviewer: If I was to say conscientious objection to abortion, what does that mean to you, personally and professionally?

Respondent: I don’t know. As I said, the only reason personally I could think of is if it was for a superficial reason, like if you’re somebody who’s well able, you can take care of yourself, and looking at your social and economic backgrounds sound fine, you just don’t want to have kids, then I’d be a bit mhm about it. But then if you’re someone who’s on the opposite end of the spectrum and it’s really difficult then…

 But, the professionally it’s your body and it’s your decision. You should be entitled to make your own. You’ve got your own freewill, you should be entitled.

Interviewer: You sound very patient focused. Like you said, the patient comes first. (Laughter)

Respondent: They do, but if I was thinking about personally I would have to take into account their personal circumstances. But, professionally their personal circumstance doesn’t matter to me, it’s the fact that this is what they say they want and this is what they need. Obviously, they know why they need it, so I have to provide it.

Interviewer: What’s helped inform your views?

Respondent: I want to say being a millennial, but that’s not…

Interviewer: (Laughter) I was going to say professionally rather than personally.

Respondent: Professionally, well my professional is mixed in with my personal, to be fair. My parents come from a culture where if earlier on you find out that this child is going to have a disability in life that’s going to greatly affect them they normally tend to recommend that you terminate the pregnancy.

 The reason they say that is because you’re the only person that’s going to care for that child, to the greatest extent, and after you go who’s then going to look after that child? They’ll then fall into the social care system and then will they be neglected? Will they be subject to abuse and that kind of thing? So, that weighs in heavily on my mind, hence why I always go back to it’s their decision. The long-term effects we don’t know, so…

Interviewer: You said the cultural background, if you like, has that informed your professional view as well?

Respondent: Yes, definitely, I would say so. Even if I’m sitting down watching TV with my dad, my dad would be like, “Look at the way this child is suffering, it’s just not fair.” He’s like, “I know they care and I know they…”

 It’s like with that situation where they had that baby on the life support and they were deciding… It was hard. I can imagine. But, if they had prevented that at the beginning… I’m pretty sure they would’ve been aware, during the scans and stuff they would’ve told you, “This baby’s going to have this and this and this,” and you’d come to expect it.

 But then again, it doesn’t always happen that way. So, that’s just one perspective.

Interviewer: Like you say, it is so personal, isn’t it? I can see the relationship between the two, definitely.

 Did you have any particular views on abortion coming into the profession, or have they always remained the same?

Respondent: I went to a Catholic school (Laughter) so we were always taught-

Interviewer: Catholicism comes up everywhere. (Laughter)

Respondent: Yes, I went to a Catholic school so obviously you have your religious studies class and you’re taught abortion is wrong, you don’t do it, this that and the other, and no contraception etc., X, Y and Z. But, it’s just… You look at the state of the economy now, you have people out there that have got 10-odd kids and they’re struggling. It just looks completely manic and you say to yourself, “I’d rather opt to have the morning after pill or be on contraception, and if push comes to shove…”

 I’ve had personal situations where a friend, in the middle of university, fell pregnant and she wasn’t able to… She was barely making rent, so it’s like… Do you know what I mean? It’s hard.

 I personally would not like to put myself in a situation where it would have to compromise my mental health or my own… If I’m no good what good am I going to be to a child?

Interviewer: It sounds like you’re saying there’s not necessarily a right time to have a baby but there are definite wrong times? (Laughter)

Respondent: Wrong times, yes.

Interviewer: Have your views changed at all, whilst working as a pharmacist?

Respondent: No, I wouldn’t say so. There might be a few people that irritate you, (Laughter) but no, I wouldn’t say they’ve changed. I would say, more or less, if not they’ve just been reinforced since working here.

Interviewer: So, your experiences have reinforced that?

Respondent: Yes.

Interviewer: What do you think the limitations to participation and abortion are, or prescribing medication that will cause an abortion or the morning after pill? Because you work in the community and pharmacy I’m like… (Laughter)

Respondent: Kind of like a jack of all trades, master of none.

Interviewer: Oh no, I’m sure you are.

Respondent: Limitations to it? With the morning after pill we always have to stress to the women that it’s not 100% effective, and the further you leave it the less effective it is. So, there could be a circumstance where I’ve supplied it and she still ends up pregnant.

Interviewer: Do you see the morning after pill as participation in abortion or something that causes abortion?

Respondent: It depends. It can cause it because the way it works is it’s supposed to thin the lining of your womb, so if you do have a fertile egg it shouldn’t be able to implant. So, at that point you’re already pregnant, aren’t you, and it’s been prevented.

 Then you’ve got things like contraception, which stop you from ovulating all together, which is stopping a natural process from happening. Therefore, you could have sperm there and then there’s no egg.

 So, in a way it is, kind of, pre-abortion (Laughter), in a way. That’s what I would call it.

Interviewer: Would you see it as an abortion still, the morning after pill?

Respondent: Yes.

Interviewer: We were talking about limitations to abortion and what’s perceived as participation in abortion. I don’t know whether you know, there was a case of some midwives, back in 2014. They were basically working on a maternity ward, didn’t participate and didn’t have abortions on that maternity ward, and as things changed and evolved abortions were taking place.

 They evoked their right to conscientiously object. They were Catholic, and they felt it went against their beliefs to participate. So, they wrote a list of 13 things that they felt constituted participation in abortion. It was things like answering emergency buzzers for women, providing support to family members, providing support to other midwives who may be caring for the people participating in abortion, booking women in, and things like that.

 They took the case to court. They originally won but then it was overturned by the Supreme Court and they lost, as it was felt that when the Abortion Act was first envisaged it was seen as being hands-on activities only that people could actually say that they didn’t want to participate in.

 I was wondering what your thoughts are on that? Do you feel that participation in abortion is that broad perspective of all these different elements, or do you feel that participation in abortion is actually just that narrow perspective where it’s hands-on activities?

Respondent: To an extent it’s not because if a script was to turn up here for medication for an abortion I’d supply it. I’ve participated in it because I’m suppling the medication. It’s like when you have ectopic pregnancies, in a way you’re going to have to terminate the pregnancy because you’re trying to preserve the fallopian tube. We then supply them methotrexate to do so.

 It’s like, you might not directly be the one giving them the medication or you might not directly be involved in the physical aspects of it… But everything around it, whether it is aiding a midwife who’s caring for the patient or supporting their families whilst they’re going through that time, in some way you are participating because you’re basically saying, “What you’ve done is okay and I’m going to help you despite it,” if that makes sense?

Interviewer: Yes, I understand.

Respondent: So, I agree to some extent, that you might not have a direct hand in it but you’ve got some form in involvement, whether you think about it, but it depends if anybody’s really thinking about it to that extent.

Interviewer: Do you think healthcare professionals, such as pharmacists, should be able to object?

Respondent: As in, say they don’t want to supply the medication?

 Yes, but there would need to be some pretty strong, resounding reasoning for why. It can’t just be, “I just don’t want to.” Actually, it could be… (Laughter) But, you a right as a person as well, you’re also a person and if you don’t want to you don’t have to. But, I can’t think of a time when somebody ever would evoke that.

Interviewer: Do you think objectors can work in pharmacy? Do you think it would work quite well if there were objectors working in pharmacy? Or do you think it would create barriers to the service or anything like that?

Respondent: It would probably create barriers to the service. On one hand, we’re providing medicines for people who want to have kids and are having fertility problems. On the other hand, we’re also giving medications to people that are going to terminate… (Laughter) Yes, I can imagine it would be completely divided.

 But, you do have some people here that are Catholic, they might not be practicing Catholics but they’ve got the Catholic principles installed. Like I said, I went to Catholic school, so even though I don’t wear it with my \_\_\_[0:26:03] I do understand, to some extent.

Interviewer: Again, fellow Catholic. (Laughter) I always use this example, and my colleagues will be sick of it, but my partner’s very much, “I don’t believe in anything,” and I remember saying to him ages ago, “If I could choose my religion I’d choose to be a Buddhist.” He’s like, “You can.” And I was like, “Oh no, I’m Catholic.” It’s that, isn’t it? It’s almost instilled. (Laughter)

Respondent: Yes, it’s tattooed into you.

Interviewer: You’re not the only one.

 Are there any circumstances in which you would refuse to provide medication, whether it’s the morning after pill or anything like that?

Respondent: Hmm… I can’t think of any, and the ones I am coming up with are too impractical. I can’t say to someone, “You can’t have the morning after pill because you’ve had it one too many times.” You know, “It’s your turn now, just have a kid. It’s meant to be, that’s a sign from God, have a child.” I can’t do that. Who am I to say that?

Interviewer: No, you’re very much an advocate for the patient, definitely.

Respondent: Yes.

Interviewer: Are there any elements of the process, thinking about that, that you think that pharmacists should be able to object to? Or do you think that-?

 Sorry, I’ll let you answer the question.

Respondent: Probably just the supplying.

Interviewer: Just the supplying of it?

Respondent: And the same with the morning after pill, the supplying of it.

Interviewer: Do you think the should or could be able to object to referring on or signposting?

Respondent: If you’re going to refuse then refuse with your whole heart.

Interviewer: It’s quite challenging, isn’t it, because you’ve got the rules on one side saying you’ve got to refer on and then…

Respondent: Yes, I wouldn’t understand it but, again, you have a right as a person and if you don’t want to you don’t have to.

Interviewer: I don’t know whether you were aware, and I wasn’t aware of this until recently, but there are places in the world, such as Sweden and I think Iceland as well…

Respondent: Where it’s banned.

Interviewer: Yes, they can’t conscientiously object, and the there are places like Italy where whole institutions will invoke the right and they won’t offer abortion services. I was just wondering what your thoughts are on that?

Respondent: I feel like Sweden, they strike me as proper democratic, liberal type of country where everybody matters and everyone’s equal and we all have rights. That’s fine, that’s all well and dandy, and if that works for them then fine. But Italy, I know they’re heavily Catholic. They’ve got a Pope and everything. So, it’s like… I understand both perspectives, but it will be hard.

 When I think about what they’ve done in America, completely utterly extreme. It makes absolutely no sense. I can’t even get my words out because I think it’s just so farfetched, so unrealistic and so unjust, that a bunch of men have sat there and decided, “This is what’s going to happen to you women,” even though none of them bear children or have the ability to bear children. If it’s someone who’s been taken advantage of in a circumstance, something as sensitive and rape, and you’re telling them that they have… Who are you to say that?

 It’s very hard. I think you’re opening the doors for more health issues, especially mental health issues, with women if you’re not giving them the freedom to decide what it is they can do with their body. Or, if that freedom’s taken away, the circumstances of afterwards… What decisions they can make, they’ve got no support, which is quite worrying.

 And which is why I get that Sweden and Iceland are the way they are. I would’ve thought, in somewhere like Italy which is not completely… There are preventative measures that people can use, such as condoms etc., so it’s not a complete…

Interviewer: Yes, you can’t get [Crosstalk 0:30:32]. No, and I mean some institutions will choose to invoke, but then there will also be others that won’t.

Respondent: But, then who’s to say… I think Ireland they can’t have abortions?

Interviewer: They’ve just recently, I think it was just this year actually, they changed the law, but it’s very slow in happening.

Respondent: But then who’s to say they can’t cross over here and just have one?

Interviewer: Which is what happens.

 So, it’s almost like an irony, isn’t it?

Respondent: It’s as simple as, if you don’t do it they’ll go somewhere else. They’ll go to someone who can. It’s like, you might as well help them where they are, rather than making them go completely out of their way.

Interviewer: I think it was 28 women a week were coming over to the UK, and in all sorts of circumstances, not just social abortions but… I was going to say more difficult, but that’s not fair. Foetal abnormality abortions.

 It’s a very polarised topic, isn’t it? Like you say, I suppose religion does-

Respondent: I think it’s the whole, “Who are we to decide who gets to live and who doesn’t get to live?” I completely understand that. But, at the end of the day, it’s really not my decision. If you come to me and tell me this is what you want, then…

Interviewer: It might make you feel uncomfortable, on a personal front, but you would never refuse?

Respondent: No.

Interviewer: I think I’ve asked that, actually. I was going to say, do the rights of the patient override the health professional?

 So, if the clause allowing healthcare professionals was to be scraped or got rid of, what do you think should maybe replace it, if anything?

Respondent: If the what, sorry, was to be…

Interviewer: The clause, you know, the conscientious objection clause was to be scraped and gotten rid of, was there anything or what do you think should maybe replace it, if anything?

Respondent: Maybe a justified refusal or something. But then you’d have to come up with a bunch of justified reason, and then that just opens up a whole other can of worms, which I…

Interviewer: So, almost like a list of reasons?

Respondent: Yes.

Interviewer: “If religion is a strong for you, or if you’ve had a bad experience” or…

Respondent: Yes, because for some people it might be too close to home. You might have somebody at the complete opposite end of the spectrum where they’re like, “I can’t have a kid but you can, that’s not fair. Have the kid,” kind of thing. (Laughter) So, who’s to say?

Interviewer: The clause itself is quite woolly. There’s no definitive answer, “There is this…” and I think, I suppose, in a way, we’re trying to gain some clarity on that.

 I asked you about guidelines, didn’t I, what guidelines do you adhere to here?

Respondent: I think there’s an abortion… We wouldn’t come across it though, just because we’re supplying the meds, but it’s more so for the [name of ward], which is where they have the clinic for terminations. But, I would’ve thought there’d be a guideline policy that’s on the system that you could refer to if need be, if you were ever worried or felt that you were out of your own comfort zone, or overstepping boundaries or something.

Interviewer: I think I’ve asked everything, but if it’s okay I’ll just quickly scan over these. (Laughter)

Respondent: Yes, go for it.

Interviewer: It’s really interesting.

 Sorry, I’m the slowest reader in the world. And, do you know what, I’ve just had my glasses changed to varifocals and so I’m trying to see. (Laughter)

 I think that’s everything you know. Thank you very much for that.

 Is there anything that you want to add or anything…?

Respondent: No. Like I said, it’s a catch 22. Each circumstance is different from the next. There might be similarities and there might be differences, but you do have to maintain your objectivity. I understand it’s a bit uncomfortable, and I’m not going to say it’s something I can just turn a blind eye to and just be like, “Whatever…” But, I’ve taken an oath, well, not an oath, but I’ve taken a vow that I would put my patients first, and that’s what I’m trying to do.

Interviewer: That definitely comes across. You are very patient-centred. And even if it does jar against yourself it sounds like you put the patient first and you fulfil their needs.

Respondent: If the shoe was on the other foot I would want someone to do the same for me, so I guess that’s the only way I can look at it.

Interviewer: Thank you so much. That’s brilliant.

Respondent: No worries.

END AUDIO

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