

# Primary care physicians nationwide face clinical ethical conflicts with religious hospitals

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Nearly one in ten primary care physicians in the United States has experienced a conflict with a religiously-affiliated hospital or practice over religious policies for patient care, researchers from the University of Chicago report in a paper published early online in the *Journal of General Internal Medicine*.

Younger and less religious physicians are more likely to experience these conflicts than their older or more religious peers. Most primary care physicians feel that when clinical judgment conflicts with religious [hospital](#) policy, physicians should refer patients to another institution.

"Religious hospitals represent nearly 20 percent of our [health care system](#)," said study author Debra Stulberg, MD, instructor of family medicine and of obstetrics and gynecology at the University of Chicago. "Yet we know little about how religious policy affects the care doctors give to patients. This study is the first to systematically ask physicians whether religious hospital policies conflict with their judgment. We found that for a significant number of physicians, they do."

The study surveyed a representative sample of U.S. family physicians, general internists and general practitioners in 2007. Physicians were asked whether they had worked in a religiously-affiliated hospital or practice, if so, whether they had ever faced a conflict with the hospital or practice over religious policies for patient care, and what a physician

ought to do if a patient should need a medical intervention and the hospital in which the physician works prohibits that intervention because of its religious affiliation.

Responses showed that 43 percent of primary care physicians have practiced in a religiously-affiliated setting. Of these, 19 percent experienced conflict with religious policies.

Ninety-six percent of all primary care physicians believe physicians should adhere to hospital policy. Eighty-five percent of physicians thought a doctor facing conflict with religious policies should refer the patient to another hospital. Ten percent endorsed recommending an alternate treatment that is not prohibited by the religious hospital.

"Primary care physicians routinely see patients facing reproductive health or end-of-life decisions that may be restricted in religious health care institutions, so we were not surprised to learn that nearly one in five of the physicians who have worked in a religious setting have faced a conflict with their hospital," Stulberg said.

The authors worried that it could be more difficult for physicians practicing in underserved communities to refer patients, when appropriate, to non-religious institutions, especially for time-sensitive but restricted interventions, such as emergency contraception. Whether such delays could be harmful, they note, "depends on one's beliefs about the intervention itself."

"We found that the physicians who work in religious hospitals and practices are a diverse group, from a wide range of religious and personal backgrounds," she added, "so hospitals sponsored by a specific religious denomination have providers who may not share their beliefs."

Provided by University of Chicago Medical Center

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