

BOOK REVIEWS



**George Fitchett, Kelsey B. White, and Kathryn Lyndes, eds.,
Evidence-Based Healthcare Chaplaincy: A Research Reader
(London: Jessica Kingsley Publishers, 2018), 432 pp.**

Kudos to George Fitchett and his colleagues Kelsey G. White and Kathryn Lyndes for publishing a long-overdue resource that will be welcomed and valued by religious/spiritual care departments in medical centers around the world. The book is divided into three sections. I think of the first as a general introduction to the hospital care provided by chaplains. The second section focuses on different hospital patient groups, and the third section provides well developed and advanced models of research. Many of the authors are readily recognized leaders in the field (Wendy Cadge, George Handzo, Kenneth I. Pargament, Judith R. Ragsdale, and many, many more). Most of the reports come from medical centers in the United States, but the book is enhanced by contributions from Canada, England, Ireland, Israel, Scotland, and Switzerland.

While reading the book, I could not help but reflect on how much the development of clinical pastoral education, which occurred early in the twentieth century, was influenced by a watershed moment in the field of medical care education in the United States. It all began in 1904 when the American Medical Association created the Council on Medical Education (CFE) with the mandate to review and restructure medical education in America. In 1908, the CFE selected Abraham Flexner (who was not a doctor but operated a highly regarded private school in Kentucky) to conduct a thorough assessment of the 155 “medical schools” (some of which were no more than barber shops). His high standards are reflected in his assessment of Chicago’s fourteen schools as “a disgrace to the State whose laws

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permit its existence . . . indescribably foul . . . the plague spot of the nation." Johns Hopkins was his ideal model, followed by Harvard and Yale. The 155 medical schools were reduced to 51. Most importantly, the scientific model of unending research triumphed among medical schools.

The scientific research model inspired Anton Boisen to encourage his students to think of the patient as their teacher. A few years later, supervisors such as Russell Dicks and Rollin Fairbanks were introducing verbatims as a fundamental tool for learning pastoral care. And, of course, Helen Flanders Dunbar, a founding leader of the Council for Clinical Training, was a medical school graduate and a highly regarded researcher.

In the 1970s, I served as the chair of the ACPE Research Committee, and we tried to connect with a major program grant from the Lilly Endowment to numerous seminaries entitled Readiness for Ministry. It was obvious to us that clinical pastoral education made a significant contribution to pastoral functioning, but we hardly had the training, money, or time to demonstrate to Lilly and the seminaries our contribution to pastoral training. Over the years, more and more supervisors added research to their programs. The Joint Commission increasingly required medical centers to provide proof that their procedures made a difference that could be quantified. Medical executives become interested when studies demonstrate, for example, that patients who receive pastoral calls tend to be discharged earlier, require less pain medicine, file fewer lawsuits, increase donations, and file fewer complaints.

What an exciting time to demonstrate the importance and effectiveness of pastoral care. The recently reorganized ACPE has made research indispensable. George Fitchett and his colleagues have received a significant program grant to fund extensive research. And now we have a significant book to help move the process along.

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