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## University of Chicago Publishes New Research on Restrictions to Abortion Care in Religiously-Affiliated Hospital Systems in Illinois

(CHICAGO) – A recent study published in *Perspectives in Sexual and Reproductive Health* by researchers at the University of Chicago’s [Center for Interdisciplinary Inquiry and Innovation in Sexual and Reproductive Health \(Ci3\)](#) and the Department of Family Medicine found that health systems with religious affiliations may restrict access to abortion care and, in some cases, treatment options for pregnancy complications.

In 2018, health care system mergers and acquisitions saw a record year, with a 14.4 percent increase from 2017. In Illinois, 30 percent of hospitals are now Catholic. Abortion is generally prohibited in Catholic hospitals, but less is known about abortion restrictions in other religiously affiliated health care facilities. As religiously affiliated health systems expand and merge in the United States, it is important to understand how religious restrictions may affect the practices of providers who treat pregnant patients.

The article, [“My Hands are Tied:” Abortion Restrictions and Providers’ Experiences in Religious and Nonreligious Health Care Systems,](#)” presents data from a study conducted from 2016-2018 that explored religious restrictions on reproductive health care. For the study, in-depth interviews were conducted with 31 key informants that included clinical providers, ethicists, chaplains, and health system administrators with experience working in secular, Protestant, or Catholic health care systems in Illinois. A thematic content approach was used to identify themes related to participants’ experiences with abortion policies, the role of ethics committees in care provision, the impact of restrictions on patient care, and provider conflicts with hospital policies.

“When hospitals restrict care for religious reasons, they should communicate these restrictions so patients are aware of them before seeking care,” said Lee Hasselbacher, J.D., Senior Policy Researcher at Ci3 and lead author of the paper. “Greater transparency about restricted services could reduce potential harms, but in the end, public oversight focused on the impact of expanding religious hospital systems may also be needed.”

Providers interviewed for this study reported that patients seeking abortions or presenting with pregnancy complications at Catholic and Protestant hospitals may encounter more delays and fewer treatment options than they would at secular hospitals. The study also found that:

- Religiously-affiliated hospitals allowed abortions in certain cases, such as a threat to the life of the pregnant patient, if approved through an ethics consultation. These exceptions occurred in both Catholic and Protestant hospitals, however, consultations could result in delays in care.
- 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 abortions, including for pregnancy complications, and providers in Protestant hospitals had 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. In some cases, patients were never informed or only learned after receiving care that they may have had other treatment options or the ability to seek care elsewhere.

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Dr. Debra Stulberg, lead investigator for this study and Chair of the Department of Family Medicine at the University of Chicago, observed, “The implications for patients are especially troubling when we see larger health systems merging here in the Midwest, with religious health systems potentially influencing the care available in nonreligious health systems.”

To review the full publication, click [here](#).

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*Ci3 Founded in 2012, Ci3 is an award-winning research center at the University of Chicago. Ci3 envisions a world in which all youth emerge into adulthood with agency over their bodies and futures. As such, we are committed to empowering young people, conducting innovative research, and uncovering opportunities for policy and systemic change. Ci3 houses three labs: the Game Changer Chicago Design Lab, the Transmedia Story Lab, and the Design Thinking Lab. Through these labs, Ci3’s interdisciplinary team of medical providers, public health scholars, policy researchers, designers, and artists create games, digital narratives, and interventions with and for youth. Developed with an eye towards scaling, each of our interventions can be implemented in settings across the Chicagoland area and beyond.*

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