



## What Do Patients at Religious Hospitals Want to Know about the Policies That Affect Their Reproductive Care?

**Lori Freedman**, University of California-San Francisco

**Luciana Estelle Hebert**, Washington State University

**Molly Frances Battistelli**, Advancing New Standards in Reproductive Health

**Debra Stulberg**, University of Chicago

Religious hospitals are a large and growing part of the American healthcare system, treating one in five patients nationally. But many patients may not be aware of their local hospital's religious affiliation – and importantly, patients who receive obstetric and other reproductive care in religious hospitals may face religiously-based restrictions on the treatment their doctor can provide. Other studies look at the effects of these restrictions on women's experiences, or how clinicians and staff navigate the sometimes at-odds system of religiously-based hospital policies and known best practices. But what do women who arrive at religious hospitals seeking care actually want to know about those institutions' policies?

Little is known about patients' knowledge or preferences regarding religiously restricted reproductive health care. 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. We surveyed a national sample of 1,430 women ages 18-45 to assess their awareness and preferences, with a focus on Catholic hospitals which constitute the vast majority (70 percent) of religious facilities and have the broadest and most consistent policies on reproductive care. Our participants completed surveys online or over the phone, and all our analyses were weighted in order to generate estimates representative of the population of U.S. adult reproductive age women.

### What Do Patients Know, and What Do They Want to Know?

One-third of women ages 18-45 (34.5 percent) feel it is somewhat or very important to know a hospital's religion when deciding where to get care, but 80.7 percent feel it is somewhat or very important to know about a hospital's religious *restrictions* on care. Catholic women are no more likely to consider it important to know about religious restrictions. Women who have received birth control from a healthcare provider are more likely to state that it is important to them to know about religious restrictions. We also attempted to uncover any partisan trends that might separate women's feelings about potentially being barred from certain types of care – but 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 hospitals to hold religiously-based restrictions on information and treatment options during miscarriage. But, notably, women who attended weekly religious services are significantly more likely to accept such restrictions, and to consider providing the patient

information about options and transfer to another site to be an acceptable solution.

When asked, “When should a religious hospital be allowed to restrict care based on religion?” 52.3 percent of our group responded “never;” 16.6 percent, “always;” and 31.1 percent, “under some conditions.” When this third group was asked to check all conditions that should apply in order to religiously restrict care (none of which exist as actual legislatively-enforced conditions yet in the United States), 81.3 percent selected when “patients admitted into hospital are informed before admission;” 78.3 percent selected when “hospital clinic patients are informed before enrolling as patients;” 71.1 percent selected when “patients brought in an emergency are provided/offered transfer;” 47.8 percent selected when “another hospital or clinic within 10 miles offers the restricted care;” and 39.7 percent selected when “no taxpayer funds were used.”

## **Transparency is Key, and Public Policy Can Help**

We found that women have little knowledge that a hospital’s religious affiliation can restrict care, that they want to know exactly how their care is restricted, they want to be offered transfer to a different hospital when relevant, and that they believe facilities should not be allowed to restrict care according to religion in the first place. The vast majority of adult American women of reproductive age want information about a hospital’s religious restrictions while they are deciding where to go for reproductive health care – not after they are seated in a waiting room. Growth in the U.S. 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.

State and federal legislation known as “institutional conscience clauses” protect the ability of religious healthcare institutions to prohibit physicians from delivering religiously restricted care and/or information about how the patient could receive it elsewhere. The American College of Obstetricians and Gynecologists, the highly regarded professional organization for women’s health specialists, 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 the College’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.

**Read more in Lori R. Freedman, 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).**