

Service Users' Experiences, Understandings, and Opinions of Health Care Practitioners' Right to Conscientiously Object to Abortion.



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Background

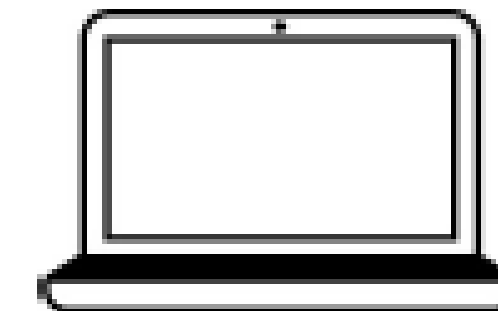
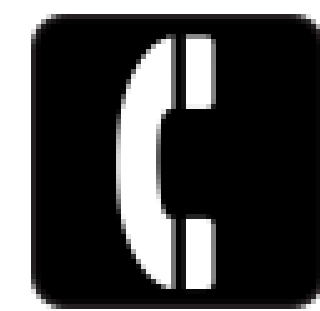
- Conscientious Objection (CO) is "the refusal to participate in an activity that an individual considers incompatible with [their] religious, moral, philosophical, [personal] or ethical beliefs" (Cabal, 2014).
- The 1967 Abortion Act allows individuals (including Health Care Practitioners (HCPs)) to refuse to participate in abortion on the grounds of conscience.
- Currently there is no research on service users' (SUs) opinions and understandings of CO, or the impact of CO from the perspective of SUs in the UK.

Research Questions

1. How do SUs' abortion journeys play out?
2. Has the fourth clause of the 1967 Abortion Act (conscience clause) affected SUs' reproductive rights/justice with regard to access and experience of abortion? How?
3. Where do SUs situate themselves within academic debates on CO?
4. What do SUs understand as constituting 'participation in abortion'?

Method

Twenty-five semi-structured interviews were undertaken either over the telephone or using Voice over Internet Protocol. The interviews uncovered SUs' abortion journeys, and opinions of CO.



Recruitment

- Social Media
- Research Platforms
- Online Forums
- Organisations/Facilitators.

Criteria

Inclusion:

- Accessed/attempted to access abortion in the UK.
- Aged 18+

Exclusion:

- Has a severe mental health condition.
- Abuses drugs/alcohol.
- Is likely to experience severe emotional distress when discussing abortion.

Analysis

Opinions of CO were analysed using a liberal feminist thematic approach. Nvivo 12 was utilised during this process.

Found poetry was employed to present and analyse SUs' abortion journeys, and experiences of accessing/trying to access abortion.



Findings

- SUs lacked education on how to access abortion, this created reliance on HCPs (especially GPs).
- SUs were confused whether HCPs were objecting on conscientious grounds or not, due to lack of transparency.
- CO was implemented both effectively (SU informed and referred) and ineffectively (SU were left without information on how to access an abortion, without a referral, and in some cases medically inaccurate information was given to persuade SUs not to have an abortion), none of these cases resulted in excessive time delays or the inability to access abortion. However, ineffective CO had an extreme negative emotional impact.
- SU's had varied opinions on all aspects of CO:
 1. The majority of SUs appreciated that both SUs and HCPs should be respected and able to exercise their rights and freedoms. Thus, they favoured CO with a duty to inform and refer SUs.
 2. Many SUs believed that HCPs have a duty to provide abortion care, and that CO should not be allowed as it is a barrier to access.
 3. A minority of SU believed that HCPs shouldn't have to inform and refer SU when objecting.
- Opinions on what constitutes participating in an abortion varied from paying ones taxes and working for the NHS, to only surgical hands on care.

Policy Implications

- Improved education for the public on accessing abortion.
- Improved education for HCPs on how to handle objections effectively.
- Regulation to ensure HCPs are objecting effectively (informing and referring SU).