

## CLARIFYING QUESTIONS: PARTICIPANT B

**Quest :** When you were asked about your experiences of being involved in TOP, you said personnel doesn't have insight regarding TOP, and clients are not treated well. What did you mean?

**Ans :** ... *I think personnel does not have insight re termination of pregnancy in the sense that they don't guide clients properly, and I think even attitude plays an important part, because if I don't want, I don't like, I don't want termination of pregnancy, if a client asks me about termination of pregnancy I would answer her according to my feelings and my attitude. So that's why I thought they don't have, they don't treat patients well, because if they had insight if you are not pro to termination of pregnancy, you had to refer a patient or give patient information. So if you don't have information then you are not going to direct the patient and even the attitude are going to play a role here whereby a client would be not prepared fairly or prepared well.*

**Quest :** Ok. How do they actually treat them?

**Ans :** ... *Others will judge patients, ask them "Why do you have to do termination of pregnancy?" Others will discourage them, so that's where I think they have to have knowledge, because if a client requires a service that you are not able to provide, you should refer her to a relevant service. Don't discourage or don't turn a patient away. So in most cases they judge clients and tell them "Why should you do termination of pregnancy?" and such things, judging the patients.*

**Quest :** Ok. How do you feel about that?

**Ans :** ... *I think termination of pregnancy is just a service like any other service, like ante-natal, so you should allow a client to get a service irrespective of your attitude or your feelings towards the service.*

**Quest :** Alright. How do you feel about the termination process from pre-counselling up to post-counselling?

**Ans :** ... *In most cases when you do pre-counselling, clients are not concentrating because they are just anxious to get rid of the pregnancy, and we gathered that during post-counselling whereby you'll find that, if you enquire about something that you said during pre-counselling, the patient doesn't recall. So they're just anxious to remove the pregnancy and they don't concentrate on whatever you are saying.*

**Quest :** Ok. You said some of your colleagues call you serial killer. How do you feel about being called such names?

**Ans :** ... *Previously I, I said I, I, I, I, I, I've got a religious belief whereby I think this person judges me and one of the Ten Commandments says you mustn't judge. So if I am a serial killer, she has judged so. According to my feelings, the colleague, my colleague who called me names, we are in the same boat because we have made a sin. So that's how I have seen it, so that's, that's how I seen the cases. I think it helps me most because I don't have bad feelings.*

**Quest :** When you were asked if the debriefing sessions are effective you said to some extent they are, but at times you need an immediate debriefing because TOP affects you emotionally. Can you elaborate on that?

**Ans :** ... *There are instances whereby when doing counselling or when doing termination process you are affected emotionally. Can give an example whereby the other day I was supposed to do a termination of pregnancy so we first do ultrasound and then I discovered that this were twin pregnancy. It affected me a lot. I felt, oh my God, these are two lives. So I think at that time I needed someone to counsel me, because the client was persistent she wanted a service and it affected me. I, I sat here, I, I know that I'm terminating pregnancy but this one I think I, I, I won't be able to, to give you a service. I'll rather refer you to somebody who will help you. So in such instances I think you need somebody to counsel you there and then. So there are no services accessible here whereby you can go and get such service.*

**Quest :** Ok. So you ended up not terminating the pregnancy and referring the client to, for, eh, termination somewhere.

**Ans :** ... *In fact, I, I talked to the patient. I told her that this is a twin pregnancy and the client was not even aware that it's twins. So I said to her that she should go and think about it and come back. Then I talked to one of my colleagues, saying "I'm not prepared to do this one. If you are OK with it, I think when she comes back you'll rather do it".*

**Quest :** Did the client come back?

**Ans :** ... *No, the client didn't come back.*

**Quest :** And how did you feel about that?

**Ans :** ... *I felt, irrespective of the fact that a keeping, I've managed to convince her or I've made her see that, eh, she does not necessarily need to terminate this pregnancy. If she, she wanted to terminate, because there are two lives, maybe, I think, maybe because it was two lives it also affected her and had a lot to do.*

**Quest :** Which cases warrant an immediate debriefing? I had you saying that this particular incident made you feel that if there were somebody who could talk to you at that point in time, it would be beneficial. So which other cases warrant an immediate debriefing in your case of being a TOP provider?

**Ans :** ... *I think at times, especially when you, when we have to, eh, manual eva ... manual aspiration, you find that a patient complicates or a patient bleeds a lot whereby you think "maybe the patient is complicating or maybe I've perforated". You find that you feel so bad that I've caused this. So I think then you need somebody to talk to. To try and relieve you because you feel bad, you feel bad that, hmm, I've caused this and this and is not ok. I think in that case you need immediate ... debriefing (MOOD CHANGED TO DEPRESSION)*

**Quest :** Ok. Because you said you don't have access to the psychologist at any point in time, so what do you do if you feel that way?

**Ans :** ... *We usually discuss it amongst ourselves because I'm not working alone and talking about it, it helps because you eventually comfort each other and it becomes a little much better.*

**Quest :** Do you feel it's helpful that way?

**Ans :** ... *It is helpful that way because you don't have any other way in the service where you can be helped. But when talking with your colleagues, showing each other, comforting each other, I think, it, it helps.*

**Quest :** Ok. Can you really stipulate the type of support that you wish to have as TOP providers from this service that you are working at?

**Ans :** ... *I think ... we should have a psychologist. If a psychologist is not available we should have somebody who can counsel you when a need arises. Immediately, when a need arises, because ... debriefing sessions, the regional ones are once a month and I think it's a long time before you go and share with a psychologist or your colleagues of what happened. But I think if you can have a psychologist or somebody here in the institution whereby, when you feel the way you'll be feeling, can help you feel much better.*

**Quest :** Ok. And what else?

**Ans :** ... *And I think the other, the other ... thing that can be done is support from management, support from ... colleagues. At times, if ever one of our colleagues if you talk to her maybe she can comfort you in such a way that you are not even aware that she can comfort. But if you share with her what happened, maybe it can help.*