OBSTETRICS

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

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BACKGROUND: Religious hospitals are a large and growing part of the American healthcare system. 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.

OBJECTIVE(S): 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.

STUDY DESIGN: We conducted a national survey of women aged 18—45 years. The sample was recruited from AmeriSpeak, a probability-based research panel of civilian noninstitutionalized adults. Of 2857 women invited to participate, 1430 completed surveys online or over the phone, for a survey response rate of 50.1%. All analyses adjusted for the complex sampling design and were weighted to generate estimates representative of the population of US adult reproductive-age women. We used χ^2 tests and multivariable logistic regression to evaluate associations.

RESULTS: One third of women aged 18—45 years (34.5%) believe 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. Being Catholic or attending religious services more frequently does not make one more or less likely to want this information. Compared with Protestant women who do not identify as born-again, women of other religious backgrounds are more likely to consider it important to know a hospital's religious affiliation. These include religious minority women (adjusted odds ratio, 2.17; 95% confidence interval, 1.11—4.27), those who reported no religion/atheist/agnostic (adjusted odds ratio, 2.27; 95% confidence interval, 1.19—4.34), and born-again Protestants (adjusted odds ratio, 2.38; 95% confidence interval, 1.32—4.28). Religious minority women (adjusted odds ratio, 2.36; 95% confidence interval, 1.01—5.51) and those who reported no religion/atheist/agnostic (adjusted odds ratio, 3.16; 95% confidence interval, 1.42—7.04) were more likely to want to know a hospital's restrictions on care. 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 (adjusted odds ratio, 3.13; 95% confidence interval, 1.70—5.76) and to consider transfer to another site an acceptable solution (adjusted odds ratio, 3.22; 95% confidence interval, 1.69—6.12). The question, "When should a religious hospital be allowed to restrict care based on religion?" was asked, and 52.3% responded never; 16.6%, always; and 31.1%,"under some conditions.

CONCLUSION: 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 obstetrics/gynecology care. Growth in the US Catholic health care sector suggests an increasing need for transparency about these restrictions so that women can make informed decisions and, when needed, seek alternative providers.

Key words: Catholic doctrine, family planning, miscarriage management, patient information, religious health care

Religious hospitals are a large and growing part of the American health care system.[1] Patients who receive obstetric and other reproductive care in religious hospitals may face religiously based restrictions on the treatment their doctor can provide.[2] Catholic facilities, which account for 1 in 6 US hospitals beds, follow the Ethical and Religious Directives for Catholic Healthcare Services.[1] Written by the United States Conference of Catholic Bishops, these directives prohibit contraception other than natural family planning, sterilization (male and female), and most fertility treatment.[3]

Abortion is never permitted when it is directly intended and the sole immediate effect of a procedure (Directive 45), but the Catholic theological principle of double effect can render it permissible when abortion is a secondary effect of treating a life-threatening condition such as infection or hemorrhage (Directive 47).[3,4]

Catholic hospitals represent 70% of all religious hospitals in the United States. The remaining 30% primarily have Jewish and Protestant affiliations, with less consistent and generally less expansive religious policies for care.[1] Little is known about patients' knowledge or preferences regarding religiously restricted reproductive health care.

More than half of obstetricians-gynecologists who work in Catholic hospitals report conflict with the religious policies for patient care.[5] In prior research, obstetricians-gynecologists have reported Catholic hospital policy prevented them from providing what they believed to be standard-of-care treatment in several common clinical scenarios. These include Catholic hospitals requiring physicians to deny patients a desired tubal ligation, even during cesarean delivery[6] and requiring medically unnecessary delays or transfers

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TABLE 1
Demographic and reproductive health history characteristics of survey respondents

Characteristic	n	%
Age, y		
18–26	450	31.5
27–35	484	33.9
36–45	496	34.7
Race/ethnicity		
Non-Hispanic white	800	56.0
Non-Hispanic black	197	13.8
Hispanic	289	20.2
Other	144	10.1
Education		
Less than high school	146	10.2
High school graduate	336	23.5
Some college	482	33.7
College graduate	467	32.6
Religion		
Protestant, not born again	139	11.8
Roman Catholic	201	17.0
Other Christian/just Christian	125	10.6
Other/religious minority[a]	130	11.0
Nothing/atheistic/agnostic	298	25.3
Born-again Protestant	287	24.3
Metro	1268	88.6
Nonmetro	162	11.4
Religious attendance		
Never	275	23.3
Less than monthly	466	39.5
Monthly	154	13.0
Weekly	287	24.3
Party identification		
Strong Democrat	164	13.8
Moderate/lean Democrat	565	47.7
Independent/none	113	9.6
Moderate/lean Republican	275	23.2
Strong Republican	67	5.7
Region		
Northeast	248	17.3
Midwest	292	20.4
South	542	37.9
West	349	24.4

Freedman et al. Religious hospital policies. Am J Obstet Gynecol 2017. *(continued)*

for treatment of miscarriage and other obstetric complications.[7]

The American College of Obstetricians and Gynecologists (ACOG) recommends providing miscarrying patients 3 treatment options: expectant management, medication, or surgical evacuation.[8] A variety of factors undergird patients' treatment decisions,[9] but the best predictor of satisfaction with the method of miscarriage management is having the ability to choose for oneself.[10] According to obstetricians-gynecologists working in Catholic hospitals, even when miscarriage is determined inevitable, treatment with medication or a surgical evacuation is equated to a prohibited abortion until the fetus has died or the pregnant woman's life is at risk because of infection, blood loss, or comparable threat such that the principle of double effect can be invoked to theologically justify treatment.[3,4,7,11]

Throughout the United States, these physicians report having to choose between delaying care until the fetus dies or the woman gets sick enough to justify treatment; transferring patients to a non-Catholic facility to get care before infection develops; or, rarely, treating anyway under threat of lost privileges or employment.[7,11] Preliminary research indicates patients may be surprised when confronted with such religious restrictions on care and may not even be aware they are in a Catholic hospital until treatments are denied.[6,12] However, no prior studies have asked women from across the United States what information they have and want to have before deciding where to seek care for a miscarriage or other reproductive condition that may be affected by the hospital's religion.

To fill this gap in knowledge, we conducted a national survey of women ages 18–45 years. We aimed to assess the following: (1) women's preference for knowing a hospital's religion and religiously based restrictions before deciding where to seek care, and (2) acceptability of a hospital denying miscarriage treatment options for religious reasons, with and without informing the patient that other options may be available.