

## Women at Risk: New Study Finds Health Care Refusals Undermine Medical Standards of Care on Wide Range of Services

National Health Law Program Report Documents Dangers Women Face When Denied Medically Appropriate Health Care – and the Risks Rise as Hospital Mergers Increase

### For Immediate Release

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**Los Angeles and Washington, DC** – Medical care for women is severely undermined by the growing refusal to provide treatment for ideological or religious reasons. In some cases, this denial of medical care endangers women's lives. The report, *"Health Care Refusals: Undermining Quality Care for Women,"* released today by the National Health Law Program (NHeLP), documents to what extent these denials conflict with professionally developed, accepted medical standards of care, and analyzes the medical and health consequences to patients.

"This study is the first of its kind to assess health care refusals in the same way that quality of care is measured – based on evidenced-based practice, patient-centeredness, prevention, and patient health outcomes," said Don Downing R.Ph., University of Washington Professor of Pharmacy. "The report clearly demonstrates how health care refusals undermine medical standards of care and patient health and safety."

And the problem is getting worse. In today's health care environment, as hospital mergers continue at a rapid pace – with 52 mergers nationwide in 2009 – the risks to patient safety escalate as women patients are left with fewer choices, or only one choice, from which to receive medical care. One in six Americans is seen in hospitals that do not provide comprehensive women's health care. Market changes may put even more women into systems where they can't get the care they need.

"Most people have no idea that the institutions where they get their care may not meet essential medical standards," said Nada Stotland M.D. M.P.H., past President of the American Psychiatric Association. "In fact, some such institutions present themselves as 'full service.' Only when there is an emergency may they realize that they are being denied care that is critical to their future health and fertility. Then it is too late – there is no alternative or time to find one."

For example, the American Diabetes Association and the American College of Obstetricians and Gynecologists advise that a woman with diabetes should avoid unintended pregnancy through the use of family planning as a component of the management of her chronic disease. When a provider refuses to provide information or to write a prescription for contraceptives, or when a pharmacist refuses to fill that prescription, the patient's health is put at risk.

"When people go to the doctor, they should be able to expect that the care they receive meets prevailing medical standards," said NHeLP's Susan Berke Fogel, JD, and the study's lead author. "We reviewed policies at hospital systems representing more than 650 facilities across

the U.S. and have documented the conditions and circumstances where that is not happening. We found a disturbing number of case studies where patients ended up far worse off either because their health care providers refused care or because their hospitals prohibited the care they needed for ideological or religious reasons.”

People may think that refusals only affect elective services that can easily be obtained somewhere else, but this report demonstrates that refusals undermine quality of care for a wide range of common health conditions. Medical conditions or circumstances examined in the report where patients are at greatest risk when they face health care refusals from individual providers or institutions include:

- Cancer, diabetes, depression, epilepsy, acne, heart disease, lupus, and obesity
- Pregnancy conditions such as pre-eclampsia, eclampsia, or HELLP syndrome
- Ectopic pregnancy or premature rupture of membranes
- Family planning services including emergency contraception
- Sexually transmitted disease prevention including condoms
- Infertility services

The case studies – personal stories of women who were denied care or whose medical conditions worsened due to health care denials – include Carla (name changed for privacy) from Oklahoma who was pregnant, but also had a large mass growing in her uterus. Despite her requests, several physicians refused to remove the mass because it would endanger her pregnancy. After numerous delays, the mass shut off her colon and bladder and she had to have her entire uterus removed.

NHeLP conducted this study to help the public and policymakers better understand how health care refusals affect quality of care for women like Carla. “Currently, people talk about health care refusals as provider versus patient,” said Tracy Weitz, PhD, MPA, Fogel’s co-author. “Instead of this contest of rights, we believe that health care refusals, or denials, need to be understood as violations of widely held medical standards of care.”

For example, prevailing medical standards make clear that when a woman has an ectopic pregnancy, it must be terminated. Ectopic pregnancies are never viable because they grow outside the uterus, and if they rupture, they have serious health consequences. Hospitals that prohibit abortion often limit the treatment options for ectopic pregnancies because even the

direct termination of an ectopic pregnancy could be considered an abortion.

The report also documents that political, ideological, and religiously based health care restrictions and refusals are increasing. “Over the past decade we have seen exponential growth of religiously controlled health systems, and state laws that allow anyone engaged in the health care system to refuse to offer information, referral or care,” said Emily Spitzer, NHeLP Executive Director. “This trend is extremely disturbing and not only undermines our health care system, but also seriously jeopardizes the safety of patients.”

The final report is available on NHeLP’s website at [www.healthlaw.org](http://www.healthlaw.org).

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