



Health Care Refusals in the Public Domain

Findings from a Media Audit and Survey of Health Care Professionals

November 2007

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Research Goals

- Examine how the media is covering health care refusals
- Identify what health professionals think about a patient's right to care
- Analyze issue framing from both sides of the debate
 - Identify messages and messengers

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Methodology

- Reviewed national and regional media coverage about health care refusals from Jan 2005 – Mar 2006
- Opinion survey administered in person at the APHA Conference in Boston, MA, Nov 6 and 7, 2006
- 165 health professionals participated

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Audit Scope

- January 2005 – March 2006
 - National Outlets included: AP, LA Times, NYT, USA Today, WSJ, Washington Post, Time, Newsweek
 - States: California, Connecticut, Illinois, Mississippi, Wisconsin
 - Industry included: AMA News, Modern Healthcare

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Most Common Topics

- EC pharmacist refusal
- Refusal/Conscience Clauses
- EC and the ER
- Mergers
- Contraceptive Coverage

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Coverage/Story “Frames”

- Access to health care vs. Violating religious or moral beliefs
- Imposing religious beliefs vs. Religious freedom
- Patient rights vs. Rights of health care workers
- Protecting patient health vs. Protecting health care workers jobs/discrimination
- Violating medical ethics vs. Violating conscience
- Politics vs. “Baby killing”

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Messengers

- On both sides of issue:
 - Providers, health care organizations, and policymakers
- Difference:
 - Patients visible against
 - Lawyers visible for

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Survey Demographics

- 165 APHA conference participants took the split-sample survey; of these, 152 surveys were complete
- About 1/3 respondents were health researchers, 1/3 health care providers and administrators, 1/3 other
- Most work in academia, followed by non-government services organizations and federal, state, and local health departments and agencies
- Respondents came from all regions of the U.S.
- Twice as many women participated as men

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Overall Findings

- An overwhelming majority of respondents were pro-choice (1s or 2s on “choice scale”)
- All of the messages opposed to refusals tested better than the messages in support (including in separate analysis of 3s and 4s)
- Messages that tested best tended to focus on the importance of medicine or science over religion and putting patients first
- Messages that tested weakest tended to include language about institutions, the medical system, religious freedom, or doctor mandates

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Overall Opinions: What Providers Should Do

- All health care providers must provide care regardless of their personal or religious beliefs. *Score: 4.31 (5=strongly agree)*
- A health care provider who does not want to provide certain services should not work in places where the provision of those services may be required. *Score: 4.2 (agree)*
- Hospitals must provide the full spectrum of medical services, including abortion and emergency contraception, in order to ensure standards of care. *Score: 3.93 (agree)*
- A health care provider may refuse to provide care if the service conflicts with their personal beliefs, but they must refer the patient to that care. *Score: 3.27*
- A health care provider should not have to provide care that is contrary to his or her personal beliefs and should not have to refer the patient to that care. *Score: 1.62 (1=strongly disagree)*

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“Conscience Clauses”

- Respondents were generally opposed to conscience clauses with a 2.14 overall score based on a 5 (strongly agree) to 1 (strongly disagree) scale
- Several survey respondents wrote that they supported conscience clauses for individuals, but not for insurance companies or institutions
- A few wrote that conscience clauses are for Catholic hospitals and that patients “know what they’re getting and not getting” when they go to a Catholic hospital
- When we break out 3s and 4s from overall group, there is a jump in support for conscience clauses; there is also an increase in support among providers and physicians

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Message Testing

- We tested a variety of messages in support of and opposed to refusals
- All messages opposing health care refusals tested better than those in support of right to refuse in overall results
- Only one message opposing refusals dropped into bottom half in subgroup analyses of 3s and 4s and physicians

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Message Trends

- **Top Tier**
 - Health professionals respond well to messages re: not imposing religious beliefs; care determined by medical needs/choices
- **Second Tier**
 - These tended to focus on providers' professional responsibilities, ethical duties; while they fall into second tier, they still test strongly
- **Bottom Tier**
 - Mandates (e.g. "do something else") and messages re: protecting religious conscience
 - While "conscience clause" language does not test well overall, doctors are sympathetic to this language

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Message Examples – Top Tier

- Health care providers should not impose their personal or religious beliefs on patients. A provider's primary obligation must be to the health and well being of his or her patient and to providing medically sound care.
- Overall Score: 9.02
- Overall Rank: 1-tie
- This message scored higher among physicians (9.25)

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Messages – Top Tier

- A patient's access to health services should be determined by her medical needs or choices and not by the political or religious views of a particular health care provider.
- Overall Score: 9
- Overall Rank: 1-tie
- Interestingly, this message was not among the physicians' top 8 messages; yet it did test in the top three among 3s and 4s
- In split-sample of "patient" and "woman," patient scored slightly better

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Messages – Top Tier

- Medical care should be provided without delay or discrimination. Patients should be able to trust that they can obtain care without regard to their race, sex, or the kind of medical service they need.
- Overall Score: 8.94
- Overall Rank: 3
- This message also ranked #3 among 3s and 4s

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Messages – Second Tier

- Medical providers have a professional responsibility to provide full and complete medical information to their patients. Providing anything less jeopardizes patient care and compromises the credibility and integrity of medicine.
- Overall Score: 8.67
- Overall Rank: 7
- #1 among physicians AND 3s and 4s

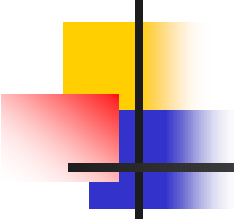
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Messages – Second Tier

- It is a health care provider's job to provide the best medical care possible. If a person's personal or religious beliefs interfere with practicing their profession, perhaps they should do something else.
- Overall Score: 6.56
- Overall Rank: 11
- Last among messages opposing refusals in overall
- Last among physicians

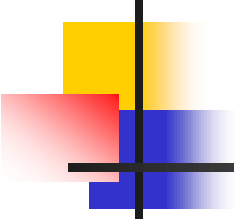
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Messages – Bottom Tier

- Health care providers should not be forced to choose between their conscience and their livelihoods. Health care providers should be able to fulfill their professional obligations without violating their religious beliefs.
- Overall Score: 5.48
- Overall Rank: 12-tie
- Top among messages in support of right to refuse
- In the bottom half among 3s and 4s

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Messages – Bottom Tier

- It is an issue of religious freedom. Government should not force religious institutions to provide health care services they find objectionable. For example, we should not force a pharmacy to fill prescriptions that are against the pharmacist's personal beliefs.
- Overall Score: 3.50
- Overall Rank: 17
- Last overall out of all messages tested
- In bottom four among both physicians and 3s and 4s

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Who should be the “final arbiter” when medical views collide?

- Most respondents chose medical evidence as “final arbiter.” Patient trumps provider eight times over
 - Medical Evidence 47
 - Patient 33
 - Provider 4
 - N/A 4 (write ins)
 - All 1 (write in)

* Numbers do not add up to 165 because this question was asked in only half of surveys

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When Can a Provider Say No?

- It is acceptable for a medical provider to deny a patient a medical service if the provider is opposed to that service.
- Score: 2.28 (disagree)
5=strongly agree,
1=strongly disagree
- It is acceptable for a medical provider to deny a patient a referral for service if the provider is opposed to that service.
- Score: 1.53 (disagree)

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No Saying No cont'd...

- It is acceptable for a provider to deny a patient a medical service, such as abortion or contraception, if the provider is opposed to that service.
- Score: 2.16 (disagree)
- A medical provider has a professional responsibility to his or her patients' health needs and requests, including for services that the provider is personally opposed.
- Score: 4.00 (agree)

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Position on Abortion

The overwhelming majority of respondents said they were pro-choice:

- Abortions should be legal and generally available – 83*
- Regulation of abortion is necessary, although it should remain legal in most circumstances – 35
- Abortion should be legal only in cases such as to save the life of the woman or in cases of rape and incest – 20
- All abortions should be illegal – 6
- N/A – 4

*reflects the total number of respondents who selected option

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Does Opinion on Abortion Affect Views?

Differences among 3s and 4s compared to overall:

- 3s and 4s support conscience clauses more (1.93 general, 3.29 3s and 4s)
- 3s and 4s support doctor's rights more (1.15 general, 1.43 3s and 4s)
- 3s and 4s rated "pro refusal clause" messages higher (e.g. "check conscience at the door", 4.52 general, 8.0 3s and 4s)
- Despite this, all but two messages opposed to refusal clauses tested better than messages in support among 3s and 4s

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Final Analysis

- Those who work in public health strongly support patients' needs or choices over a provider's right to refuse
- This audience responds well to messages that emphasize patients' needs and that health care be guided by medicine and not religion
- Messages that are strident or less professional in tone are weaker

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Thank you

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