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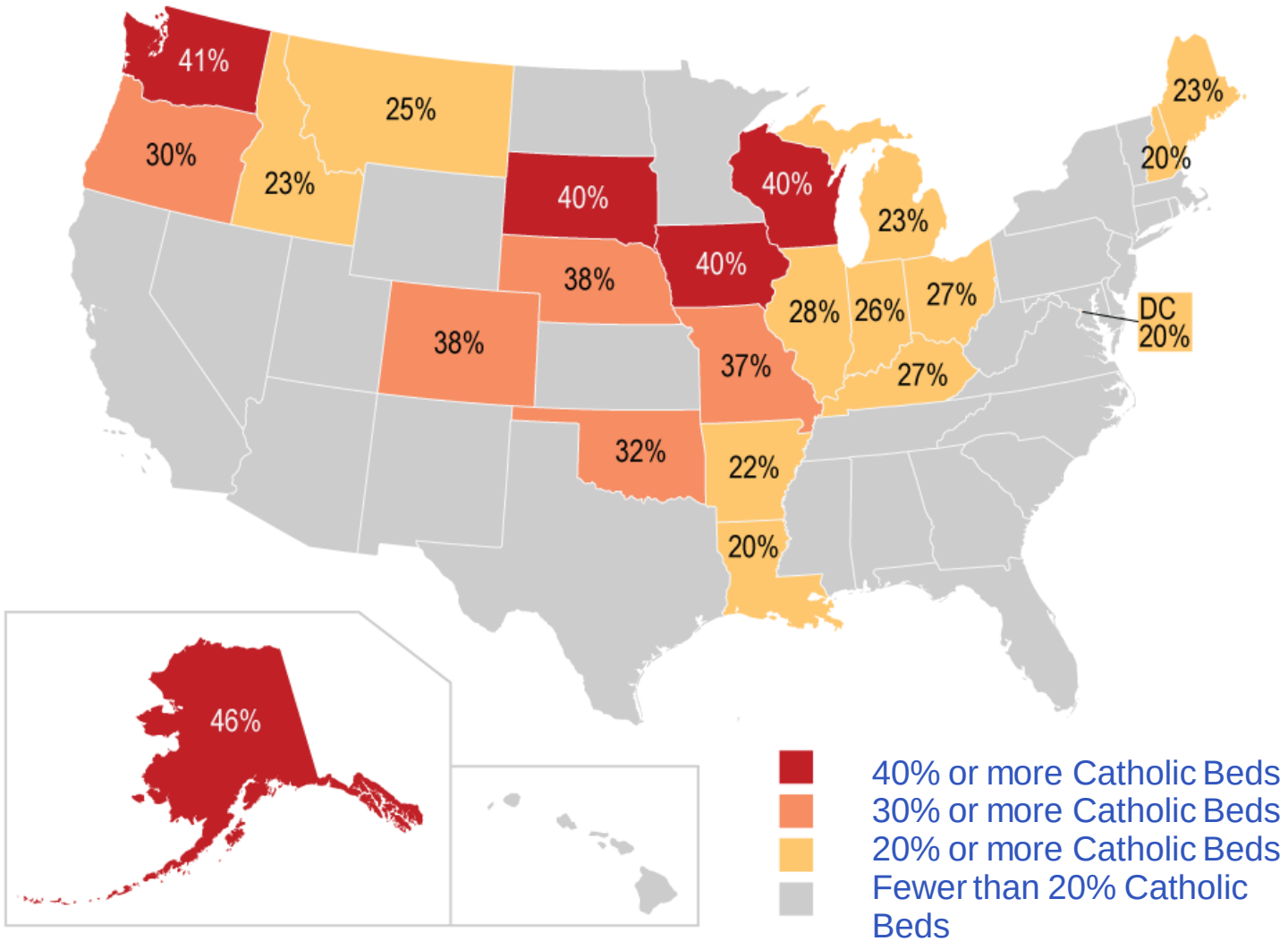
UCSF

How Restrictions on Reproductive Care in Catholic Hospitals Impact Patients, Providers, and State Policies

Lori Freedman, PhD

What proportion of hospital beds are in Catholic facilities?

In 52 communities, Catholic hospitals are the only option



Five fundamentals about Catholic hospitals/systems

1. About one in six U.S. patients treated
2. Restrict more reproductive care than abortion
3. Publicly funded, not charity care
4. Patients rarely seek out religious restrictions
5. Many patients can't avoid them

2000-2020

Short-term acute care hospitals operating under Catholic health restrictions +28%

Non-Catholic short-term acute care hospitals -14%

Rank	System
1	HCA Healthcare (FKA Hospital Corporation of America)
2	CommonSpirit Health
3	Tenet Healthcare
4	Ascension Health
5	Community Health Systems (AKA CHS)
6	Trinity Health (FKA CHE Trinity Health)
7	Providence St Joseph Health (AKA Providence)
8	Kaiser Permanente
9	LifePoint Health (FKA LifePoint Hospitals)
10	AdventHealth (FKA Adventist Health System)

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UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

Ethical and Religious Directives for Catholic Health Care Services
Sixth Edition, issued June 2018

Directive 45: Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted…

Directive 52: Catholic health institutions may not promote or condone contraceptive practices…

Directive 53: Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution…

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- Funding comes from private and public insurance and government grants, not the Church
- Less care than average given to low-income people
- Claim of service to poor leveraged to justify religious restrictions frequently

MEDICAID (discharges)	7.2% (Catholic hospitals) 9.2% (non-Catholic hospitals)
CHARITY CARE (expenses)	2.7% (Catholic hospitals) 2.9% (non-Catholic hospitals)

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- 83% of U.S. women think religious hospitals should not have the right to restrict care as they do
- Catholic U.S. women tend to *avoid* (6%) more than *seek* (3%) Church-controlled care
- Hospital choice is driven most by overall reputation, admitting privileges, insurance coverage

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Freedman LR, Hebert LE, Battistelli MF, Stulberg DB. *Religious hospital policies on reproductive care: what do patients want to know?* American Journal of Obstetrics & Gynecology 2018; 218(2): 251-e1.

Hebert LE, Freedman L, Stulberg DB. *Choosing a hospital for obstetric, gynecologic, or reproductive healthcare: what matters most to patients?* Am J Obstet Gynecol MFM. 2020 Feb;2(1):100067.

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- 37% of women could not tell their own hospital was Catholic
- Some patients have limited choice due to geographic or insurance options
- Most women don't know how care is restricted even when they know the facility is Catholic

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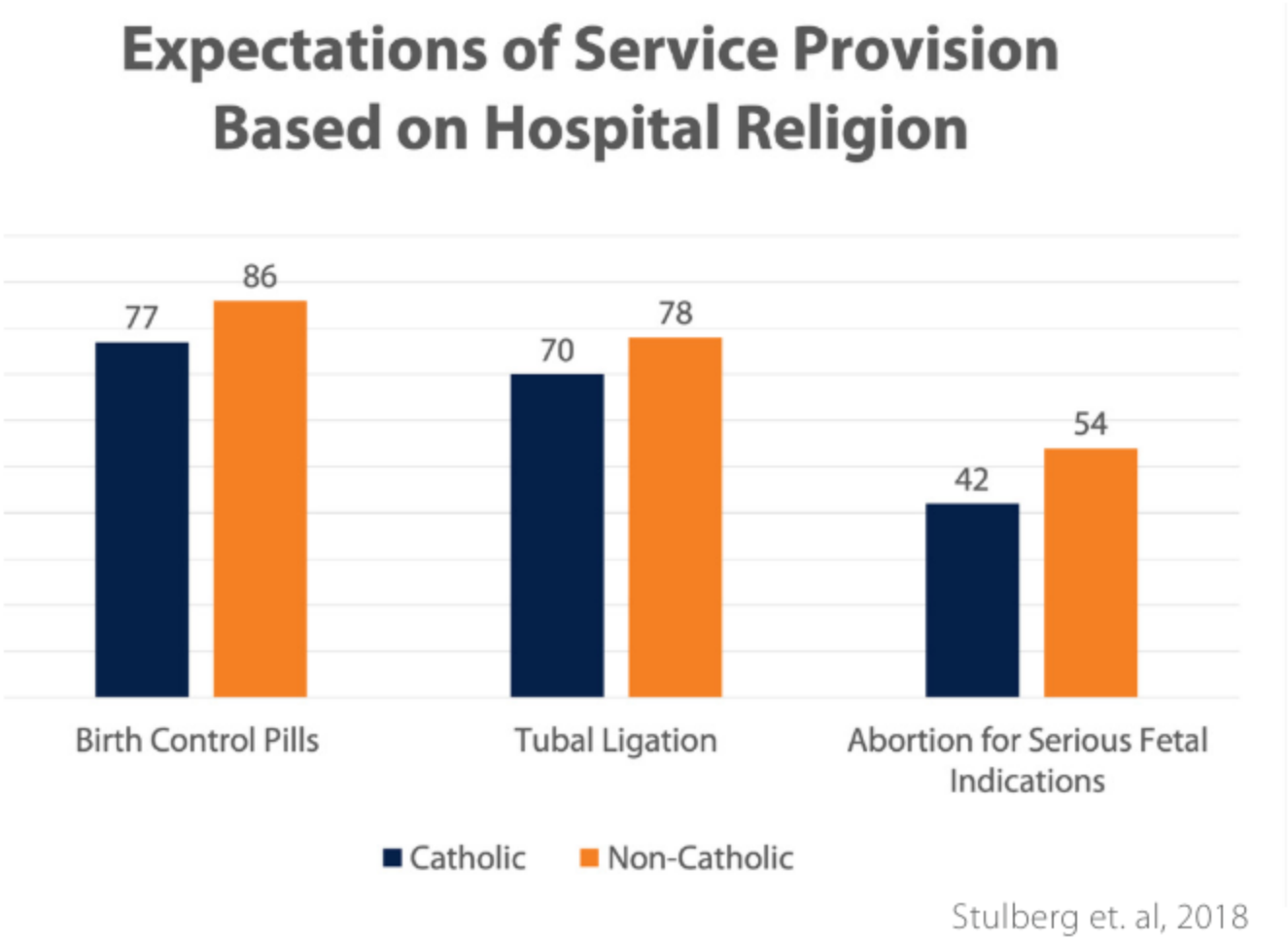
Wascher JM, Hebert LE, Freedman LR, Stulberg DB. *Do women know whether their hospital is Catholic? Results from a national survey.* Contraception. 2018 Dec; 98(6):498-503. PMID: 2985696

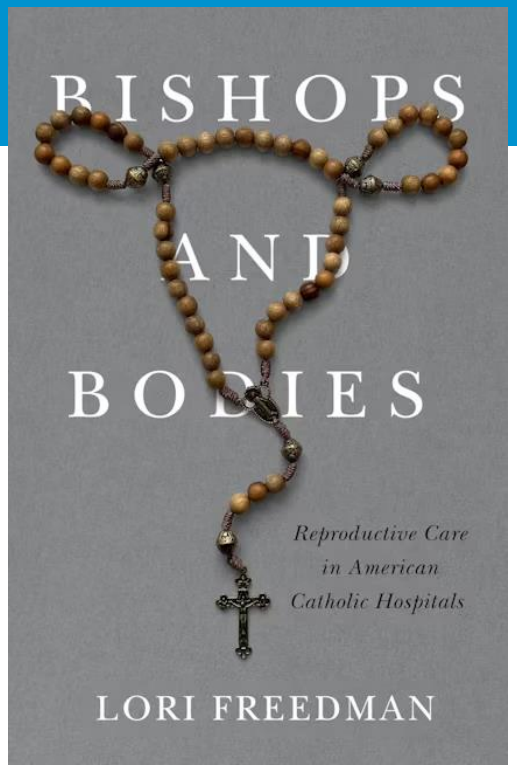
Stulberg DB, Guiahi M, Hebert LE, Freedman LR. *Women's Expectation of Receiving Reproductive Health Care at Catholic and Non-Catholic Hospitals.* Perspect Sex Reprod Health. 2019 Sep 04. PMID: 31483947

Patient Awareness of Religious Restrictions



https://www.ansirh.org/sites/default/files/2021-08/Women%20on%20Catholic%20Healthcare%20081221.pdf

Cumulative data 2012-2022



- Qualitative Interviews
  - Physicians = 47
  - Patients = 56
  - Contextual key informants =
    HR executives, nurses, ethicists, admin, lawyers
- Three Representative Surveys
  - U.S. women of reproductive age
  - Wisconsin women of reproductive age
  - S&P 500 company employees (re: insurance)

Conflicts in care

- Tubal ligation
- Vasectomy
- Contraception
- Pregnancy complications/miscarriage
- Hospital-based abortion
- Gender affirmation surgery

How abortion bans operate inside Catholic facilities

Direct vs. Indirect Abortion

Directive 45: Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers.

Directive 47: Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.

Doctrinal Iatrogenesis

- Iatrogenesis = harm, injury, or illness that occurs as a result of medical care
- Doctrinal Iatrogenesis = harm, injury, or illness that occurs as a result of religious restriction on standard medical treatment

Standard of care for miscarriage management:
Patient chooses between medical, procedural, or expectant management and elects timing
(as safety allows)

https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/11/early-pregnancy-loss

Center for Reproductive Rights: Zurawski *v. State of Texas*

The chilling effect on safe care in states with bans is in evidence:

- On behalf 20 plaintiffs denied abortion care who faced risks and harm to their health, fertility and lives
- State defended that the physicians' hands weren't tied, if true medical emergency they should perform abortion

- *On May 31, 2024, the Texas Supreme Court ruled in this case, refusing to clarify the exceptions to the state's abortion bans. The court rejected claims brought by 20 women who were denied abortions despite dire pregnancy complications*.

https://reproductiverights.org/zurawski-v-texas-ruling-texas-supreme-court/

https://reproductiverights.org/zurawski-v-texas-plaintiffs-stories-remarks/

How abortion bans operate inside Catholic facilities

- → Directives prescribe substandard care by not giving patients choice in miscarriage management
- → Directives regard harm and/or elevated risk as a prerequisite to treatment during pregnancy loss
- → Patient stories show the conflict between following the directives and providing safe care
- → Hence, physician often workaround them

Abortion "workarounds" in Catholic Health Institutions

Above Board

- Divert elsewhere
- Transfer
- Refer out to abortion provider

Under the Radar

- Stretch the clinical truth

THE CATCH:

Equity?

Workarounds are non-systemic, informal, prone to unfair distribution. For whom do clinicians make the extra efforts?

Since Dobbs?

Which workarounds still work and where? What are the particular legal threats of the workarounds today in ban states?

Transfer stable patients to non-Catholic hospitals

- *"We often tell patients that we can't do anything in the hospital but watch you get infected, and we often ask them if they would like to be transferred to a hospital that would go ahead and get them delivered before they get infected . . . it's just very difficult for them, they're already in a hard place . . . we actually have [some] patients discharge themselves . . . drive themselves and then admit themselves to the next institution."*

Stretching the clinical truth

- *"And in the Catholic hospital you had to wait till they get sick, which was kind of foolish when you knew the prognosis was so poor. So you have to wait till they got an infection. So, if the temperature, normal temperature was 98.6, true infection's probably not till 100.6, but we would cut corners, and so if they got to 99, we would call it a fever. And we would induce them. Because we were protecting their life and trying to salvage their uterus, so they didn't get a serious infection, that they needed a hysterectomy."*

Model or Fallacy?

Question: Do Catholic hospitals provide a model of healthcare without abortion or is that a widespread fallacy?

Answer: Catholic hospital care has never existed without abortion

It's a matter of how, where, when

State Bans mirror Catholic policies when prohibiting “direct abortion” and focusing on “intention”

“AAPLOG [American Association of Pro-Life Obstetrician Gynecologists], the movement’s leading medical organization, argues that ‘direct abortion is not medically necessary to save the life of a woman.’ The organization suggests that doctors may separate ‘a mother and her unborn child for the purposes of saving a mother’s life,’ but not with the *intention* of taking a fetal life.”

Why Exceptions for the Life of the Mother Have Disappeared, By Mary Ziegler, The Atlantic, May 2022

Thank you!

Lori Freedman

Lori.freedman@ucsf.edu