

IN VITRO FERTILIZATION AND HEALTH CARE CHAPLAINCY: AN AUSTRALIAN EXPLORATORY STUDY.

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Abstract: This paper summarizes the quantitative and qualitative exploratory research findings concerning the pastoral interventions undertaken by Australian health care chaplains when assisting patients and clinical staff involved in IVF procedures. Differences between staff and volunteer chaplains are noted as are the perspectives of chaplaincy informants regarding their involvement in IVF. Some possible reasons why chaplains may not be involved in IVF procedures are also suggested. Implications of this study with respect to chaplaincy utility, training and future research are noted.

KEY WORDS: Chaplains, Chaplaincy, Pastoral Care, In Vitro Fertilization.

Introduction

Australia has been internationally recognized to be at the forefront of in vitro fertilization (IVF) policy and procedures (Rae, 1995, p. 143; Lewins, 1996, p. 47; Nader, 2007, p.3). Yet even given all the technological benefits of medical science and protocols, the IVF process itself and the subsequent developments have led to numerous social, medical, religious and ethical questions, not to forget the emotional, psychological, spiritual, financial and physical distress upon patients / couples (Figure 1). Given the complexity of IVF plus its potential impact upon participating individuals / couples and upon the community, it can be argued that the application of appropriate pastoral care by health care chaplains, may be important for the health and well-being of individuals and / or couples proceeding through, or exiting from IVF. While chaplains have been noted to be involved in other bioethical areas such as pain control (Carey, Rumbold, et al, 2006a), withdrawal of life support (Carey & Newell, 2007a), abortion (Carey & Newell, 2007b), not for resuscitation orders (Carey & Newell, 2007c), euthanasia (Newell & Carey, 2001) and organ transplants (Elliot & Carey, 1996; DeLong, 1993), as yet however, there has been no research exploring the involvement of health care chaplains with regard to invitro-fertilization issues.

Research Focus

This paper seeks to undertake an initial exploration regarding the role of hospital chaplains and the IVF process. Two key questions formed the basis of exploration for this paper: (i) 'Are chaplains involved in assisting patients / families and clinical staff with issues regarding 'IVF?', and (ii) 'If chaplains are involved in IVF issues, what is the nature of that involvement?'

Method

As part of a larger study (Carey et al, 2006b), former and current members of the Australian Health & Welfare Chaplains Association (AHWCA) were asked to volunteer information concerning their participation and perceptions of their involvement in IVF issues with patients /couples and clinical staff. The triangulation of a two-stage non-experimental 'parallel paradigm' cross sectional study (Peterson, 1997) collating descriptively both quantitative data (via a survey) (Schwartz & Polgar, 1996) and qualitative data (using the in-depth interview process) (Minichiello et al, 1996) was implemented to ensure the best possible exploratory assessment of the pastoral role of chaplains involved in IVF.

Figure 1:

IN VITRO FERTILIZATION

<u>Medical Issues</u>	<u>Social / Ethical Issues</u>	<u>Moral Issues</u>	<u>Psychological Issues</u>
IVF failure high - often requiring multiple attempts.	Unnecessary use of IVF if no fertility problem.	IVF considered unnatural process.	Issues of guilt, feelings of failure, loss of hope.
Expensive medical costs.	High personal / social / financial costs to parents.	Denial of child's right to be born naturally.	Anxiety, physical, emotional effects of IVF process can cause marriage / relationship stress, breakdown and lead to depression
Health risk to parent due to IVF treatment.	Issue of distributive justice given high costs and limited resources.	IVF degrading to human dignity.	Potential exposure of IVF children to emotional / psychological taunting
Congenital infant abnormality risks to baby given IVF process.	Use of embryos for genetic experimentation/ manipulation. Storage and discarding of unwanted frozen embryos.	Encourages third party relationships and possibly multiple parents (biological / gestational / contractual).	
Infection and trauma – ectopic gestations	Development of embryos from aborted fetuses, deceased person or from other frozen embryos.	Encourages out of wedlock children.	
Possible link between ovarian stimulation and ovarian cancer			
Developmental health risk to baby - double the risk of babies having or developing cardiovascular, musculoskeletal, chromosomal or other problems within their first year.	Gamete donation, surrogacy, pre-implant genetic diagnosis Splitting of embryos to increase potential supply for market / profitability.	Breach of personal / religious moral values, Fetal reduction / termination of embryos - link with abortion Right to life issues for frozen embryos / aborted fetuses.	

Sources: Rae, 1995; Lewins, 1996; Johnstone, 1995; Garrett et al, 1993; Thompson et al, 1994; Paulson & Sauer, 1990; Hamilton, 2000; Emery, 2002; Hickman, 2002; Noble, 2002.

Chaplaincy Respondents & Informants:

Of the 410 health care chaplains available to be surveyed, the majority completed a survey (n = 327:79.7%).

Of those returning a survey 218 indicated being ‘staff’ employed chaplains (either via hospital, government, church or mixed funding) and 109 respondents indicated being ‘volunteer chaplains’ (Figure 2).

Figure 2: Australian Chaplaincy Survey Respondents (n = 327) & Interview Informants (n = 100).

	Column 1 <u>Survey Respondents (n = 327)</u>	Column 2 <u>Interview Informants (n = 100)</u>
Male:	144 (44%)	59 (59%)
Female:	183 (56%)	41 (41%)
Catholic:	129 (39.4%)	39 (39%)
Protestant:	196 (60%)	61 (61%)
Staff Chaplain:	218 (66.7%)	79 (79%)
Volunteer Chaplain:	109 (33.3%)	21 (21%)

* Two chaplains failed to indicate their religious affiliation (Catholic / Protestant)

The qualitative component of the research involved chaplain informants being interviewed using the indepth semi-structured model of interviewing (Minichiello et al, 1996). A total of 100 chaplains volunteered as informants to this component (i.e., staff chaplains n = 79; volunteer chaplains n = 21) (Figure 2). The semi-structured interview sought to explore the various clinical and ethical experiences of chaplains with regard to patients, their families and clinical staff involved in IVF. The interviews, following signed consent, were tape recorded and lasted no more than 2 hours.

Results

It is important to note that due to the substantial amount of data gathered, not all the results of the quantitative and qualitative data gained from this study can be presented within this paper.

Quantitative Data:

Approximately 12% (n=42) of the total number of surveyed chaplains indicated that they had been involved with assisting patients / couples with regard to IVF issues. Compared to chaplaincy involvement in other bioethical issues (e.g., pain control, withdrawal of life support) where a significant majority of chaplains were found to be involved in such issues, the percentage of chaplains involved in IVF issues may at first seem quite low. However it is important to note that there are very few hospitals or clinics in Australia which undertake or permit IVF. Further of those hospitals and clinics that do practice IVF, most do not have chaplains specifically assigned. Thus clinical staff or patients and their families, who may desire pastoral care, must seek the availability of staff or volunteer chaplains from other departments or from nearby health facilities.

Among the total percentage of chaplains who indicated being involved in IVF issues, chi square tests indicated that there was no statistically significant

difference between either staff or volunteer chaplains and their involvement with patient/couple IVF issues ($p=0.0562$). Further, approximately 6% of chaplains indicated having assisted clinical staff

with IVF issues. Again there was no statistically significant difference between the number of staff chaplains and volunteer chaplains involved with IVF issues effecting clinical staff ($p=0.1511$) (Figure 3).

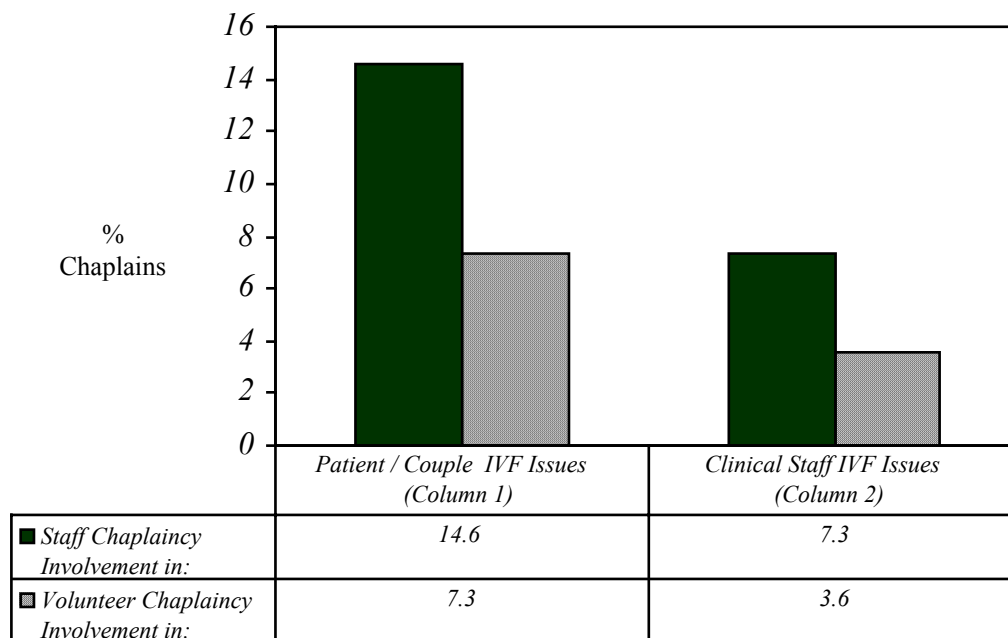


Figure 3: ‘Staff Chaplaincy Involvement’ (n = 218) and ‘Volunteer Chaplaincy Involvement’ (n = 109) in Patient / Couple (Column 1) and Clinical Staff (Column 2) In vitro-Fertilization Issues.

Chi square tests were also undertaken comparing the involvement of Catholic chaplains to Protestant chaplains in IVF issues. Approximately 14% of Catholic respondents and 11% of Protestant chaplaincy respondents indicated being involved with patient / couple IVF issues. A chi square analysis indicated that there was no - statistically significant difference concerning the number of Catholic or Protestant chaplains involved in patient / couple IVF issues ($p=0.6057$) or clinical staff IVF issues ($p=0.273$).

Qualitative Data:

Nearly half (n=19) of the 42 chaplaincy respondents (45.2%) whom had involvement in IVF issues, provided in-depth information regarding their actual experiences with patient / couple 'IVF' decisions. All nineteen chaplaincy informants (100%)

indicated that their involvement in IVF issues was with patients / couples but most (68.4%) became involved with couples post the decision to proceed with IVF. Nearly a third of chaplaincy informants became involved pre-decision (32.5%). It should be noted however that with this particular bioethical issue some chaplaincy informants (23.6%) also became involved in 'subsequent pre-decisions'. That is, due to a result of an initial IVF failure, some patients / couples would consult with a chaplain prior to making a subsequent decision whether to undergo further IVF procedures.

To assist with the coding of the qualitative data obtained, the information derived from chaplaincy informants (abbreviated ‘CH’) was thematically categorized using the ICD-10-AM ‘Pastoral Intervention’ codings listed by the National Centre for Classi-

fication of Health (NCCH) in conjunction with the World Health Organization (NCCH, 2002). The Pastoral Intervention (PI) codings have proven to be a useful instrument in previous pastoral care research (Carey & Meese, 2005; Carey, Cobb & Equeall, 2005; Carey, Holmes & Neven, 2004; McFarlin & Carey, 2004). The NCCI-PI codings

comprise four main categories: (i) Pastoral Assessment, (ii) Pastoral Ministry, (iii) Pastoral Counselling and Education and (iv) Pastoral Ritual and Worship (refer Figure 4). The involvement of chaplains with regard to IVF occurred at all levels of pastoral intervention among patients, family and staff, pre-decision and post-decision.

Figure 4: ICD-10-AM 'Pastoral Intervention Codings'

Description of Pastoral Intervention Codings (NCCH, 2002)

PASTORAL ASSESSMENT (ICD code 96186-00) [Major Heading : 1824]

Description : An appraisal of the spiritual wellbeing, needs, issues and resources of a person within the context of a pastoral encounter.

PASTORAL MINISTRY (ICD code 96187-00) [Major Heading : 1915]

Description : The provision of the primary expression of the service, which may include :- establishing of relationship / engagement with another, hearing the story, and the enabling of pastoral conversation in which spiritual wellbeing and healing may be nurtured, and companionship / supporting persons confronted with profound human issues of death and dying, loss, meaning and aloneness. (Predominantly a 'ministry of presence and support' that may include advocacy or other supportive facilitation).

PASTORAL COUNSELLING or EDUCATION (ICD code 96087-00) [M-H 1869]

Description : An expression of Pastoral Care that includes personal or familial counsel, ethical consultation, a facilitative review of one's spiritual journey and education in matters of religious belief or practice.

The intervention expresses a level of service that may include counselling and catechesis for example, and the following elements may be identified :- "emotional/spiritual counsel", "ethical consultation", "religious counsel/ catechesis", "spiritual review", "death and dying", "Bereavement care/counsel", and "Crisis care / debriefing"

Note : The interventions "Bereavement care/counsel", and "Crisis care / debriefing", for example, are not profession-specific to Pastoral Care and are therefore given generic code numbers in ICD-10.

PASTORAL RITUAL / WORSHIP (ICD code 96109-01) [Major Heading 1873]

Description : This intervention contains the pastoral expressions of informal prayer and ritual for individuals or small groups, and the public and more formal expressions of worship, including Eucharist and other services, for faith communities and others. Elements of this intervention may include :-

- (a) "private prayer and devotion", bedside "Communion" and "Anointing" services, "Blessing and Naming" services for the stillborn and miscarried, and other "sacrament" and ritual expressions; "public ministry" - "Eucharist / Ministry of the Word", funerals, memorials, seasonal and occasional services

Pastoral Assessment:

The interview data indicated that the most frequent pastoral assessment involved chaplains being utilized by couples as a referral point to explore their potential or on-going involvement in IVF programs. Preliminary issues for one couple included moral concerns about producing a child artificially. As one chaplain noted:

I've had a couple ... they came to see me. and ah, asked me (as a chaplain), 'What did I think about IVF and was it appropriate?' They didn't think they could have children and they had been told they should put themselves on the waiting list for IVF. So ah, they had to get a letter of introduction from someone like a Minister (of Religion) who would ah, give them a character reference.... They had the referral from the doctor and they got a reference from me and they went off and then came back and talked to me afterwards. Told me what was involved and all that. And again we worked out...what were the things that they were afraid of, ah, what were the things that were positive that they would look forward to... We worked through some of their fears, anxieties about getting involved in it ... They had some fears about possible mutations that sort of thing...A couple of matters I was able to refer them elsewhere or take those matters back to the counsellor involved in the IVF program... But they (the couple) were also talking through the issues... um, it wasn't so much ah, questions about IVF itself but questions about what it meant to them as a couple to have a baby that would be created artificially. And ah, they had moral questions about that. We worked through those sorts of questions... [CH:74].

Pastoral Ministry

Perhaps one of the key roles revealed about the work of chaplains, involved with IVF patients, was simply providing a 'support' ministry during a patient's/couple's repetitive emotional 'roller coaster' experience of uncertainty during and after their involvement in an IVF program.

I also was supporting (one client) she was in a long IVF process, seven months. I mean it was constantly supporting her "ups" and her "downs", constantly, she knows what she's aiming for and focusing, and it may "never happen", and "How's that going to be?" and dealing with those grief

(feelings). I mean she also had a counsellor and she also had her husband and she had the um, IVF Program at (the hospital) helping her with all that. But I ... checked on her ... in her job. Because as she was doing her work day by day ... she was still feeling more bloated because of the chemicals she had injected into her and things like that. And its like letting her talk about all of that here, and keeping her a whole person. And later I got to give thanks for the child, you know. ... I've been mostly involved on the supporting side of the women who have already been selected and they're going through the process. [OK. And what about those who fail?] I've been on the side where its not worked, and its not worked, and its not worked, and they've had to come to the decision then (whether to keep going), and these three, four women I've been involved with, all eventually conceived after about a year ... [CH:28].

The interview data indicated that 'pastoral ministry' was also provided to staff trying to cope with the experience and emotional stress of patients following unsuccessful IVF attempts:

'One woman who worked in the IVF Programa wonderful (nurse), and she talked to me about how she was having difficulty coping with IVF, from the point of view of the terrible disappointment and the grief being experienced by patients and herself. And she said that she'd, "been there long enough", she "just couldn't cope" and then she left ..because she couldn't cope with that ongoing grief stuff. [When you say "couldn't cope" ... what was your involvement then?]. Oh just to provide support ...she talked to me about it, and decided to leave you know because she didn't know what to do. So there was a decision to be made and she did finally leave, for her own sake, yeah...' [CH:39].

Pastoral Counselling and Education:

The informant data indicated that one of the main roles for chaplains with regard to IVF was clearly 'pastoral counselling' that considered the patient's / couple's concerns about the moral issues of the fertilization process:

There are lots of IVF people who come through (this hospital) ...I had a couple of people this year ask me about IVF, the ethics of "our" donor sperm and for some women that is a really difficult issue...the donor egg doesn't seem to worry people as much as the donor sperm does...I would have thought that do-

nors, egg or sperm, would have been equal ... for some men (however) that seems to be more of an issue ... I mean it would not be biologically his child and so the woman takes that on board. There are some religious faiths who would see that as adultery and that is an underlying thing. ... but I mean some haven't come from a strong religious background anyway but that has still been almost part of like their thinking ...I certainly wouldn't sit in judgement on people ...I am here to help people discover God in their relationship with themselves and each other and I don't think that you do that through judgement ...I'd just try to help them to explore what for them are the issues, the ethical issues and the moral issues. [CH:67].

An additional role summarized by one chaplain, was to help clarify and educate patient / couples, about different viewpoints concerning the various issues connected with IVF:

With (IVF) all sorts of issues are involved; medication that brings on fertility for the woman and the side effects of the medication. And of course the whole guilt ridden Catholic stuff about masturbation for the man. Then after the event, (there are questions to consider), 'What do we do with these embryos that now are not implanted ; "Do we freeze them?", "Do we put them down the drain?". There are a whole gambit of um issues involved ..its more helping them clarify what they feel about the situation first... even when they come and say, "What does the church say about such and such?", I try and work it round and virtually start with how they feel about it and then, um, back that up with what the law says, public opinion, or what the church may say or theology - I help to clarify it from different angles [CH:57].

Chaplains also indicated providing pastoral counselling after initial IVF treatments and during subsequent treatments.

(A women) called me and asked me to come and visit. I stayed in fairly close contact with her while she decided and went through a grief process (following a miscarriage from a previous IVF attempt) and then whether to take up a second IVF implant. Now they had two more fertilized eggs available ... so in the ensuing twelve months I spent a lot of time with (that lady) and she was saying, "Well, what do I do? I don't want to go through the pain of carry-

ing another child and yet I've got two children waiting for me - fertilized eggs - I've still got two possibilities". We talked through when she would be physically capable and emotionally capable of and ready to deal with the possibility of having these two eggs implanted. She used to call me a lot during her pregnancy time particularly around the twenty two weeks time and when she was really frightened about the possibility that she could lose them, and we used to count down days to when they would be viable and had some prayer time about the possibility of carrying them through. ...Well, they both "took" and she had twins twelve months later [CH:91].

Clinical Staff Issues:

Two types of pastoral counselling and education issues with clinical staff were noticeable. First, pastoral counselling was provided to staff who were coping with the frequent number of patient miscarriages (refer pastoral ministry). Secondly, some chaplains noted their provision of pastoral counselling to staff whom were concerned about being involved in a religiously controversial medical practice. One chaplain noted his counselling role allowed staff to express their anger about the church:

One of the staff ... came to me once and said that she'd received, she was actually working on the IVF program, and received a "lot of flack", particularly from the church, and that she found the churches attitude, the Catholic Church's attitude, very distressing. And so we kind of worked through some of those things about, "How did she feel?", "Why did she go into the program in the first place and how did she feel about that then and why was this you know, so difficult now with the church speaking out?", and kind of just allowing her to explore that a bit. And in the end she came to the conclusion that really she could live with what the church said, she felt that she was doing the right thing ... [Now how did she come to that... conclusion]. Well, yeah, we talked about you know, ... what would Jesus' approach be to this - like was he always life giving and inclusive or was he always exclusive?. And we came to the conclusion that he was inclusive and accepting of most things in life ... I think she was just looking for reassurance, I mean I think she believed that any way and it was just like, I think she was needing to talk it out with someone. She was angry with the church and may be I represented that bit of the church that she felt safe enough to be angry with. Not that she was angry with me, but to express her anger [CH:80].

One chaplain also noted the educational role that chaplains can have in helping staff deal with IVF issues by ensuring respect for different view points that would, hopefully, encourage an increased understanding and improve the quality of care being provided to patients:

[How do you deal with the various Staff IVF issues as a chaplain?] Probably just trying to provide as much information to people as possible and allowing different perspectives to be aired, and I guess again in an educational context, we've spent some time with staff looking at the way their perceptions colour their care and so the more we can get staff to feel ok about, or, you know, resolve some of the issues they have, hopefully the more consistent their care is ...I think that's why the hospital sees the importance of chaplaincy too, that if our staff are being cared, pastorally cared for and have an opportunity to um, use someone as a resource person for that kind of thing, then hopefully the care they offer is more consistent with our values as a hospital. [CH:91].

Pastoral Ritual:

While research concerning other bioethical issues reflected evidence of various rituals, there was infrequent mention of any rites by chaplaincy informants with regard to IVF. For example, only five chaplains mentioned rituals in terms of prayer (i.e., CH:91), baptisms (i.e., CH:70) dedication / blessing (i.e., CH:67) and funerals for fetus who were still-born or aborted due to IVF failures (i.e., CH:91,72). Primarily, the involvement of chaplains conducting rituals would seem to be invited after a patient's / couple's decision to commence IVF. For one couple, the chaplain's ritual of baptism served as an emotional release from the frustration of continual medical failure and a means by which a parent could show some sense of care for their lost child.

I've struck that (IVF) quite often over the last seven and a half to eight years... its a bit like the abortion one, they're really wanting help, because with IVF often things go wrong ... there's one occasion I was called in to baptize a baby who was an IVF miscarriage, you know, a miscarriage of triplets. [Oh right.] ... I'm not sure, but it may actually have been an induced miscarriage, because I think things weren't working out the way that it should.

So again my role there was helping the family cope with the consequences of the decision that they had already made. ... They felt that the medical side of it had just collapsed in a heap, and that's one of the reasons why they do turn to the church perhaps. ... I think basically (the baptisms) was the mother wanting to do everything she can for her babies. Even if they're not able to live she wants to give them every spiritual advantage ...[CH:70].

Discussion:

Over the years there has been considerable anecdotal evidence about health care chaplains assisting patients, their families and clinical staff with bioethical decisions. This research sought to quantify and qualify one component of chaplaincy work concerning one bioethical issue - namely IVF. In answer to the question, 'Are chaplains involved in issues concerning IVF (i) with patients and / or their families and (ii) clinical staff?', the answer is quite simply, "Yes". It is important to qualify however, that in comparison to chaplaincy involvement in other bioethical issues only a minority of both staff chaplains and volunteer chaplains were involved in IVF issues.

One reason for only a small number of chaplains being involved in IVF issues is simply that many Australian health care institutions, with pastoral care services, do not have IVF clinics and thus the opportunity for a greater number of chaplains to have involvement in IVF issues is limited. It was noted by one chaplain however, that there are, nevertheless, some hospitals with IVF services which still fail to provide any form of pastoral care whatsoever - limiting further the potential involvement of chaplaincy services and thus the proactive or reactive pastoral intervention that could be provided to assist patients, couples, their families and clinical staff with a complex and demanding procedure.

Inadequate Pastoral Care:

The lack of adequate pastoral care should be of considerable concern to health care organizations, the church and government authorities. Given the complexity of medical, social, psychological and ethical issues arising from IVF, combined with the feelings of grief, failure, shame-fullness, guilt, despair and the loss of hope that can be experienced by many IVF couples, it would seem that considerable support should be offered to IVF couples by trained pastoral

care personnel and not just left to clinical, administrative or reception staff. The findings of this research suggest that, when utilized, both volunteer and staff chaplains provided recognised pastoral interventions (i.e., pastoral assessment, ministry, counselling, education, ritual and worship) to assist IVF couples and clinical staff through a demanding process.

Pastoral Intervention:

At the assessment level it was possible to identify a common chaplaincy strategy of initially listening and helping patients / couples identify needed information to validate a potential decision, particularly with regard to non-clinical concerns such as theological, religious and ethical issues. This role might also include assessing a patient's / couple's readiness, for IVF procedures. At the pastoral ministry level chaplains noted providing emotional support, predominantly through being present at significant times with patients / couples and clinical staff during and following the IVF process.

However the chaplaincy role of pastoral counselling and pastoral education was perhaps the most considerable intervention, evidenced by chaplaincy pastoral care to patients / couples who were challenged by professional and /or personal moral, theological and ethical issues arising from the IVF process. Pastoral counseling with clinical staff was also found to be substantial, predominantly due to staff grieving over patient multiple miscarriages and the feeling of guilt for being involved in a religiously and socially controversial procedure.

Finally one particular pastoral intervention identified by this research, usually regarded as a purely 'religious' activity at the end of life and subsequently often undervalued, was that of pastoral ritual and worship. Within this study Chaplains provided evidence that, where appropriate, ritual and worship activities were implemented to help patients / couples and staff cope with the grieving and loss as a result of one or more IVF failures.

Professional Influence:

Overall much of the pastoral intervention data indicated that chaplains were able to provide considerable professional influence and support to those undergoing the IVF process. This is particularly so given that IVF issues can produce, within some couples, a sense of guilt about their infertility being

a form of divine punishment for wrong doing and, further, it can challenge a patient's / couple's religious convictions that may make them feel guilty for not adhering to certain religious prescriptions (particularly as some religious groups have formally opposed assisted conception). The chaplain however can be utilized to provide additional pastoral support to help alleviate such considerable stresses, particularly the stress upon a couple's relationship caused by the multiplicity of moral, medical, social, financial and ethical issues (Hooton, 2001).

Another pastoral concern identified is that, quite often, '...there are no normal outlets for grief at the end of IVF' (Hooton, 2001). It is possible that Chaplains, by providing pastoral counseling, can be utilized by patients / couples as an outlet for the post-traumatic grief arising when IVF is unsuccessful. Chaplains can also, perhaps, be used to help couples consider the moral and ethical issues concerning remaining embryos 'being kept on ice' and, if choosing not to continue with the IVF process, to help them consider their future options and, if requested, to help re-focus couples toward new goals. This will more than likely mean pastoral care follow-up beyond the clinical context - a task that could be assisted for example, by the involvement of parish or community nurses so as to ensure ongoing care for patients / couples beyond the clinical context (Van Loon & Carey, 2002).

Pastoral Care for Clinical Staff:

In terms of pastoral care for clinical staff, it can be argued that given the engagement of both staff and volunteer chaplains with clinical staff, it seems apparent that the utility of chaplains provided a personal and professional resource for clinical staff to gain support for themselves and insight concerning patient / couple concerns and beliefs that evolved due to IVF issues. This is particularly important in health settings that embrace a holistic concept of the human person - both respect to patients / couples and clinical staff.

Further, given the involvement of staff and volunteer chaplains who have participated in IVF issues with patients / couples and clinical staff, such chaplains can offer important tacit knowledge and support to those affected by the IVF process. Given this tacit knowledge, any continuing education about IVF, should perhaps be inclusive of chaplaincy involvement in order to assist health care institutions and

their respective committees to maintain a holistic perspective.

Future Research

This research forms an initial exploration. The role of the chaplain, particularly with regard to IVF, requires further research. If possible, a far greater sample of chaplains involved in IVF needs to be acquired - as does further quantitative and qualitative research with patients and couples about their lived experience of the IVF process and whether pastoral care, as assessed by the recipients, is appropriate and effective - particularly with regard to current cross-cultural and interfaith issues (Carey & Davoren, 2008).

Based on this exploratory study it would be fair to summarize, that those chaplains providing pastoral interventions during the IVF process sought to enhance and maintain an appropriate and respectful care for the individuals / couples concerned and thus for community life. Yet while this research may affirm the potential value of chaplains within the clinical context and particularly with regard to IVF, this paper does raise several questions for future research - the answers to which should prove informative. Questions such as, 'Should chaplains be more involved with patients / couples and clinical staff with regard to IVF?' and 'If chaplains are to be more involved, what strategies should be in place to more effectively integrate chaplaincy?' It is anticipated that any such research should highlight a more productive utility of health care chaplains as part of a health service committed to holistic care in the 21st Century.

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