

A Defense of Sterilization Data Reported in *Catholic Hospitals Betray Mission*

The researchers who posted the [Catholic hospitals betray mission](#) study on Wikileaks.org did further analysis of the Texas hospital discharge data to respond to allegations by the hospitals that the study had misrepresented the data. The hospitals asserted that the 9,684 records coded with the V25.2 ICD-9-CM diagnostic code for sterilization included many cases of sterilizations that were “medically indicated” and that such “indirect” sterilizations are permitted in Catholic hospitals. No evidence was given to support these accusations.

In the additional study, [Further-analysis-of-sterilization-data](#), posted on Wikileaks, the researchers went to great lengths to confirm the meaning of the V25.2 and accompanying sterilization procedure codes by reviewing: the actual use made of such codes in hospital data, laws related to sterilization, the use of the codes by Medicaid and Catholic insurance programs, and Vatican pronouncements on sterilization. They further analyzed the records to illustrate that the V25.2 diagnostic code was used only to call for a sterilization, not to express a pathology that needed treatment. (The appendix for the study given below provides example patient records extracted from the TCH.xls file which demonstrate the analysis.) The researchers concluded from their analysis that the clinical meaning of V25.2 and its accompanying procedures as well as the prohibition and definition of direct sterilization in Catholic teaching were so clear that the only explanation for the hospitals’ actions in allowing the procedures and making accusations against the V25.2 data was that their ethicists were unqualified. This conclusion was confirmed, in part, by three past Vatican statements and from recent remarks from a leading Catholic ethicist in the United States.

The researchers encouraged the Catholic hospital systems to undertake a more constructive and open discussion of the public data. They requested specific examples of any alleged errors in the data and requested the hospitals make public the protocols regarding sterilizations and the manner in which ethicists are approved.

Appendix: Samples of Actual Patient Records with the V25.2 Diagnostic Code

6 Patient Records		Diagnostic Codes											Procedure Codes						Rec ID
Dischg Qtr	Sex	Admit Dx Code	Princ Dx Code	Other Dx1	Other Dx2	Other Dx3	Other Dx4	Other Dx5	Other Dx6	Other Dx7	Other Dx8	Princ Proc Code	Other P1	Other P2	Oth P3	Oth P4	Oth P5	Rec ID	
#1	2000Q2	F	650	650	V27.0	V25.2						73.6	66.32						
#2	2001Q3	F	654.2	654.2	V25.2	V27.0						74.1	66.32						
#3	2001Q4	F	648.4	648.4	305	305	V25.2	V27.0				66.22	73.4						
#4	2003Q4	F	659.4	659.4	70.5	648	658	663	648	306	V25.2	V27.0	66.32	73.59					
#5	2001Q2	F	633.1	633.1	V25.2							66.62	66.29						
#6	2002Q4	F	625.6	625.6	618	V25.2	245	311	723			70.52	59.79	66.29					

Rows #1 through #4: These sample records represent 9,445 women giving birth to a live child. The records all have the ICD-9-CM V25.2 code (admission for contraceptive sterilization by interruption of fallopian tubes or vas deferens). 98.3 % of these cases reported an accompanying procedure for bilateral ligation, destruction, or crushing of the fallopian tubes (ICD-9-CM codes 66.21, 66.22, 66.29, 66.31, 66.32, or 66.39). In these specific sample records, the accompanying procedures indicate that the fallopian tubes were made inoperative through procedures 66.32 and 66.22.

Rows #1 & #2: These samples represent approximately one-third (32.6%) of the women giving birth who had admission codes for normal delivery (ICD-9-CM 650) or previous cesarean delivery (ICD-9-CM 654.2) with one or no additional diagnostic codes. The procedure code (66.32) not related to delivery is the procedure on the fallopian tubes specifically for sterilization in response to the V25.2 code.

Rows #3 & #4: These samples represent the other 67.4% of women giving birth who had two or more additional diagnostic codes plus the admission code. The other diagnostic codes express various complications or other conditions of the mother or child and do not affect the purpose of the accompanying sterilizing procedure since V25.2 is not based on any pathology, but is a request to sterilize for contraceptive purposes. The procedure codes for sterilization in these specific examples are 66.22 and 66.32.

Row #5 & 6: These samples represent 232 patient records with the V25.2 code which did not record the delivery of a live child. Record #5 has a code of 633.1 indicting a tubal pregnancy and accompanying procedure code for removal of the tubal pregnancy (66.62). The additional code is for a bilateral ligation of the fallopian tubes (66.29) to sterilize in response to the V25.2 code thus preventing further pregnancy which could result from the remaining functioning fallopian tube. Record #6 has a diagnosis of stress incontinence (625.6) and procedures to correct the problem (70.52 and 59.79). The record has an additional procedure code (66.29) done at the same time for contraceptive purposes in response to the V25.2 code.