The powerful constraints on medical care in Catholic hospitals across America

February 21 2024, by Rachana Pradhan, Hannah Recht, KFF Health News

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Nurse midwife Beverly Maldonado recalls a pregnant woman arriving at Ascension Saint Agnes Hospital in Maryland after her water broke. It

was weeks before the baby would have any chance of survival, and the patient's wishes were clear, she recalled: "Why am I staying pregnant then? What's the point?" the patient pleaded.

But the doctors couldn't intervene, she said. The fetus still had a heartbeat and it was a Catholic hospital, subject to the "Ethical and Religious Directives for Catholic Health Care Services" that prohibit or limit procedures like abortion that the church deems "immoral" or "intrinsically evil," according to its interpretation of the Bible.

"I remember asking the doctors. And they were like, "Well, the baby still has a heartbeat. We can't do anything,'" said Maldonado, now working as a nurse midwife in California, who asked them: "What do you mean we can't do anything? This baby's not going to survive."

The woman was hospitalized for days before going into labor, Maldonado said, and the baby died.

Ascension declined to comment for this article.

The Catholic Church's directives are often at odds with accepted medical standards, especially in areas of reproductive health, according to physicians and other medical practitioners.

The American College of Obstetricians and Gynecologists' clinical guidelines for managing pre-labor rupture of membranes, in which a patient's water breaks before labor begins, state that women should be offered options, including ending the pregnancy.

Maldonado felt her patient made her wishes clear.

"Under the ideal medical practice, that patient should be helped to obtain an appropriate method of terminating the pregnancy," said Christian

Pettker, a professor of obstetrics, gynecology, and reproductive sciences at the Yale School of Medicine, who helped author the guidelines.

He said, "It would be perfectly medically appropriate to do a termination of pregnancy before the cessation of cardiac activity, to avoid the health risks to the pregnant person."

"Patients are being turned away from necessary care," said Jennifer Chin, an OB-GYN at UW Medicine in Seattle, because of the "emphasis on these ethical and religious directives."

They can be a powerful constraint on the care that patients receive at Catholic hospitals, whether emergency treatment when a woman's health is at risk, or access to birth control and abortions.

More and more women are running into barriers to obtaining care as Catholic health systems have aggressively acquired secular hospitals in much of the country. Four of the 10 largest U.S. hospital chains by number of beds are Catholic, according to federal data from the Agency for Healthcare Research and Quality. There are just over 600 Catholic general hospitals nationally and roughly 100 more managed by Catholic chains that place some religious limits on care, a KFF Health News investigation reveals.

Maldonado's experience in Maryland came just months before the Supreme Court's ruling in 2022 to overturn Roe v. Wade, a decision that compounded the impact of Catholic health care restrictions.

In its wake, roughly a third of states have banned or severely limited access to abortion, creating a one-two punch for women seeking to prevent pregnancy or to end one. Ironically, some states where Catholic hospitals dominate—such as Washington, Oregon, and Colorado—are now considered medical havens for women in nearby states that have

banned abortion.

KFF Health News analyzed state-level birth data to discover that more than half a million babies are born each year in the U.S. in Catholic-run hospitals, including those owned by CommonSpirit Health, Ascension, Trinity Health, and Providence St. Joseph Health. That's 16% of all hospital births each year, with rates in 10 states exceeding 30%. In Washington, half of all babies are born at such hospitals, the highest share in the country.

"We had many instances where people would have to get in their car to drive to us while they were bleeding, or patients who had had their water bags broken for up to five days or even up to a week," said Chin, who has treated patients turned away by Catholic hospitals.

Physicians who turned away patients like that "were going against evidence-based care and going against what they had been taught in medical school and residency," she said, "but felt that they had to provide a certain type of care—or lack of care—just because of the strength of the ethical and religious directives."

Following religious mandates can be dangerous, Chin and other clinicians said.

When a patient has chosen to end a pregnancy after the amniotic sac—or water—has broken, Pettker said, "any delay that might be added to a procedure that is inevitably going to happen places that person at risk of serious, life-threatening complications," including sepsis and organ infection.

Reporters analyzed American Hospital Association data as of August and used Catholic Health Association directories, news reports, government documents, and hospital websites and other materials to

determine which hospitals are Catholic or part of Catholic systems, and gathered birth data from state health departments and hospital associations. They interviewed patients, medical providers, academic experts, advocacy organizations, and attorneys, and reviewed hundreds of pages of court and government records and guidance from Catholic health institutions and authorities to understand how the directives affect patient care.

Nationally, nearly 800,000 people have only Catholic or Catholic-affiliated birth hospitals within an hour's drive, according to KFF Health News' analysis. For example, that's true of 1 in 10 North Dakotans. In South Dakota, it's 1 in 20. When care is more than an hour away, academic researchers often define the area as a hospital desert. Pregnant women who must drive farther to a delivery facility are at higher risk of harm to themselves or their fetus, research shows.

Many Americans don't have a choice—non-Catholic hospitals are too far to reach in an emergency or aren't in their insurance networks. Ambulances may take patients to a Catholic facility without giving them a say. Women often don't know that hospitals are affiliated with the Catholic Church or that they restrict reproductive care, academic research suggests.

And, in most of the country, state laws shield at least some hospitals from lawsuits for not performing procedures they object to on religious grounds, leaving little recourse for patients who were harmed because care was withheld.

Thirty-five states prevent patients from suing hospitals for not providing abortions, including 25 states where abortion remains broadly legal. About half of those laws don't include exceptions for emergencies, ectopic pregnancies, or miscarriages. Sixteen states prohibit lawsuits against hospitals for refusing to perform sterilization procedures.

"It's hard for the ordinary citizen to understand, "Well, what difference does it make if my hospital is bought by this other big health system, as long as it stays open? That's all I care about,'" said Erin Fuse Brown, who is the director of the Center for Law, Health & Society at Georgia State University and an expert in health care consolidation. Catholic directives also ban medical aid in dying for terminally ill patients.

People "may not realize that they're losing access to important services, like reproductive health [and] end-of-life care," she said.

After the Supreme Court ended the constitutional right to abortion in June 2022, Michigan resident Kalaina Sullivan wanted surgery to permanently prevent pregnancy.

Michigan voters in November that year enshrined the right to abortion under the state constitution, but the state's concentration of Catholic hospitals means people like Sullivan sometimes still struggle to obtain reproductive health care.

Because her doctor worked for the Catholic chain Trinity Health, the nation's fourth-largest hospital system, she had the surgery with a different doctor at North Ottawa Community Health System, an independent hospital near the shores of Lake Michigan.

Less than two months later, that, too, became a Catholic hospital, newly acquired by Trinity.

To mark the transition, Cory Mitchell, who at the time was the mission leader of Trinity Health Muskegon, stood before his new colleagues and offered a blessing.

"The work of your hands is what makes our faith-based health care ministry possible," he said, according to a video of the ceremony Trinity

Health provided to KFF Health News. "May these hands continue to bring compassion, compassion and healing, to all those they touch."

Trinity Health declined to answer detailed questions about its merger with North Ottawa Community Health System and the ethical and religious directives.

"Our commitment to high-quality, compassionate care means informing our patients of all appropriate care options, and trusting and supporting our physicians to make difficult and medically necessary decisions in the best interest of their patients' health and safety," spokesperson Jennifer Amundson said in an emailed statement.

"High-quality, safe care is critical for the women in our communities and in cases where a non-critical service is not available at our facility, the physician will transfer care as appropriate."

Leaders in Catholic-based health systems have hammered home the importance of the church's directives, which are issued by the U.S. Conference of Catholic Bishops, all men, and were first drafted in 1948.

The essential view on abortion is as it was in 1948. The last revision, in 2018, added several directives addressing Catholic health institution acquisitions or mergers with non-Catholic ones, including that "whatever comes under control of the Catholic institution—whether by acquisition, governance, or management—must be operated in full accord with the moral teaching of the Catholic Church."

"While many of the faithful in the local church may not be aware of these requirements for Catholic health care, the local bishop certainly is," wrote Sister Doris Gottemoeller, a former board member of the Bon Secours Mercy Health system, in a 2023 Catholic Health Association journal article. "In fact, the bishop should be briefed on a regular basis

about the hospital's activities and strategies."

Now, for care at a non-Catholic hospital, Sullivan would need to travel nearly 30 miles.

"I don't see why there's any reason for me to have to follow the rules of their religion and have that be a part of what's going on with my body," she said.

Risks come with religion

Nathaniel Hibner, senior director of ethics at the Catholic Health Association, said the ethical and religious directives allow clinicians to provide medically necessary treatments in emergencies. In a pregnancy crisis when a person's life is at risk, "I do not believe that the ERDs should restrict the physician in acting in the way that they see medically indicated."

"Catholic health care is committed to the health of all women and mothers who enter into our facilities," Hibner said.

The directives permit care to cure "a proportionately serious pathological condition of a pregnant woman" even if it would "result in the death of the unborn child." Hibner demurred when asked who defines what that means and when such care is provided, saying, "for the most part, the physician and the patients are the ones that are having a conversation and dialogue with what is supposed to be medically appropriate."

It is common for practitioners at any hospital to consult an ethics board about difficult cases—such as whether a teenager with cancer can decline treatment. At Catholic hospitals, providers must ask a board for permission to perform procedures restricted by the religious directives, clinicians and researchers say. For example, could an abortion be

performed if a pregnancy threatened the mother's life?

How and when an ethics consultation occurs depends on the hospital, Hibner said. "That ethics consultation can be initiated by anyone involved in the direct care of that situation—the patient, the surrogate of that patient, the physician, the nurse, the social worker all have the ability to request a consultation," he said. When asked whether a consultation with an ethics board can occur without a request, he said "sometimes it could."

How strictly directives are followed can depend on the hospital and the views of the local bishop.

"If the hospital has made a difficult decision about a critical pregnancy or an end-of-life care situation, the bishop should be the first to know about it," Gottemoeller wrote.

In an interview, Gottemoeller said that even when pregnancy termination decisions are made on sound ethical grounds, not informing the bishop puts him in a bad position and hurts the church. "If there's a possibility of it being misunderstood, or misinterpreted, or criticized," Gottemoeller said, the bishop should understand what happened and why "before the newspapers call him and ask him for an opinion."

"And if he has to say, "Well, I think you made a mistake," well, all right," she said. "But don't let him be blindsided. I mean, we're one church and the bishop has pastoral concern over everything in his diocese."

Katherine Parker Bryden, a nurse midwife in Iowa who works for MercyOne, said she regularly tells pregnant patients that the hospital cannot perform tubal sterilization surgery, to prevent future pregnancies, or refer patients to other hospitals that do. MercyOne is one of the

largest health systems in Iowa. Nearly half of general hospitals in the state are Catholic or Catholic-affiliated—the highest share among all states.

The National Catholic Bioethics Center, an ethics authority for Catholic health institutions, has said that referrals for care that go against church teaching would be "immoral."

"As providers, you're put in this kind of moral dilemma," Parker Bryden said. "Am I serving my patients or am I serving the archbishop and the pope?"

In response to questions, MercyOne spokesperson Eve Lederhouse said in an email that its providers "offer care and services that are consistent with the guidelines of a Catholic health system."

Maria Rodriguez, an OB-GYN professor at Oregon Health & Science University, said that as a resident in the early 2000s at a Catholic hospital she was able to secure permission—what she calls a "pope note"—to sterilize some patients with conditions such as gestational diabetes.

Annie Iriye, a retired OB-GYN in Washington state, said that more than a decade ago she sought permission to administer medication to hasten labor for a patient experiencing a second-trimester miscarriage at a Catholic hospital. She said she was told no because the fetus had a heartbeat. The patient took 10 hours to deliver—time that would have been cut by half, Iriye said, had she been able to follow her own medical training and expertise. During that time, she said, the patient developed an infection.

Iriye and Chin were part of an effort by reproductive rights groups and medical organizations that pushed for a state law to protect physicians if

they act against Catholic hospital restrictions. The bill, which Washington enacted in 2021, was opposed by the Washington State Hospital Association, whose membership includes multiple large Catholic health systems.

State lawmakers in Oregon in 2021 enacted legislation that beefed up powers to reject health care mergers if they would reduce access to the types of care constrained by Catholic directives. The hospital lobby has sued to block the statute. Washington state lawmakers introduced similar legislation last year, which the hospital association opposes.

Hibner said Catholic hospitals are committed to instituting systemic changes that improve maternal and child health, including access to primary, prenatal, and postpartum care. "Those are the things that I think rural communities really need support and advocacy for," he said.

Maldonado, the nurse midwife, still thinks of her patient who was forced to stay pregnant with a baby who could not survive. "To feel like she was going to have to fight to have an abortion of a baby that she wanted?" Maldonado said. "It was just horrible."

KFF Health News identified areas of the country where patients have only Catholic hospital options nearby. The "Ethical and Religious Directives for Catholic Health Care Services"—which are issued by the U.S. Conference of Catholic Bishops, all men—dictate how patients receive reproductive care at Catholic health facilities. In our analysis, we focused on hospitals where babies are born.

We constructed a national database of hospital locations, identified which ones are Catholic or Catholic-affiliated, found how many babies are born at each, and calculated how many people live near those hospitals.

Hospital universe

We identified hospitals in the 50 states and the District of Columbia using the American Hospital Association database from August 2023. We removed hospitals that had closed or were listed more than once, added hospitals that were not included, and corrected inaccurate or out-of-date information about ownership, primary service type, and location. We excluded federal hospitals, such as military and Indian Health Service facilities, because they are not open to everyone.

Catholic affiliation

To identify Catholic hospitals, we used the Catholic Health Association's member directory. We also counted as Catholic a handful of hospitals that are not part of this voluntary membership group but explicitly follow the Ethical and Religious Directives, according to their mission statements, websites, or promotional materials.

We also tracked Catholic-affiliated hospitals: those that are owned or managed by a Catholic health system, such as CommonSpirit Health or Trinity Health, and are influenced by the religious directives but do not necessarily adhere to them in full. To identify Catholic-affiliated hospitals, we consulted health system and hospital websites, government documents, and news reports.

We combined both Catholic and Catholic-affiliated hospitals for analysis, in line with previous research about the influence of Catholic directives on health care.

Births

To determine the share of births that occur at Catholic or Catholic-

affiliated hospitals, we gathered the latest annual number of births by hospital from state health departments. Where recent data was not publicly available, we submitted records requests for the most recent complete year available.

The resulting data covered births in 2022 for nine states and D.C., births in 2021 for 23 states, births in 2020 for nine states, and births in 2019 for one state. We used data from the 2021 American Hospital Association survey, the latest available at the time of analysis, for the eight remaining states that did not provide birth data in response to our requests. A small number of hospitals have recently opened or closed labor and delivery units. The vast majority of the rest record about the same number of births each year. This means that the results would not be substantially different if data from 2023 were available.

We used this data to calculate the number of babies born in Catholic and Catholic-affiliated hospitals, as well as non-Catholic hospitals by state and nationally.

We used hospitals' Catholic status as of August 2023 in this analysis. In 10 cases where the hospital had already closed, we used Catholic status at the time of the closure.

Because our analysis focuses on hospital care, we excluded births that occurred in non-hospital settings, such as homes and stand-alone birth centers, as well as federal hospitals.

Several states suppressed data from hospitals with fewer than 10 births due to privacy restrictions. Because those numbers were so low, this suppression had a negligible effect on state-level totals.

Drive-time analysis

We obtained hospitals' geographic coordinates based on addresses in the AHA dataset using HERE's geocoder. For addresses that could not be automatically geocoded with a high degree of certainty, we verified coordinates manually using hospital websites and Google Maps.

We calculated the areas within 30, 60, and 90 minutes of travel time from each birth hospital that was open in August 2023 using tools from HERE. We included only hospitals that had 10 or more births as a proxy for hospitals that have labor and delivery units, or where births regularly occur.

The analysis focused on the areas with hospitals within an hour's drive. Researchers often define hospital deserts as places where one would have to drive an hour or more for hospital care. (For example: 1] "Disparities in Access to Trauma Care in the United States: A Population-Based Analysis," 2] "Injury-Based Geographic Access to Trauma Centers," 3] "Trends in the Geospatial Distribution of Inpatient Adult Surgical Services Across the United States," 4] "Access to Trauma Centers in the United States.")

We combined the drive-time areas to see which areas of the United States have only Catholic or Catholic-affiliated birth hospitals nearby, both Catholic and non-Catholic, non-Catholic only, or none. We then joined these areas to the 2021 census block group shapefile from IPUMS NHGIS and removed water bodies using the U.S. Geological Survey's National Hydrography Dataset to calculate the percentage of each census block group that falls within each hospital access category.

We calculated the number of people in each area using the 2021 "American Community Survey" block group population totals. For example, if half of a block group's land area had access to only Catholic or Catholic-affiliated hospitals, then half of the population was counted in that category.