## 6. FAITH HEALERS

Washington is a traditionally liberal state, particularly on social issues. In 1970, Washington voters guaranteed the statutory right to abortion. The 2009 Death with Dignity Act legalized physician-assisted suicide. Washington law not withstanding, trends in hospital ownership worry many Washingtonians.

Many small, financially troubled hospitals in Washington have been taken over by Roman Catholic healthcare systems. By 2012, one third of Washington's hospitals were controlled by Catholic systems. That portion was predicted to rise to almost one half by the end of 2013. Consequently, in over a quarter of the state's counties, all of the hospital beds will be governed by healthcare policies required by Catholic doctrine.

The Ethical and Religious Directives, created by the United States Council of Catholic Bishops, requires all healthcare providers in Catholic facilities to conform to Catholic dogma in providing healthcare services as a condition of employment. In Part Three, the Directives states that, "When the health care professional and the patient use institutional Catholic health care, they also accept its public commitment to the Church's understanding of and witness to the dignity of the human person." That is, patients who use Catholic healthcare facilities cannot expect access even to healthcare services guaranteed by Washington law, if they are inconsistent with the church's moral teachings. Ironically, a 2012 Gallup Poll showed that Washington is tied with Nevada and Oregon as the sixth least religious state in the country.

Supporters of mergers point out that without some such rescue, financially struggling hospitals could close, and area residents would lose access to local healthcare. Supporters note that retaining a local hospital outweighs the loss of some healthcare services: if only Catholic institutions have the means to provide healthcare in a community, they shouldn't be vilified for omitting services they find morally impermissible.

Opponents charge that these mergers remove the choice to receive healthcare in a secular institution, where services are not limited by a single religious perspective. In particular, Washington voters granted residents reproductive choice, end-of-life autonomy, and recognition of civil unions. These options are not supported by Catholic hospitals. This lack of support is particularly burdensome for residents of communities in remote areas.

The choice for many Washington residents seems to be Catholic healthcare or no healthcare.

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