

“My Hands Are Tied”: Abortion Restrictions and Providers’ Experiences in Religious and Nonreligious Health Care Systems

August 2020

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INTRODUCTION

Abortion is generally prohibited in Catholic hospitals, but less is known about abortion restrictions in other religiously affiliated healthcare facilities. As religiously affiliated health systems expand in the United States, it is important to understand how religious restrictions affect the practices of providers who treat pregnant patients. From September 2016 to May 2018, we interviewed providers in Catholic, Protestant, and secular health settings and explored religious restrictions on reproductive health care.

FINDINGS

We found that health systems with religious affiliations may restrict access to abortion care and, in some cases, treatment options for pregnancy complications. Other findings include:

- Religiously affiliated hospitals allowed abortions in specific cases, if approved through an ethics consultation. Interpretation of system-wide policies varied by hospital, with some indication that institutional discomfort with abortion influenced policy as much as religious teachings did.
- Providers constrained by religious restrictions referred or transferred patients desiring abortion, including for pregnancy complications, with those in Protestant hospitals having more latitude to directly refer such patients.
- As a result of religiously influenced policies, patients could encounter delays, financial obstacles, restrictions on treatment, and stigmatization.

IMPLICATIONS

Patients seeking abortion or presenting with pregnancy complications at Catholic and Protestant hospitals may encounter more delays and fewer treatment options than they would at secular hospitals. More research is needed to better understand the implications for women’s access to reproductive health care. When hospitals restrict care for religious reasons, these restrictions should be communicated so patients are aware of them before seeking care. Greater transparency about restricted services could reduce potential harms, but public oversight focused on the impact of expanding religious hospital systems may also be needed.

Read the full article here: <https://doi.org/10.1363/psrh.12148>

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