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**Testimony of Mary J. McGinnis, MD
Member of Physicians for Reproductive Choice
and Health**

**Submitted to the New York State Assembly
Committee on Health**

December 11, 2006

My name is Dr. Mary J. McGinnis. I have worked as a physician and obstetrician-gynecologist for 30 years. I am Chair of the Department of Obstetrics at Bellevue Woman's Hospital in Niskayuna, New York.

I submit this testimony as a concerned resident of Schenectady, an experienced healthcare provider and a member of Physicians for Reproductive Choice and Health (PRCH). PRCH is the only national physician-led not-for-profit that works to mobilize physicians who are committed to safe and accessible reproductive healthcare. PRCH exists to ensure that all people have the knowledge, access to quality services and freedom to make their own reproductive health decisions. PRCH mobilizes pro-choice physicians to promote, educate and advocate about the importance of comprehensive reproductive healthcare.

I present this testimony to you on behalf of the PRCH Board of Directors and our physician members in New York to express our deep concern regarding the recent recommendation made by the Commission on Health Care Facilities in the 21st Century. Their recommendations included the merger of two hospitals and the closing of one in the Schenectady area. I am here today to urge you as members of the Assembly Committee on Health to carefully consider the testimony from the medical community. We respectfully request more time to evaluate the recommendation at hand and avoid making hastily decisions on the medical care available to women in Schenectady and beyond when secular and religious institutions merge.

Bellevue Woman's Hospital is one of only two non-profit women's hospitals in the nation and the only one in New York State. We have delivered 70% of the babies in Schenectady and 20% in the Capital district.¹ Patients from 54 of the 60 counties in New York State have come to Bellevue Hospital for the quality of care and culture specific to a hospital dedicated to the needs of women and their families.² We provide essential medical care for women with

comprehensive reproductive healthcare, including family planning services, and mobile mammography, comprehensive pelvic health and neonatal intensive care programs.

As a faculty member of Bellevue Woman's Hospital, the Commission's recommendation to close Bellevue has been devastating, not only as a physician who has cared for patients from this tight knit community for the last 20 years, but also for the potential loss of services my patients will face as a result of this report. Some hospitals like Bellevue address special needs that cannot easily be transferred or reproduced elsewhere if only religious institutions are available.

The Commission claims that if and when Bellevue closes, "(it) will be accompanied by a transfer of its services elsewhere in the area."³ I would like to argue otherwise. The reproductive healthcare services offered at Bellevue, such as tubal ligations, abortions, and infertility treatment, are currently not readily available at Ellis Hospital, and a Catholic institution like St. Clare's Hospital would not allow for such procedures to take place on its premises due to its religious affiliations.

As a Catholic healthcare institution, St. Clare's Hospital abides by guiding principles called the *Ethical and Religious Directives for Catholic Health Care Services*. These Directives, created by the United Conference of Catholic Bishops, must be adopted by Catholic healthcare institutions and any hospital or healthcare institutions that want to affiliate itself with a Catholic hospital system. As stated in Directive #5, "Catholic health care services must adopt these Directives as policy, require adherence to them within the institution as a condition for medical privileges, employment, and provide appropriate instruction regarding the Directives for administration, medical and nursing staff, and other personnel."⁴

According to the Directives, when a patient accesses healthcare services from a Catholic institution, the patient also accepts the delivery of service that is specific to the Catholic teaching:

When the health care professional and the patient use institutional Catholic health care, they also access its public commitment to the Church's understanding of and witness to the dignity of a human person. The Church's moral teaching on health care nurtures a truly interpersonal professional-patient relationship. This professional-patient relationship is never separated, then, from the Catholic identify of the health care institution. The faith that inspires Catholic health care guides medical decisions in ways that fully respect the dignity of the person and the relationship with the health care professional.⁵

This is a grave concern, as the Committee's recommendation clearly states that St. Clare's Hospital and Ellis Hospital should be consolidated and "joined

under single unified governance structure with full authority to restructure the hospitals, rationalize bed and clinical capacity, minimize duplication of services and capital investment, and develop an integrated health care delivery system.”⁶ By merging, Ellis Hospital will be required by St. Clare’s to abandon its secular identity and adopt the Directives. If Bellevue’s reproductive healthcare services are transferred to Ellis, the merger between Ellis and St. Clare’s will inevitably put an end to reproductive healthcare services.

A procedure often provided at the time of delivery is tubal ligation, a form of sterilization for women. This surgical procedure is commonly done after a woman delivers her child through a caesarean section. Catholic healthcare institutions have strict guidelines against tubal ligations, as stated under Directive #53:

Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their indirect effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.⁷

I recently treated a woman in her 40s who suffered from high blood pressure and diabetes. Mary already had several children at home. Her blood pressure and age, combined with a pregnancy, placed Mary at high risk for complications like stroke or even death. Because she had young children at home, Mary didn’t want to risk her own life by continuing the pregnancy. She also knew that it was in her best interests—and her children’s best interests—not to become pregnant again. But as a diabetic, Mary had fewer birth control options available for her. She decided to come to Bellevue for an abortion and a tubal ligation, to be performed at the same time. Neither of these procedures would be offered at St. Clare’s, putting Mary’s life and health at risk unless she chose to travel to another town for the procedures she wanted.

At Bellevue Woman’s Hospital, a patient like Mary and her doctor can discuss together her options for sterilization as part of her reproductive healthcare services. She can then, with the support of her family and her physician, proceed to have her fallopian tubes “tied” like I was able to do for Mary. Banning procedures like tubal ligations would require patients seeking this procedure at a Catholic hospital to undergo a second surgical procedure elsewhere, with another physician, facing the risk of additional surgery and anesthesia. This is harsh and unnecessary.

The fragmentation of healthcare delivery for my patients as a result of the Committee’s proposed recommendation is disheartening. It unjustly targets women’s reproductive healthcare services, while promoting the advancement of a religious belief. For the last 20 years, I have provided woman-centered care that my patients deserve. As physicians, our patient’s health is our

priority, not politics or religion. Blanket institutional restrictions—whether promulgated by hospitals, healthcare systems, legislations or other sources—influence healthcare delivery, making legal and safe services unavailable or, for all practical purposes inaccessible to patients. These attempts to manipulate healthcare services are unethical and dangerous.

You are faced with the important responsibility of deciding the future of New York State's healthcare system; nevertheless it should not come at a price of the health of our mothers, daughters, sisters, aunts, nieces and grandmothers. Unfortunately, the Commission has given you a very limited amount of time to evaluate the long-term effect of their recommendations. I respectfully urge you to consider the services that would be lost in the area and obtain the additional time necessary to evaluate the Commission's recommendations for hospital closures and mergers. My patients—and your constituents—deserve more.

1 Personal communication with M.J. McGinnis, MD.

2 Personal communication with Anne F. Saile, President and CEO of Bellevue Woman's Hospital, December 6, 2006.

3 Commission on Health Care Facilities in the 21st Century. *A Plan to Stabilize and Strengthen New York's Health Care System: Final Report of the Commission on Health Care Facilities in the 21st Century*. December 2006.

4 United States Conference of Catholic Bishops. *Ethical and Religious Directives for Catholic Health Care Services*, Fourth Edition (2001). Accessed on December 6, 2006. Available at <http://www.nccbuscc.org/bishops/directives.shtml>.

5 Ibid.

6 Commission on Health Care Facilities in the 21st Century. *A Plan to Stabilize and Strengthen New York's Health Care System: Final Report of the Commission on Health Care Facilities in the 21st Century*. December 2006.

7 United States Conference of Catholic Bishops. *Ethical and Religious Directives for Catholic Health Care Services*, Fourth Edition (2001). Accessed on December 6, 2006. Available at <http://www.nccbuscc.org/bishops/directives.shtml>.