

Infertility and Religiously-Based Objections to Providing Health Care: What You Should Know

For more than three decades, RESOLVE: the National Infertility Association and the National Women's Law Center have worked to protect a woman's right to make reproductive choices, including the right to use reproductive technologies that enable her to have children. Our organizations are now partnering to protect and expand access to infertility treatment, as well as to identify and prevent medical practices that contribute to infertility. We encourage you to learn more about these issues and consider helping us in our efforts to protect women's access to timely, high-quality reproductive health care.

Some Providers Refuse to Perform, Refer or Give Information about Infertility Treatments

As you may know, some health care providers, both individuals and institutions¹, have a religiously-based objection to providing certain services, referrals, or even information. These providers may object to some or all forms of assisted reproduction, even those that help treat the disease of infertility within a marriage. Their religiously based objections are all the more fervent around issues of surrogacy, egg and sperm donation and gay and lesbian parenting.

An objection to assisted reproduction may mean that an institution or individual will refuse to make a referral for treatment, or decline to inform patients of the option to preserve sperm or eggs before having fertility-impairing medical procedures, such as radiation. In a number of cases, religiously-based opposition has prevented the passage of state laws that would have required insurance coverage for what are often prohibitively expensive infertility treatments.²

Some Providers Deny Life-Saving and Fertility-Preserving Care

The religious beliefs of health care providers can sometimes present an even larger—and more dangerous—problem to those seeking to expand their families. Some providers have claimed that their objection to abortion prevents them from treating two pregnancy-related conditions: ectopic pregnancies and miscarriages. Failure to treat these serious conditions according to established medical standards can put women at risk for infertility, disability and death.

Ectopic pregnancy

Ectopic pregnancies, also known as tubal pregnancies, occur when an embryo begins to develop outside the uterus, typically implanting in the fallopian tube. Women who become pregnant through in vitro fertilization (IVF) are more likely to have an ectopic pregnancy. Since ectopic pregnancies can damage the fallopian tube, they can also contribute to infertility. Ectopic

¹ The largest number of religious hospitals operate under the Ethical and Religious Directives for Catholic Health Care Services. Restrictions on abortion and contraception are well known, but many people do not know that other services are banned as well, including infertility treatment.

² See, for example, Arizona House of Representatives, Committee on Financial Institutions and Insurance, Ron Johnson, Executive Director, Arizona Catholic Conference, Testimony in Opposition to H.B. 2229 (Feb. 12, 2007).

pregnancies are *not* viable and can be life-threatening, yet some providers believe that removing the embryo or giving medication to stop the embryo from growing and rupturing the woman's fallopian tube are the same as providing an abortion. We have heard reports of religiously-affiliated hospitals delaying treatment or transferring women with ectopic pregnancies from their emergency rooms to other hospitals. Any delay in treatment presents a serious risk to a woman with an ectopic pregnancy.

Miscarriages

Some doctors working at religiously-affiliated hospitals have reported that they have been prohibited from treating women having miscarriages until there was no longer a fetal heartbeat. As with ectopic pregnancies, some providers have a religiously-motivated belief that any treatment that ends the pregnancy amounts to an abortion. This means that even in cases where the pregnancy is not viable and the mother's health and life are in danger, these providers will not treat the woman as long as there is still a fetal heartbeat. This delay in treatment subjects a woman to an increased risk of blood loss, infection, infertility, and even death.

We have heard accounts of women in very unstable medical conditions being transferred due to hospitals' religious objections to providing treatment. In one reported case, a nurse sued the hospital where she worked because the hospital would not allow her to refuse to treat women having miscarriages.³ She claimed that it was religious discrimination to "force" her to provide care. Fortunately, the nurse lost the case and the court upheld the hospital's decision to fire her.

How Can You Prevent Women From Enduring Unsatisfactory Medical Care That Leads to Infertility?

First, you can help make sure that communities have access to hospitals that do not impose restrictions on reproductive health care. If your local hospital is threatened by a merger with, or sale to, a religiously-affiliated hospital or health system, RESOLVE and the National Women's Law Center want to know. We can help you advocate for solutions that preserve access to critical services. Second, we hope to get more information on the substandard treatment of ectopic pregnancies and miscarriages. Evidence of this disregard for women's lives, combined with doctors' defiance of their medical oath and hospitals' turning their back on their duty to their patients, can be legally challenged.

The National Women's Law Center and RESOLVE want to make sure infertility is prevented and that women in need of treatment for pregnancy complications get high-quality, fertility-preserving care. As a part of our effort to stop these extremely harmful and potentially deadly practices, we are hoping that you will help us by sharing your experiences of seeking treatment for ectopic pregnancy or miscarriage. We understand that this is a difficult and sensitive subject and appreciate your support. Together, we hope to help other women avoid the pain of infertility.

If you have ever sought help for an ectopic pregnancy or a miscarriage, please complete this survey (<http://action.nwlc.org/resolvesurvey>). Your experiences will help us prevent another woman from facing this unacceptable treatment.

Barb Collura
RESOLVE

Jill Morrison
National Women's Law Center

³ Shelton v. University of Medicine and Dentistry of New Jersey, 223 F.3d 220 (3rd Cir. 2000).