

Religious Doctrine May Be Restricting Your Healthcare Choices

Did you know that legal, effective healthcare options may be denied to you on the basis of religious doctrine, regardless of your personal beliefs or medical best practices? The ***Ethical and Religious Directives***, a little-known guide authored by conservative Catholic bishops, impacts a substantial portion of all medical facilities in Washington state – and it may restrict your access to critical care.

What are the Ethical and Religious Directives (ERDs)?

The ERDs are a series of 77 directives written by conservative Catholic clergy that limit the care that can be administered at any health facility or outpatient service provider affiliated with a Catholic hospital system. These rules, established without medical review, limit common medical procedures widely available elsewhere as “immoral” or “potentially scandalous” and bars their use or discussion. Worse, these restrictions are often not revealed prior to treatment, in violation of [Washington RCW 70.47.160, \(2\)\(b\)](#) – what we term “*informed consent*.”

What kind of services do the ERDs limit?

As you might expect from a Catholic missive, abortion and Medical Aid in Dying (MAID, known as “Death with Dignity” in Washington State) are prohibited by the ERDs, but you may be astonished to see some common medical services listed as well. These include voluntary sterilization (tubal ligations and vasectomies), contraceptives, infertility treatments and gender-affirming care. The directives cover a wide variety of services:

- Contraception
- Infertility care (esp. IVF)
- Hormone therapy
- Voluntary sterilization
- Surrogacy
- Abortion
- End of life directives
- Death with Dignity

A link to the full text of the ERDs is available on the reverse side of this flyer.

What medical facilities are affected?

Recent mergers of Washington’s healthcare systems have created large monopolies, most of them controlled by Catholic organizations. As a result, Washington State is **second in the nation** in hospital beds under control of the Catholic church (49% of hospital beds throughout the state). As the only hospitals in many counties, large areas of the state lack any alternative to medical care that is not bound by religious control.

Not all care is performed at hospitals, but the reach of the ERDs also extends to outpatient services. The most recent updates to the ERDs have reinforced the requirement that all institutions affiliated with the hospital are subject to their limits. ([More detail on this change.](#))

Enforcement of the ERDs varies. In many cases, valid care options that may violate the ERDs may simply be left out of the conversation. In more extreme examples an ethics board may be convened to consider whether services will be allowed, delaying care and causing unnecessary suffering. Those in need of time-critical procedures – such as patients suffering miscarriages – have been turned away and forced to seek care elsewhere.

What you can do

Become familiar with the ownership of the providers you work with, note the services that you may need that they offer (and those they deny), compare these options to other providers and challenge everyone to explain all of the options available to you. In short, you should advocate for the care you need and not just accept the situation as irreparable. Resources to help you do this can be found on the next page.



About Save Secular Healthcare Washington

Save Secular Healthcare Washington was formed in 2019 to fight the merger of Virginia Mason and CHI Health and continues its work to expand access to affordable, comprehensive, and equitable healthcare while increasing oversight and accountability for all Washington healthcare systems. Our advocacy has helped move public and legislative discussion towards a better understanding of the harm caused by limits to critical medical services for reasons that are not based in medical fact.

More information: savesecularhealthcare@gmail.com or <https://sshwa.org/>

More on the Ethical and Religious Directives (ERDs)

Impacts of Specific Directives

Conservative Catholic principles supersede all: ERDs #24 and #28 describe how patient and professional choices and ethics are superseded by Catholic law, including any advance directives. ERDs #70, #73 and #74 (added after the Swedish acquisition) clarify that all healthcare organizations allied with Catholic facilities must abide by the ERDs - *though some claim that they remain secular institutions*.

Limits to employees: ERDs #8 and #9 describe the expectation that all employees will be held accountable to the ERDs.

Sterilization: ERD #70 prohibits voluntary sterilization, including vasectomies and tubal ligations.

Infertility treatments: ERDs #38-41 ban in vitro fertilization and artificial insemination; #42 bans surrogacy.

Pregnancy complications: #45 denies termination of a pregnancy at any time (including miscarriages) if there is a fetal heartbeat, and #48 denies any intervention for an ectopic pregnancy – likely, a life-threatening crisis.

Medical Aid in Dying: ERD #61 advises that medical professionals counsel dying patients on the value of “redemptive suffering” as a substitute for legally available options, such as Medical Aid in Dying (known as “assisted suicide” in conservative Catholic usage).

Additional Resources

Impacted Hospitals and Medical Facilities: For a list of Washington medical facilities that are subject to the ERDs, go to:

<https://sshwa.org/WA-ERD-impacts>



Ethical and Religious Directives for Catholic Health Care Services, Sixth Edition (approved 2018). The full text of the current ERDs:

https://www.usccb.org/resources/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06_0.pdf



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