

August 1983

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Recommended Citation

McHugh, James T. (1983) "NFP Services in Catholic Hospitals," *The Linacre Quarterly*: Vol. 50 : No. 3 , Article 11.
Available at: <http://epublications.marquette.edu/lnq/vol50/iss3/11>

NFP Services in Catholic Hospitals

Msgr. James T. McHugh

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The Diocesan Development Program for NFP and the Catholic Health Association have recently completed a survey of natural family planning programs in Catholic health care institutions. The results were positive and challenging, with 503 of the 633 Catholic institutions responding. Slightly more than one-third of the respondents (177) have some type of NFP service program. Of the 326 which do not have a program, 54 stated that they were "very interested" in initiating a program, and some of these made specific requests for immediate information and/or assistance. An additional 116 without a program expressed some interest in initiating an NFP service (see Table 1).

For the most part, the existing NFP programs (177) tend to be a cooperative effort on the part of trained NFP couples and hospital staff. Ninety-eight hospitals reported that the NFP program has a medical director or consultant and 100 indicated that in-hospital referral was available for obstetrical-gynecological services for pregnancy, problem cycles or pathology. Sixty-two hospitals indicated that the actual instruction is in the hands of couples skilled in the use of NFP, 45 are a combination of hospital staff and couples or women using NFP, and 24 programs are handled by doctors or nurses from the staff. In response to a question on continued staffing of existing programs, the majority opted for recruiting and training couples who had been taught NFP by the hospital program, or recruiting either trained teachers from the diocesan program or those who were already trained in some national or regional training effort. Only 22 opted for training NFP users among the hospital staff.

Of the 503 hospitals reporting, 102 indicated resistance on the part of physicians and health care staff to initiating or expanding an NFP program. However, a slightly larger number (121) indicated referral from physicians as a source of clientele for the hospital program. There is, then, a somewhat paradoxical situation — existing programs show a very positive attitude toward cooperation between hospital staff and teaching couples with support from staff physicians, yet many respondents indicate resistance from physicians and hospital staff as a stumbling block to NFP development. Since 201 hospitals

expressed interest in conducting information/education programs on NFP for physicians and staff, it may well be that the resistance springs from a lack of information on the reliability and teachability of contemporary NFP methods or apprehension regarding the preparation of the volunteer teachers who are part of the program.

Pertinent to this last point, the hospitals evidenced strong concern to insure more comprehensive NFP instructor preparation for teachers and greater quality assurance measures for the entire program. It should be noted here that considerable progress has been made in terms of teacher training programs. The Couple-to-Couple League and WOOMB have their own systems for training couples to teach NFP, primarily but not exclusively in couple-oriented programs. The NFP Center at Creighton University, under the direction of Dr. Thomas Hilgers, has developed a rather comprehensive teacher training program focused primarily on the ovulation method. A number of other hospitals, in association with Creighton, are adopting this system. Holy Name Hospital in Teaneck, New Jersey, under the direction of Dr. James Fox, also trains teaching couples who work in conjunction with the diocese.

Numerous Small Hospitals

At present, most of the hospital programs are small, seeing less than 200 couples per year. Again, the attitude toward expansion is very positive with 56 hospitals "very interested" in further development and an additional 66 with some interest. It should be kept in mind that the hospital-based programs are only a small part of the total NFP movement in the country. From the visits to dioceses, contacts with other NFP provider groups and requests for development assistance, we see clear patterns of growth and development, often proportionately greater in couple-oriented programs.

The hospital programs customarily see clients three to four times over a span of time, but the larger programs which see more than 200 couples per year, while proportionately fewer in number (17), tend to see clients in excess of six times. The various methods of NFP are taught in the hospitals, with 60 offering the ovulation method, 24 sympto-thermal, 6 basal body temperature or calendar rhythm only, and 16 a combination of BBT, ovulation or cervical mucus and sympto-thermal and 11 giving no response. It is likely that a variety of methods are taught in many of the hospital programs since the categories listed in the survey were not exclusive. One hundred fifty hospitals direct the program primarily to couples, 24 to women and 14 listed "other."

Funding seems to be a significant problem for the hospitals, with 185 listing it as an obstacle to initiation or development of a program. Most presently fund the programs through a combination of sources, principally full or partial payment for clientele (117), hospital subsidy

(71) and diocesan subsidy (50). Nineteen hospitals receive federal or state funds, and this should be expanded. However, currently tight federal and state budgets as well as funding criteria that conflict with Catholic moral teaching on abortion, have made this avenue difficult, if not impossible.

An open question in regard to program development indicated that 85 hospitals are interested in basic or applied research in NFP; 201 desire assistance in conducting information/education programs related to NFP for doctors and nurses, and 110 are interested in assistance in conducting NFP instructor training for in-house personnel. This last item is somewhat at variance with an earlier question in regard to recruiting NFP teachers, where only 22 hospitals would recruit NFP users from the hospital staff. The wide discrepancy may be attributable to the fact that the response of the 110 was purely in terms of expanding professional training for existing staff (see Table 2).

A large number of hospitals (155) expressed interest in conducting education programs in medical ethics regarding reproduction, human sexuality and conjugal life for doctors, nurses and chaplains. This interest is widely shared in the diocesan programs, and the Pope John XXIII Center is conducting programs to meet this need.

Survey's Summary

In summary, the hospital survey indicates a significant willingness on the part of Catholic hospitals to initiate or expand NFP programs, and to cooperate closely with the dioceses in providing access to NFP for married couples. It evidences involvement by physicians in existing programs, and the possibility for expanding that involvement in the future. In many cases, the role of the physician is indispensable to a quality program and is highly supportive of the couples who constitute the basic teaching corps in NFP programs. Moreover, refinement of present NFP methods and research that will lead to greater scientific validation of NFP is very much the province of physicians and scientists.

This survey takes on added importance in light of the recent statements of the Holy See in regard to natural family planning. In recent years the Church has called, clearly and repeatedly, for cooperation on the part of pastors, physicians and scientists and married couples in promoting natural family planning. Pope John Paul II has been especially forceful, having addressed the topic personally on at least six occasions. The Holy Father has made the following points that are especially pertinent for Catholic physicians:

1. The Church encourages a more decisive and wide-ranging extension of NFP research and calls on doctors to be a part of that effort (F.C. 35). It is providential that various natural family

planning approaches exist so as to meet the specific needs of individual couples.

2. The work of investigating, perfecting and teaching the natural methods is of great importance to the Church, and the Church encourages men of science who have a special competence to be a part of that work.
3. It is necessary for various NFP groups to appreciate their respective work, mutually exchange experiences and results, and firmly avoid tensions and disagreements that could threaten so important a work.
4. The use of natural family planning is based on the Church's teaching in regard to the sacrament of marriage, and the ethics of responsible parenthood.
5. The Church does not exclusively endorse or support any one of the natural methods, but urges scientists to validate the reliability and improve the pedagogy related to all.

In terms of NFP, one might look on the present as a particularly propitious time for expanding NFP programs. The National Conference of Catholic Bishops, assisted by a grant from the Knights of Columbus, has set up a special Diocesan Development Program for NFP to aid dioceses in initiating, developing and expanding their present programs. The development of diocesan leadership and of diocesan resources is the key to the expansion effort, and this calls for a greater involvement on the part of Catholic physicians in each diocese.

In this regard, perhaps it is also time for a heightened scientific discussion to provide physicians with the most recent information on the reliability of the various NFP techniques and the pedagogical advances of recent years.

Table 1 — Develop Interest, Initiate or Expand NFP Services

DEVELOPMENT OF INTEREST	HOSPITALS WITH NFP SERVICES		HOSPITALS WITHOUT NFP SERVICES		ALL RESPONSES	
	Number	Percent	Number	Percent	Number	Percent
Very interested	56	31.6	54	16.6	110	21.9
Somewhat interested	20	11.3	42	12.9	62	12.3
Interested	46	26.0	74	22.7	120	23.9
Not interested	16	9.0	99	30.4	115	22.9
Other	39	22.0	57	17.5	96	19.1
TOTAL	177	100*	326	100*	503	100*

* Percentages may not equal 100%, due to rounding of numbers.

Table 2
Areas of Interest for Development of NFP in Catholic Hospitals

Interest Area	Hospitals with NFP Programs		Hospitals without NFP Programs		Total	
	No.	%	No.	%	No.	%
Assistance in conducting information programs related to NFP method, issues and program development for doctors and nurses.	85	24.4	116	26.7	201	25.7
Assistance in conducting information in medical ethics regarding matters of reproduction, human sexuality and conjugal life for physicians, nurses, and chaplains	69	19.8	86	19.8	155	19.9
Consultation with the diocesan program coordinator to facilitate NFP development	63	18.1	87	20.0	150	19.2
Basic or applied research in the field of NFP or related area	48	13.8	37	8.5	85	10.9
Consultation regarding NFP development issues from the national office	42	12.1	39	9.0	81	10.8
Assistance in conducting NFP instructor training for inhouse personnel	41	11.8	69	15.9	110	14.1
TOTAL	348	100*	434	100*	782	100*

* Percentages may not equal 100% due to rounding of numbers.