

Study: Women want more info on reproductive care restrictions from religious hospitals

October 1 2020



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Religious hospital policies that restrict reproductive health care are poorly understood by patients, according to a new study published Sept.

17 in *AJOB Empirical Bioethics*.

Researchers from the University of Chicago and the University of California, San Francisco found that women value clear information shared early from their [health care providers](#) to help them anticipate religious restrictions before their care becomes urgent.

Jocelyn Wascher, MD, an obstetrician-gynecologist resident at the University of Chicago Medicine, Debra Stulberg, MD, Chair of UChicago's Department of Family Medicine, and UCSF medical sociologist Lori Freedman, Ph.D., interviewed 33 reproductive-age women from a national survey sample who had sought care from a Catholic [hospital](#). Most women identified as Christian or Catholic, and were diverse geographically, in age, and in racial and ethnic identity. The women expressed respect for the religious beliefs of the doctors and hospital administrators, but struggled to balance this with valuing personal autonomy and decision-making.

One woman interviewed by researchers needed a Cesarean-section delivery and wanted to have her tubes tied at the same time. However, she was told on the day of her C-section that the hospital did not perform tubal ligations due to its religious beliefs. She told researchers, "When you go to a hospital, you want them to do what you want them to do. You should be in charge of your own medical care and not their beliefs."

Other women in the study shared that sentiment, adding that patients should research hospital policies and affiliations before choosing where to receive care. However, they also wanted the hospital to make more effort to inform them.

The woman who was denied tubal ligations during her C-section said she was upset that the hospital didn't tell her about their rules beforehand. "I also feel that they could've told me sooner than the day of my C-

section," the woman said.

Another interviewee told researchers that religious restrictions on care "need to be plastered in 50-foot neon letters at the front door of the building," rather than something a woman learns in real time if she happens to have a helpful physician.

The study's authors highlighted that the American Medical Association advises physicians who hold moral objections to specific services should disclose any objections prior to establishing a patient-physician relationship. They also recommend informing patients of all available treatment options, and referring them to other providers if necessary. The authors recommend that health care institutions be held to the same ethical standards.

"I've cared for numerous patients who were denied desired [reproductive health care](#) because of the religion of the hospital they happened to show up at," said Stulberg, who completed her residency at a hospital that transitioned from secular to Catholic during her time there.

Stulberg saw patients quickly lose access to contraception and pregnancy-related care. It spurred her interest in the topic and led her to pursue ethics training through UChicago's MacLean Center for Clinical Medical Ethics before joining the University's faculty. Today it's her primary research focus.

Wascher, the paper's first author, chose to be an OB-GYN in order to provide comprehensive care around pregnancy and reproductive health. "It's hard to imagine sitting with a patient who wants and would medically benefit from my care, and then having to tell her, 'I'm sorry, we can't do that here.' It would break my heart," she said.

More information: Jocelyn M. Wascher et al, Restrictions on

Reproductive Care at Catholic Hospitals: A Qualitative Study of Patient Experiences and Perspectives, *AJOB Empirical Bioethics* (2020). [DOI: 10.1080/23294515.2020.1817173](https://doi.org/10.1080/23294515.2020.1817173)

Provided by University of Chicago Medical Center

Citation: Study: Women want more info on reproductive care restrictions from religious hospitals (2020, October 1) retrieved 6 May 2024 from <https://medicalxpress.com/news/2020-10-women-info-reproductive-restrictions-religious.html>

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