
FIRST THINGS

CATHOLIC HOSPITALS UNDER ATTACK

by
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Catholic hospitals are under unrelenting attack—from prestigious medical journals, media, and lawyers in courtrooms. The goal is to coerce these venerable institutions into replacing their faith-based methods of medical practice with secular moral standards that deny the sanctity of human life.

A recent [article](#) in the *New England Journal of Medicine*—perhaps the world’s most influential medical publication—illustrates the threat to [medical conscience](#) rights. Ian D. Wolfe and Thaddeus M. Pope, two prominent bioethicists, fret that one in six U.S. hospitals is “affiliated with a Catholic health system.” This is a problem, in their view, because religiously-affiliated hospitals often “refuse to provide legally permitted health services on the basis of institutional belief structures.” The authors are referring to services like abortion, sterilization (absent a pathology), assisted suicide (where legal), and transgender sex reassignment surgeries that alter a body’s normal biological functions. Refusing such procedures, the authors claim, leads to “substantial risks for patient choice, patient safety, and the fundamental principle of autonomy.”

Patient choice? Yes, sometimes. If a woman requests an abortion and the hospital says no, she is not getting what she wants. But safety? The Ethical and Religious Directives for Catholic Health Care Services allow Catholic hospitals to refuse interventions that violate Church belief, but nonetheless require that all patients receive proper care. That includes providing “all reasonable information about the essential nature of the proposed treatment and its benefits; its risks, side-effects, consequences, and cost; and any reasonable and morally legitimate alternative.” In practice, this may also include referring patients to non-Catholic institutions.

Worries over “safety” are more likely a deflection to mask anti-religious bigotry. Charles C. Camosy, associate professor of theological and social ethics at Fordham University, believes that in many circumstances, the motive for attacking Catholic medicine “is about raw power. Certain influential people don’t want certain [medical] choices denied, so they try to use their power make things the way they want them to be.”

Wolfe and Pope urge states to *legally require* Catholic hospitals to provide medical procedures forbidden by Catholic teaching when patients ask for them, particularly when religiously-affiliated hospital systems merge with formerly secular institutions. They write (my emphasis):

State regulators could . . . require a public vote before approving hospital mergers that change a community’s access to services. Without proper protections, however, relying on a vote to approve mergers could undermine the rights of groups that are in the minority. We therefore believe *that the most effective solution is to ensure that certain health services are protected by law and that access is not unfairly compromised by hospital mergers.*

In other words, Wolfe and Pope would legally prevent Catholic hospitals from being “Catholic”—even though they admit that a minority of Catholic/secular hospital mergers save financially stressed institutions from closing. In such cases, it is a choice between either a local hospital becoming Catholic or having no hospital at all.

Most mergers do not involve such dire financial circumstances. But even here, mergers can improve quality of care beyond what a solitary hospital can offer. Bill Cox, president and CEO of the Alliance of Catholic Healthcare, gave me an example. “Being part of a multi-institutional system permits efficiencies of scale. By bringing together specialists and identifying the best practitioners in various practice areas, we can provide know-how and expertise that might not otherwise be available to underserved communities.” A specialist in Los Angeles might interface via telehealth with a patient in locations where trained specialists are few and far between. Cox told me: “In Alaska, Providence Saint Joseph Health [a Catholic hospital in Anchorage] is doing 1,000 telehealth visits a day throughout the state.”

Moreover, if states are allowed to essentially “ban” religious hospitals that merge with secular ones from adhering to the religious teaching of their affiliated faith, there are no logical reasons that such authoritarian prohibitions would only apply to mergers. After all, the issues of access, conscience, legality of controversial procedures, and freedom of religion are identical whether a hospital has recently merged with a religious organization or a Catholic hospital has been serving a community for 100 years.

The attacks on Catholic hospitals have already moved dramatically beyond the theoretical. Last year, in one of the most important religious freedom cases in the country, the California Court of Appeals okayed a lawsuit against a Catholic hospital known as Dignity Health (*Minton v Dignity Health*). A transgendered patient sued after the institution refused to provide a hysterectomy for the purpose of sex reassignment. There were two bases for Dignity’s refusal. First, the surgery would have removed a healthy uterus. Under Catholic healthcare directives, normal body functions can only be interfered with in order to treat or prevent pathologies. Second, the surgery would have sterilized the patient. Under Catholic moral teaching, medical acts that result in sterilization can only be performed to treat disease.

Note that these Catholic directives apply universally and do not invidiously target particular patient groups. It is the *purpose* of the procedure that is objectionable, *not the patient*. Thus, a man would be denied a vasectomy at a Catholic hospital. But if he had testicular cancer, he would be allowed surgery that resulted in sterilization—because the point of the procedure would be to treat a serious pathology. A transgendered patient with a broken arm in a Catholic setting would receive equivalent care to every other patient, without regard to sexual identity.

The ACLU and others have filed lawsuits against Catholic hospitals in various places around the country for refusing to provide prohibited interventions. Heretofore, they have all failed. The litigation against Dignity Health was originally dismissed as well. But in a shocking decision, the California Court of Appeals reinstated the case, ruling that the refusal to remove the transgendered person’s healthy uterus was a violation of California’s anti-discrimination law that freedom of religion does not protect. If the case goes to trial—the U.S. Supreme Court was just petitioned to grant a hearing—and large damages are assessed by the jury, coercion against Catholic healthcare will accelerate. And not just with regard to transgender issues. After all, if religiously-affiliated hospitals can be punished for refusing to excise healthy organs based on a patient’s subjective self-identification, why can’t they also be compelled to allow

abortions or assist in suicide (where legal)? Indeed, why can't they be forced to violate any Catholic dogmatic principle if it offends the secular mindset?

According to Cox, if the secularists prevail, "Either these institutions will have to shutter their doors or cease to be Catholic." What a dilemma for a faith-based institution. Imagine the adverse impact if even half of these hospitals close. According to Alliance figures, in California Catholic institutions constitute 14.8 percent of acute care hospitals, representing more than 11,426 licensed acute beds and 2,664,205 (16.9 percent) of the state's ER visits, and providing \$1.79 billion in charity care or unreimbursed health services. Catholic hospitals have a particular mission to succor the poor, and they do. Cox told me that Dignity Health's hospitals provide more MediCal services (California's Medicaid) than any other state hospital system.

And this isn't just happening in California. A federal case similar to the Dignity Health controversy was filed in New Jersey in 2017 by Lambda Legal. That case is pending. Proliferating litigation against Catholic medical institutions threatens the fundamental right of free exercise of religion. Beyond that, forcing Catholic hospitals to secularize would also obliterate comity—the societal glue that binds heterogeneous societies like ours together. If Wolfe and Pope get their way, and if lawsuits of the kind filed against Dignity Health succeed, we can kiss *E Pluribus Unum* goodbye.

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