## Background

- Catholic hospitals control 1 in 6 acute-care beds in the US\(^1\)
- Practitioners in Catholic hospitals must follow the Ethical and Religious Directives for Catholic Health Care Services (ERDs)\(^2\)
- ERDs prohibit the provision of contraception, abortion, sterilization, and most fertility treatments
- Many patients are unaware of Catholic hospital affiliation and what ERDs mean for their care\(^3,4\)
- Little research has explored how providers navigate religious policies for contraceptive care

### Aims

- Investigate hospital policies on contraceptive care through the perspective of clinicians, ethicists, administrators, and leadership
- Identify key themes related to contraceptive care access, workarounds, and exceptions

### Methods

- Recruited from 3 large hospital systems in Illinois: Catholic, Protestant, and secular
- In-depth interviews with 28 providers (clinicians, ethicists), administrators, and leadership
- Transcripts thematically coded inductively and deductively using Dedoose

## Health Care System

- What established policies and protocols do the health care systems have regarding religious or conscience objections to care at the institutional level? At the provider level?
- How are system-wide religious or conscience policies interpreted in affiliated clinics and hospitals?
- How is information about the scope and limitations of services communicated to providers and staff? To patients?
- How are medical education and clinical training of providers, students, and staff affected by religious or conscience policies?

### Clinics and Hospitals

- Providers
  - How do providers counsel about care they do not or cannot provide?
  - How do providers respond if they want to provide prohibited care?
  - How do providers get training in care they cannot provide?

- Patients
  - What do patients know about scope and limitations of care as affected by religious or conscience policies? How do they learn this information?

- Public insurance
  - With greater shifts towards managed care in Medicare, where reliance on narrowed HMO networks is common, is access to comprehensive sexual and reproductive health care affected?
  - How does the Medicaid "freedom of choice" provision for patients seeking family planning care affect access?

## Key Themes

### SECULAR AND PROTESTANT HOSPITAL PROVIDERS REPORTED FEW LIMITATIONS ON CONTRACEPTION CARE

- Providers working in Catholic systems reported multiple barriers to contraception provision:
  - Word-of-mouth admonishments
  - Lease agreements prohibiting contraception in secular clinics on Catholic-owned land
  - Patient need motivated many providers to develop and utilize contraception workarounds

- These obstacles to care caused delays and burdened patients, especially those with social and financial constraints

- Several providers report feeling dishonest about applying these workarounds

## Limitations

- Sample drawn from 3 Illinois hospital systems; limited generalizability
- Little research has explored how providers navigate religious policies for contraceptive care
- For contraceptive purposes...If you’re leasing an office from us, then, as a provider, it’s the same rules, because that’s still our property." – Catholic system administrator

## Conclusion

- Providers working in Catholic hospitals face religious restrictions on contraception, limiting their ability to serve reproductive-age women who are often unaware of these restrictions
- Restrictions often apply to secular practices on land owned or previously owned by a Catholic hospital
- Some providers receive pressure or direct instruction to falsely document
- Other providers rely on secular referrals

These practices stigmatize contraception and these obstacles burden patients, especially underserved populations with social and financial constraints, delaying and negatively impacting patient care

## References

3. Wascher JM, Hebert LE, Freedman LR, Stulberg DB. Do women know whether their hospital is Catholic? Results from a national survey. Contraception 2018.05.22
4. "Am I going to be in trouble for what I’m doing?”: providers’ reflections on religious healthcare restrictions on contraception

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