LOS ANGELES & SAN FRANCISCO
Daily Journal
www.dailyjournal.com
MONDAY, OCTOBER 20, 2025

GUEST COLUMN

Doctors shouldn't have to choose between their oath and their jobs

A recent lawsuit in San Francisco Superior Court, *Harrison v. Dignity Health*, exposes how legal uncertainty after Dobbs and *Moyle* — combined with restrictive Catholic hospital policies — has left California doctors torn between obeying institutional mandates or fulfilling their ethical duty to provide life-saving care to pregnant patients.

By Christian R. Jagusch and Katherine Hazen

Shutterstock

A recent lawsuit filed in the Superior Court of San Francisco highlights the struggle for reproductive rights in California and across the nation. Faced with legal ambiguity, ethical obligations and unjust hospital policies, doctors face a dilemma: put the patient first and face the repercussion or violate their duties as a physician by refusing life-saving care.

According to the lawsuit, Rachel Harrison's water broke at 17 weeks' gestation. After arriving at Dignity Health Mercy San Juan Medical Center, a Catholic hospital, she was shuttled between the maternity ward and the emergency department before being told there was nothing more the hospital could do. There was still a heartbeat, but there was no chance the fetus would survive. She was sent home to complete a high-risk miscarriage on her own. Fortunately, she sought care at an out-of-network non-religious hospital where she received a life-saving pregnancy termination. *Harrison v. Dignity Health*, 2025 WL 2797616 (Cal. Super. Ct. 2025).

Several months later, Rachel suffered another obstetrical emergency — again at 17 weeks. Because of her insurance, she returned to another Dignity Health facility. While at Mercy General Hospital, she received the same response: "There's nothing more we can do." This time, the delay in care caused sepsis and nearly killed her.

Since the Supreme Court in *Dobbs* removed the few protections that remained for abortion care, stories like Rachel's have become common, especially in states like Idaho, Mississippi and Texas. *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022). In fact, a Texas study found that sepsis rates among second-trimester pregnancy losses rose by 50% after *Dobbs*. Lizzie Presser, Andrea Suozzo, Sophie Chou and Kavitha Surana, Texas Banned Abortion. Then Sepsis Rates Soared, ProPublica (Feb. 20, 2025).

But Rachel did not receive her mistreatment in Texas. Rachel suffered this injustice at Dignity Health — a Catholic hospital system in California. This case reveals a deeper problem in American medicine: a growing willingness to hide behind institutional policy instead of upholding ethical duties physicians owe to patients.

Doctors swear to the Hippocratic oath which is the foundation of the four pillars of bioethics: respect for autonomy and informed consent, acting in the patient's best interest, first do no harm, and treating all patients equitably. These principles form the core of medical professionalism and the moral backbone of the profession.

The treatment Rachel received at Dignity Health broke each of them — and even crossed into medical malpractice and violated state laws on the provision of emergency care.

Sadly, Rachel is not the only patient to have received such horrific treatment in a Catholic hospital in California. Last year, Anna Nusslock miscarried twins at 15 weeks at Providence St. Joseph Hospital in Humboldt County. Because one of the twins had detectable heart tones, hospital policy forbade an abortion. Instead of receiving the abortion she needed, Anna was

handed a bucket and towels and told to drive 12 miles to the next hospital. On the way, Anna began hemorrhaging. She, too, almost died.

In response to this tragedy, California Attorney General Rob Bonta filed a lawsuit against St. Joseph's Health system to enjoin them for refusing emergency care to pregnant women. On Oct. 10, 2025, Mr. Bonta filed for a preliminary injunction related to Anna's care and the care of Jane Roe, another woman who was denied life-saving obstetrical care. *People v. Providence St. Joseph Hospital*, No. CV2401832 (Cal. Super. Ct. Humboldt Cnty. Sept. 30, 2024).

In these cases, the doctors and hospitals prioritized religious directives over patient safety, an increasingly common trend in the wake of *Dobbs* and the Supreme Court's nonanswer on EMTALA in *Moyle*. *Moyle v. United States*, 603 U.S. 325 (2024). Working in Catholic or religious healthcare systems has always come with this pressure — but now *Dobbs* and *Moyle* give that pressure legal cover.

Deepening confusion further, the recent *Moyle* decision from the Supreme Court added more ambiguity to doctor's obligations to pregnant patients in emergency. The court declined to rule on whether EMTALA required doctors and hospitals to provide abortions as part of their obligation to provide stabilizing care.

Many assume California protects reproductive and patient rights. That assumption is not entirely wrong — in 2022, California voters overwhelmingly said reproductive rights are a constitutional right. Yet in California, malpractice accountability has long been blunted. In 1975, the state enacted MICRA, capping noneconomic damages at $250,000 — a restriction that stood untouched for decades. In 2023, the MICRA was increased but remains among the most stringent in the country which curtails legal recourse and access to justice. For doctors in Catholic hospitals, the real risk is not a lawsuit with limited consequences — it's losing their job.

Catholic hospital systems account for 16% of all hospital beds in California, meaning that thousands of patients get care influenced by church doctrine and fear of institutional retribution, rather than medical judgment grounded in bioethics. California Catholic Health Care: A Snapshot of Catholic Health Care in California (2021), The Alliance of Catholic Health Care. *Dobbs* didn't create this culture of submission — but it legitimized it.

Now, that ambiguity provides cover: If fetal heartbeat is present, doctors in choice-restrictive hospitals or states fail to act, fearing faith-based institutional or legal backlash. But that failure leads directly to preventable harm and also strengthens a growing mistrust of the medical establishment. *Dobbs* erased clarity about a doctors' obligations, and *Moyle* muddied the waters even further. Together, they create a perverse safety net — not for patients, but for institutions that fail them.

Prior to practicing law, I spent 10 years in a Catholic hospital system in California as an Emergency Medicine specialist. Never did I let the institutional mandates interfere with my obligation to put the patient first. If called before a disciplinary committee, I was confident that I had honored my oath: to treat patients in their best interest and with their informed consent.

Rachel, Anna and Jane Roe nearly died — not because doctors did not know what to do, but because they chose to hide behind ambiguity and faith-based institutional forces. Law and policy cannot substitute for ethics, but at the very least, they should reinforce it.

Regardless of doctrine or jurisdiction, the standard of emergency care is clear: The patient, not the institution, must remain the moral center of medicine.

Christian R. Jagusch, MD, JD, FACEP, FCLM *is the Medicine Negligence Counsel, and* **Katherine Hazen** *is a law fellow at Walkup, Melodia Kelly & Schoenberger.*

Reprinted with permission from the *Daily Journal*. ©2025 Daily Journal Corporation. All rights reserved. Reprinted by ReprintPros 949-702-5390.