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Religion at heart of questions over hospital merger

by Alice Popovici



The University of Louisville Hospital (Image taken from the university Web site)

The questions began in June, almost immediately after the University of Louisville Hospital in Kentucky announced a three-way merger that would bring it under the umbrella of a Catholic health system. If the hospital is to follow Catholic directives on medical care, citizens and media organizations asked, how would the community maintain access to reproductive services previously offered? How would end-of-life decisions be affected? And what impact would these changes have on the city's poor?

Kentucky Gov. Steve Beshear weighed in on the issue in July, saying in a statement that the hospital will have to explain how it will continue its "public mission" to the community before the state would approve the merger. Kentucky Attorney General Jack Conway echoed these concerns while Louisville Archbishop Joseph Kurtz stated his commitment to preserving Catholic moral and social teaching, inviting those with questions to study closely the "Ethical and Religious Directives for Catholic Health Care Services" (ERDs), which are guidelines prepared by the U.S. Conference of Catholic Bishops.

If approved, the merger would bring together University of Louisville Hospital and Jewish Hospital & St.

Mary's HealthCare under the majority ownership of the third partner, St. Joseph Hospital System, a subsidiary of Colorado-based Catholic Health Initiatives and owner of a network of hospitals in Kentucky. But as legislators, church officials and citizens of Louisville weigh in on how the merger will affect various stakeholders, University of Louisville Hospital CEO Jim Taylor says there has been a lot of misinformation in the community.

For instance, Taylor said in an interview with *NCR*, some community members have raised questions about organ donations at the hospital, or whether living wills will be honored. But in fact, he said, the only procedure the hospital currently performs that is not consistent with the Catholic directives is tubal ligations for women, and these sterilization procedures will continue to be offered to patients after the merger -- but at another, as-yet-unnamed facility.

'University Hospital will not do anything differently than it does today because of ERDs regarding end-of-life [decisions],' Taylor said, adding that as conversations continue he will 'try to let the community know that so many of the issues that have been raised are not really issues.'

Paul Edgett, senior vice president with Catholic Health Initiatives, who also took part in the interview, said that 'the concerns and myths about what will and will not happen' tend to receive a lot of attention. 'As we brought the organizations together, and the missions and the values of the organizations, they were very consistent and very compatible,' Edgett said. He stressed the benefits of the merger as academic and research institutions combine their resources.

'This is something that will help address the critical issues,' added Taylor, referring to health statistics in Kentucky, which is 'among the top, unfortunately, in heart disease, cancer.'

Taylor said the hospital receives about \$35 million per year in government funding for care of the uninsured, but clarified that this contract with the Quality Care Charity Trust Fund does not make the hospital 'a public institution.' However, the hospital, which is a 501c3 organization, acknowledges its 'public mission,' he added.

University of Louisville Hospital performed 301 tubal ligations last year, 152 of them following a cesarean section delivery, according to spokesman David McArthur. It does not, under its current policy, perform elective abortions.

This Catholic-public hospital merger isn't unique, and in fact may become more common because of the changing business climate for health care systems, according to Catholic health care officials.

New models of business partnerships were discussed at the spring meeting of Catholic Health East, an East Coast-based health care system. At the meeting, held in Fort Lauderdale, Fla., Mercy Sr. Lorraine LaVigne reviewed 'various models of partnership' that are evolving, such as joint operating agreements, joint ventures, mergers, affiliations and contracted collaboration.

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When Catholic and non-Catholic agencies are involved in these partnerships, LaVigne said, 'complex relationships' are inevitable.

LaVigne pointed to a recently approved merger in Albany, N.Y., that brought together two Catholic health care providers, St. Peter's Health Care Services and Seton Health, and secular Northeast Health. In

what she described as "very creative partnering," St. Peter's and Seton will retain their Catholic identity and Northeast will remain secular.

Meanwhile, about 400 Louisville citizens have added their names to an ad protesting the merger, according to Honi Goldman, who collected the names through an e-mail campaign and raised money for the ad, which ran in the Louisville *Courier-Journal*.

"The details of the merger were never really described," Goldman said. "Even to this day, there is some confusion on what services this hospital can provide."

Goldman said one of her main concerns is what happens in emergency situations: "We don't want a doctor to be saying, 'Wait a minute, I can't do this because of a hospital policy that is being dictated by religious belief.'"

The intention of the ad, which has been described as a petition, was not "to stop the merger" but to "rethink the merger," Goldman said. "We recognize the economic value of the merger."

For Gabriela Alcalde, vice chair of the independent, volunteer Louisville Board of Health, the main questions come down to the details of care surrounding tubal ligations, and in particular tubal ligations immediately following a C-section.

Alcalde said she hopes merger partners will better explain "exactly how will they [tubal ligations] continue to happen, and what implications they will have on people in terms of cost, time, transportation." She added, "If women were required to have a second procedure, or have extra cost, take time off from work, that would be a concern."

The merger is pending approval from federal, state and church entities, which could take anywhere between nine and 12 months, according to Taylor and Edgett.

[Alice Popovici covers health care issues for *NCR*. Her e-mail address is apopovici@ncronline.org.]

For more on this subject, see **John Allen's coverage of Catholic Health East's spring meeting**.

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