

Setting the Record Straight: Catholic Hospitals and Access to Reproductive and Other Procedures



Representing California's Catholic
Health Systems and Hospitals

Catholic-affiliated hospitals have provided care in our communities for decades, and in several communities for over 150 years. We provide a larger share, than all other acute care hospitals (combined) in the state, of key medical services that includes: Ancillary Cardiac Services, Coronary Care, Hospice Care, Maternity, Neurosurgical, NICU, Oncology, Orthopedic, Pediatric, Pulmonary and Trauma Care.

Partnerships between Catholic and non-Catholic providers are a critical way that our Catholic hospitals/health systems meet the needs of its communities in California. These partnerships result in expanded access to critically needed primary and specialty care.

There have been inaccurate statements made to support the contention that affiliations between Catholic and non-Catholic hospitals limit, among other things, the availability of medically-necessary pregnancy care, rape victims' access to emergency contraception and deny the ability of patients to withdraw life-sustaining treatment.

Emergency Care for Pregnant Women

Catholic hospitals operate in one of the most highly regulated sectors of the economy. Since 1973, California's Health & Safety Code has required hospitals to provide patients with emergency medical treatment, and the federal government enacted a similar law in 1986, the *Emergency Medical Treatment and Active Labor Act (EMTALA)*. Under these laws, if for any reason a hospital cannot treat an emergency patient the hospital is required to stabilize the patient and transfer her to a facility that can.

During the 45 years these statutes have been in existence, neither the state nor federal government – nor the courts – have found one instance in which a pregnant woman received inappropriate emergency treatment at a California Catholic hospital, or provided treatment outside of the standard of care.

Relative to pregnancy complications, the *Ethical and Religious Directives for Catholic Health Care Services* provide for medical interventions that address serious pathological conditions that cannot be postponed, even if they result in the foreseen, but unintended, death of a fetus.

In the case of ectopic pregnancies, California Catholic and affiliated hospitals treat ectopic pregnancies with methotrexate when indicated (and other means, depending on the medical circumstances) because ectopic pregnancies present a serious pathological condition of the mother, which we know can be life-threatening, and a simpler treatment is not available.

Rape Treatment

More than 10 California Catholic-affiliated hospitals are designated rape trauma centers, and/or sexual assault response team sites. These hospitals provide comprehensive treatment to victims of sexual assault. Catholic hospitals provide emergency contraception when treating rape victims. Moreover, neither Catholic values nor the *Ethical and Religious Directives* preclude them from doing so.



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Elective Sterilization Procedures

It is true that Catholic hospitals do not provide elective sterilizations. However, Catholic hospitals have policies that are consistent with the *Ethical and Religious Directives* regarding requests for treatments or procedures that are medically necessary but will likely cause sterilization.

Physician Practice

We do not prohibit a physician from discussing with (informing) a woman of all her options. We do not put gag orders on physicians.

Care for LGBTQ Patients

While Catholic and our community-based hospitals do not perform every procedure, the services we do provide are provided to all members of the community without discrimination. That includes services for transgender patients and other members of the LGBTQ community. Catholic hospitals offer primary and specialty care for transgender patients, including hormone therapy, breast augmentation or reduction, and facial feminization or masculinization.

Much has been said about hysterectomy for transmen. If there is no pathology of the organ, we cannot provide this elective procedure to any patient, including transgender patients. What we can do, and have done, is work with the physician and help that patient get access to the desired procedure at another facility.

Catholic hospitals were among the first to offer services in response to the AIDS crises in the 1980s when few others did – often in partnership with public health agencies in San Francisco, Los Angeles, Sacramento and other counties. Saint Francis Memorial's Gender Institute in San Francisco is a leading provider of care for transgender persons and recently hosted a conference on transgender care in partnership with the World Profession for Transgender Health (WPATH).

Care for the Seriously Ill and Dying

Catholic hospitals are leaders in the provision of palliative care and pain management, helping improve the quality of life for our seriously ill patients and their families. Almost 100 percent of our Catholic affiliated hospitals operate palliative care programs (compared to a little more than 50 percent of all California hospitals). Hospice care is also a major part of our commitment to quality care.

The *Ethical and Religious Directives* acknowledge that there is no obligation to begin or continue treatment, even life sustaining treatment, that the patient considers to be an excessive burden or offers not reasonable hope of benefit. We neither prolong the dying process nor intentionally hasten death. For this reason, we do not participate in the End of Life Option Act. The law is clear that participation is completely voluntary and no hospital or doctor is required to take part in the law – a provision that the statewide medical association strongly advocated.

Quality Performance Studies

Catholic hospitals' values and priorities have produced valuable results for their patients. A national independent 2010 analysis of 255 health systems (*Differences in Health System Quality Performance by Ownership*, conducted by Truven Health Analytics) revealed that "significant differences in performance exist between classes of [hospital] ownership." The analysis found: "Catholic and other church-owned systems are significantly more likely to provide higher-quality performance and efficiency to the communities served than investor-owned systems. Catholic health systems are also significantly more likely to provide higher-quality performance to the communities served than secular not-for-profit health and investor-owned systems." In June 2013, a second independent analysis by Truven largely confirmed these findings.

These studies do not explain why Catholic hospitals generally, but not always, outperform other hospital groups – nonprofit, for-profit, government. But the answer might be found in the very religious values to which these hospitals are dedicated. Catholic hospitals' self-understanding as ministries animated by a deep commitment to human dignity, justice, the common good, service to the most vulnerable and stewardship, might explain their superior performance as measured by the studies' metrics related to quality, patient satisfaction and efficiency.

Knowing these facts and attracted by these values, most patients are grateful for the presence of Catholic and their affiliated hospitals in their community.



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