

ISSUE BRIEF, JANUARY 2018

Religious hospital policies on reproductive care: What do patients want to know?

Key Points:

- **Women lack the basic knowledge that hospitals can restrict care due to religion, and 80.7% of respondents want specific information about how care is restricted.**
- **Women want information about all three standard means of miscarriage management and facilitated transfer to care not offered due to religious restrictions.**
- **The vast majority of women think that religious restrictions should not be allowed.**

Background

Religious hospitals are a large and growing part of the American healthcare system, treating one in five patients nationally. Patients who receive obstetric and other reproductive care in religious hospitals may face religiously-based restrictions on the treatment their doctor can provide. Little is known about patients' knowledge or preferences regarding religiously restricted reproductive healthcare. We surveyed a national sample of 1,460 women ages 18-45 to assess their awareness and preferences, with a focus on Catholic hospitals which constitute the vast majority (70%) of religious facilities and have the broadest and most consistent policies on reproductive care. We found that women have little knowledge that a hospital's religion can restrict care, that they want to know exactly how it is restricted, they want to be offered transfer when relevant, and that believe facilities

should not be allowed to restrict care according to religion.

Objectives

In this analysis, we aimed to assess women's preferences for knowing a hospital's religion and religiously-based restrictions before deciding where to seek care and the acceptability of a hospital denying miscarriage treatment options for religious reasons, with and without informing the patient that other options may be available.

Findings

- One-third of women ages 18-45 (34.5%) feel it is somewhat or very important to know a hospital's religion when deciding where to get care, but 80.7% feel it is somewhat or very important to know about a hospital's religious restrictions on care. Catholic women had no greater odds of feeling it's important to know about religious restrictions. Women who have received birth control from a health care provider are more likely to feel it's important to them to know about religious restrictions. There was no statistically significant difference between republicans and democrats in the importance of knowing about hospital religious restrictions.
- More than two-thirds of women find it unacceptable for the hospital to restrict information and treatment options during miscarriage based on religion. Women who attended weekly religious services were significantly more likely to accept such restrictions and to consider transfer to another site an acceptable solution.

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- When asked, “When should a religious hospital be allowed to restrict care based on religion?” 52.3% responded “never;” 16.6%, “always;” and 31.1%, “under some conditions.” When this third group was asked to check all conditions that should apply in order to religiously restrict care (which do not exist as actual conditions yet in the U.S.), respondents answered:
 - “Patients admitted into hospital are informed before admission.” (81.3%,)
 - “Hospital clinic patients are informed before enrolling as patients.” (78.3%)
 - “Patients brought in an emergency are provided/offered transfer.” (71.1%)
 - “Another hospital or clinic within 10 miles offers the restricted care.” (47.8%)
 - “No taxpayer funds were used.” (39.7%)

Conclusions

The vast majority of adult American women of reproductive age want information about a hospital’s religious restrictions on care when deciding where to go for ob/gyn care. Growth in the US Catholic healthcare sector suggests an increasing need for transparency about these restrictions, so that women can make informed decisions and, when needed, seek alternative providers.

Policy Implications

State and federal legislation (“institutional conscience clauses”) protect the right of religious healthcare institutions to prohibit physicians from delivering religiously restricted care and/or information about how the patient could receive it elsewhere. ACOG recommends that institutions make information about all reproductive options available to patients and safeguard patients’ rights to access care consistent with the patient’s own values, however, Catholic hospitals may lack financial, legal, and ideological incentives to voluntarily comply with ACOG’s recommendations. Given that Catholic hospitals are a large and growing proportion of U.S. health services, our study suggests patients need better information than they currently have before deciding where to seek care.

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Citation

1. Freedman, Lori R., Luciana E. Hebert, Molly F. Battistelli, and Debra B. Stulberg. “Religious hospital policies on reproductive care: What do patients want to know?.” *American Journal of Obstetrics and Gynecology* (2017).