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by NCR Staff

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Recently, [NCR columnist Michael Sean Winters discussed](#) Catholic hospitals and how they should decide to provide care, such as abortions. "What some progressives demand is not only the right an abortion or some other procedure a Catholic hospital cannot, in conscience, perform," Winters writes. "They demand the right to coerce that hospital into performing those procedures."

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Although I agree with Michael Sean Winters that Catholic hospitals must not be forced to provide elective abortions, I do not think always allowing clerics to substitute their judgement for competent medical thinking is wise. We count upon medical professionals to exercise their judgement to preserve life as well as to address conditions of disease and trauma which in some cases if left untreated could lead to death. I don't think several years of study in philosophy and theology is a substitute for clinical acumen.

An argument is conveniently made in some quarters that if an individual wishes to avail themselves of medical services at a public or non-Catholic private hospital they are fully capable of making that decision. I live in a community wherein I can make that choice but many others are not so fortunate. The clinicians at Catholic hospitals, who work in communities wherein there is a non-Catholic hospital in the vicinity, should by virtue of medical ethics at least, refer a patient to another facility if the Catholic hospital has policies which preclude caring for any particular patient.



Healthcare options can become problematic when a Catholic hospital has a monopoly in a region and maintains rules which could result in unnecessary morbidity of some patients because the clinical staff are enjoined from practicing medicine as they are trained. This is not an issue wherein criticism of some Catholic hospital policies is tantamount to mockery as Winters suggests. That attitude is dismissive of serious concerns which many people feel that Catholic hospital policies, depending upon how they are interpreted under the prevailing

circumstances, may result in second class medical care. Potential patients need to be certain that in an emergency they can be taken to a facility which will provide all the necessary care required for their condition.

**CHARLES A. LE GUERN**  
**Granger, Indiana**

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I appreciate Michael Sean Winters' clarity of thought and writing. We often agree except about women's reproductive healthcare. Today, Winters complains about criticism of Catholic hospitals' ethical standards around reproductive health. Winters misses several important points.

Women who have emergency or non-emergency reproductive health issues and are seen in Catholic health systems (1) sometimes are not told the full range of their healthcare options, (2) can be forced to call an ambulance to switch hospitals at a greater risk and cost, (3) are required to undergo a second or third surgical procedure that would have been unnecessary if they were in another hospital, and (4) are put at significantly greater risk. These events are not rare.

In many regions and/or in some insurance products a Catholic affiliated health system may be the only local option. Many patients do not know about Catholic limitations on women's care and so are uninformed health services "shoppers." In emergencies patients are brought to the nearest hospital which may be Catholic.

If Catholics want to own and run large healthcare systems that compete to dominate in a region, they must agree to offer the evidence-based standard of medical care. Patients who want to decline a specific kind of care for religious reasons are free to do so, but that is the patient's call, not the church's.

If you can't agree to offer standard medical care, get out of the business (and it is a business).

**BOB MATTHEWS**

## **Cincinnati, Ohio**

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The truth of Catholic hospitals is "follow the money."

"Follow the money" means medical insurance, for the most part. Public insurances such as Medicare, Medicaid and CHIPS are administered by government agencies. Private insurance companies cover those working or who are able to afford the premiums. Finally, there is private pay for those able to pay for their cost of care out-of-pocket, usually a negotiated amount.

"Follow the money" means Catholic healthcare facilities are non-profit meaning they have many advantages over for-profits. Though they have advantages they operate in a similar manner. The merger of large Catholic health facilities happens because individual hospitals and clinics can no longer financially survive, mostly due to poor planning and mismanagement.

"Follow the money" means "free care." There's no "free care," someone pays. However, in the article [Catholic hospitals spend less than average on charity care](#), we learn Catholic healthcare facilities aren't bearing their fair share of the burden.

Nothing has changed at the Catholic healthcare facility. Their god is money. The opinion piece author is incorrect. Million-dollar salaried CEOs and high paid bean counters and lawyers have replaced the well-intentioned sisters. It's a business protected by professionals not unlike the sinful, criminal clerical sex abuse and cover-up pandemic where everyone acted, even morally sinful, to protect "Holy Mother Church."

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