This column is designed with APC continuing education requirements in mind; reading the column and indeed the entire issue of Chaplaincy Today provides insights, wisdom and techniques that may lead to continuous improvement of the chaplain’s work. Also, these reviews may serve as a guide in assessing and selecting books for continuing education. Reviewers receive complimentary copies of the material and may count their time toward APC’s annual certification requirement for board and associate certified chaplains. If you would like information on becoming a reviewer, or if you have suggestions on how we may improve this section, contact mardie.chapman@baycare.org.

Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain’s Handbook

“The moment I realize just how little I know about a topic is usually immediately after I have just walked with someone who is actually living through it.” (Timothy G. Serban MA BCC, “Complicated Grief: Exploring Arresting Grief and Survival Grief in Spiritual/Pastoral Care,” p. 312) This quote reminded me acutely of my need for good continuing educational reading material. In this book, Rabbi Roberts provides a wealth of resources and articles to fortify, empower and improve pastoral care.

He worked in consultation with four eminent board certified chaplains: D. W. Donovan, George Handzo, Martha Jacobs and Teresa F. Snorton. Most of the authors of the thirty-three articles are board certified chaplains and/or APCE supervisors. Following a brief section on the theology of pastoral care, the work focuses on the core skills of professional-level chaplaincy. Critical topics include the following: developing a care plan, charting, using life review, showing sensitivity to special populations, achieving measurable outcomes and departmental strategic planning. This book is well-indexed and provides significant endnotes and bibliography. It is a must read for chaplains, educators and clergy.

Reviewed by Beverly C. Jessup DMin BCC; CPSP Diplomate - Pastoral Supervision, Clinical Director, Pastoral Care, FirstHealth Moore Regional Hospital, Pinehurst, NC.

Spirituality and Health Research, Methods, Measurement, Statistics and Resources
Harold G. Koenig (West Conshohocken, PA: Templeton Press, 2011, 466 pages, softcover)

Research on the impact of religion/spirituality (R/S) on health as a movement has entered a new phase. It has gone from pioneers, e.g., Boisen, James, to consolidators, e.g., Larson, Koenig, who wrote annotated bibliographies that made the material available to a much wider audience. Spirituality and Health Research marks yet another stage, that of the recruiter/trainer. In this case, Dr. Koenig’s book is aimed at developing the research skills of a cadre of chaplains and other health care professionals.
“Given the role that R/S could play in preventing illness, speeding recovery and motivating individuals to care for one another (thereby reducing the need for expensive health care services), research in this area will be of critical importance in addressing the escalating health care costs in the United States and around the world.” (p. x)

This book, which is based on responses to a five-day workshop Koenig has presented at Duke University for the past eight years, is a great introduction to research on the impact of R/S on health. The first three chapters summarize the state of the art and future agenda at the end of the first decade of the twenty-first century. As stated in the title, the book covers four main areas of research: methods, measurements, statistics and resources. Koenig stresses the importance of the research question because it establishes boundaries for research design and sample selection. He itemizes several designs—qualitative, observational, clinical trial and clinical trials with R/S interventions—and identifies the strengths and weaknesses of each.

The section on measurement addresses the need for definitions that will not contaminate findings. For example, some tests include mental health concepts in their definition of religion or spirituality. Koenig examines four approaches to measurement: self-administration, interview, combination and novel methods. Then he discusses seventeen key dimensions of R/S and five specific scales for different religious traditions. The concluding chapter presents twenty commonly used scales with his recommendations for when to use each as well as a section on scale development.

The most complex section is the statistical analyses and modeling. Not having a statistical background, I found these chapters very difficult. Koenig acknowledges this challenge and suggests that researchers hire a statistician. Nevertheless, it is crucial to understand some of the statistical measures and what they signify with respect to the validity and strength of the findings.

Koenig also addresses the tension between the medical community, which generally favors quantitative methods, and the chaplaincy community, which generally favors qualitative methods. He concludes with a practical section on publishing, funding and the politics of research.

For me, the overall strengths of the book were its organization, breadth of information, straightforward explanations, identification of the strengths/weaknesses of each approach (even the most prestigious), clear examples and practical suggestions. In my view, Koenig’s emphasis on quantitative methods may discourage one with a nascent interest in research. Otherwise, I think parts of the book will become a standard reference in CPE residency programs. As a whole, the book is a great resource and a classic.

Reviewed by Paul Derrickson MDiv BCC (retired) ACPE, Hershey, PA.

Trauma and Transformation at Ground Zero
Storm Swain (Minneapolis, MN: Fortress Press, 2011, 203 pages, softcover)

The disaster of 9/11 has left its impact on the American psyche in so many ways. We feel a sense of connection to what happened at Ground Zero. This book engages the reader emotionally, intellectually and theologically and offers a new trinitarian model for ministry. Chaplains, clergy, hospital professionals, clinical pastoral educators and pastoral therapists will find Swain’s work a helpful resource for renewing their ministry as they integrate its insights into their praxis. I recommend using it for personal reflection. The compilation of personal testimonies, research and psychological insight are so extensive that it requires time to assimilate into ministry.

Swain develops a new sense of the importance of the Trinity emerging from the testimonies of chaplains who provided an authentic presence at Ground Zero, authenticity that reveals the
chaplains’ competence, frustrations, limitations and need for support. This authenticity was true of the rescue workers, institutions and organizations offering resources at Ground Zero.

Drawing on the language of the Lord’s Prayer in the New Zealand Prayer Book (UK: Collins Publishers, 1989), Swain suggests reframing the chaplain’s role as “earth-making/pain-bearing/life-giving.” (p.37)

One insight from the earth-making image emerges through a chaplain’s experience while watching the digging and raking for human remains and other artifacts. Reflecting on this event, he said, “I remember one day feeling kind of useless because everyone was digging, and I was just standing there. And so the fire chief said, ‘Grab a rake.’” (p. 49) The chaplain grabbed a rake and took part in the recovery of those like him who were created from the earth and given the responsibility of taking care of an earthly space from which we came (Gen 3:23). Here we see our connection to all humanity and the paradox of those who destroy creation and those who respectfully and carefully till through the dirt of Ground Zero.

Many stories reveal the chaplain becoming pain-bearing and life-giving while offering ministry. One was so horrifying that Swain admits: “Some may wish to skip this account.” (p. 109) Don’t skip it, for you may identify with it on some level. Chaplains, in blessing body parts, listening to family members, awaiting the arrival of relatives or doing what is frequently not thought of as ministry, may bear the pain of empathetic caring. Through it all their ministry becomes life giving.

Reviewed by Michael G. Davis DMin BCC (retired), Hernando, MS.

Creating Rituals:
A New Way of Healing for Everyday Life

When troubles come knocking on your door, what options do you have? According to Jim Clarke, rituals help individuals cope with common challenges. He believes rituals are a missing component in our society; in fact, he identifies ritual as a form of glue for our social fabric. Jim Clarke skillfully blends the historical context of rituals in social civilizations with several case studies.

The book provides the chaplain, pastoral counselor or parish minister with great examples of successful interventions. Some stories will bring the reader to tears and others will have the reader shout out. Although the situations and interventions do not translate into a manual or cookbook, his principles are useful. His illustrations may help one heading a group discussion about grief, dealing with inmates who are searching for redemption or running a spirituality group in a psychiatric unit. The possibilities are as endless as one’s imagination.

The author follows common outlined stages of development (Erickson model) where most human beings run the risk of getting stuck in their maturation. He discusses stages such as the young child discovering independence, the adolescent dealing with rebellion, male-female forms of communications, midlife crises and more. After identifying a common issue in life, he then suggests that all human beings may benefit from a ritual that will allow them to explore their own existence and to continue their individual development.

Reviewed by Ermanno A. Willis MDiv BCC, Chaplain, Mayo Clinic, Phoenix, AZ.
Midrash & Medicine: Healing Body and Soul in the Jewish Interpretive Tradition

This work is a fairly sophisticated set of articles linked by the twin themes of midrash and medicine. The book was based on a seminar held by the Kalsman Institute on Judaism and Health, part of the Hebrew Union College-Jewish Institute of Religion in Los Angeles. With twenty articles written by rabbis, medical doctors, philosophers, social workers and PhDs, the book is analytical, philosophical and theoretical. Some of the chapters are deeply personal, while others are of a more general nature.

In principle, this book may be read by anyone in the field of professional caregiving. Yet it is largely written at a level of erudition that presupposes both a knowledge of some of the philosophical issues surrounding suffering, dying and death as well as a familiarity with Judaism, Jewish culture and the interpretive tradition of midrash (a form of literature that uses biblical texts as a springboard to develop new ideas or a creative way to understand the biblical text.)

The book features chapters by some of the leading names in the Jewish healing constellation, clustered into ten separate units. However, except for some internal pairings within sections, there does not seem to be a line of progression in the sense of beginning-middle-end, so they do not need to be read in order.

Following is a sample of the insights or subjects covered:

Rabbi Dayle A. Friedman MSW MAJCS BCC contributed “The Journey of Later Life – Moses as Our Guide” (pp. 160-73). Among the questions she addresses are longevity: blessing or curse and facing (and resisting) death.

“‘[M]edicine can address symptoms and it can even cure illnesses, but you need a metaphor to make it through.’ Indeed, metaphor is a critical tool in confronting symptoms, tests, diagnoses, treatments and all the trying points in navigating illness and disease.” (Simkha K. Weintraub, quote from Lawrence A. Hoffman, p. 4)

“While healing often seems out of reach and achieving wholeness seems impossible … midrashic texts [can] teach that hope is always there.” (Norman J. Cohen, p. 29)

In a chapter titled “Psalms, Songs & Stories’ – Midrash and Music at the Jewish Home of San Francisco,” Sheldon Marder describes a program he helped to develop. (pp. 68-82)

Julie Pelc Adler begins her chapter with the intriguing words, ”During rabbinical school, I spent more time in doctors’ offices than in classrooms.” (p. 277)

As noted, this book addresses its subjects at a fairly sophisticated level; it is not a beginner’s book. The publisher does offer a number of works in the field of spiritual and professional pastoral care from both a Jewish and a general viewpoint, many of which are of a more introductory nature.

Reviewed by David J. Zucker PhD BCC (retired), Aurora, CO.

don’t wait too long: Poetic Reflections
Dorothy Shelly (Manchester Center, VT: Shires Press, 2011, 57 pages, softcover)

Those whose bookshelves include Dorothy Shelly’s first poetry collection, Anybody See My Shoes, will be delighted to add this one. A first-career RN, she is a board certified chaplain who has served
the residents of Phoebe Ministries Long-term Care and Rehabilitation in Pennsylvania since 1996. Her poetry reflects her interaction with her “congregation,” many of whom are suffering from Alzheimer’s disease and other dementias.

In her introduction, Shelly writes, “Ministry with elders is fertile ground for poetry. What gifts these seasoned folk unknowingly give me!” There is Edwin who, “in spite of his mind’s cognitive chaos,” calls the chaplain to “come and see. Look chaplain, look. Look!” The object of his excitement, shared with all the joy of a child, is the season’s first crocus, at which the chaplain LOOKS “with gratitude and reverence.”

Shelly creates many poignant word pictures, including that of the elderly wife who visits each day, and whose question to the man who has been her husband “since ’45,” elicits the response, “I don’t know your name, but I do know that I love you.”

Many of her poems are built around the Sacrament of Holy Communion, approaching death and family vigils. Yet even here she lets the occasional touch of humor shine through. In the midst of blessing the Eucharist, “somber smiles turned to laughter” at the sight of Buckwheat, the resident cat, who had chosen that moment to curl up on the makeshift altar. Without missing a beat, the chaplain gently reassures those gathered that “this table is open to ALL.”

In a departure from her first collection, this book is divided into three parts: Work...Calling, Memories and Sabbath Time. With respect to the first, Shelly notes that “these matter-of-fact narrative poems are true. ... Many of them are sacred stories that have been shared with me ....” In the latter two, Shelly gives us glimpses of her growing up years in rural Bucks County, Pennsylvania, and her current treks to Vermont, which she describes as a place “to replenish my soul.”

In the interests of full disclosure, Shelly is not only a colleague, she also is a personal friend. That being said, and at the risk of editorial cliche, I have no hesitation in repeating her title as my recommendation: don’t wait too long to share this time with her.

Reviewed by Rozann Shackleton MDiv MA BCC, Editor, Chaplaincy Today, New Brunswick, NJ.

**Healing from Despair:**
**Choosing Wholeness in a Broken World**


This book is based on Rabbi Spitz’s personal experience of emotional trauma, suicidality, mental health hospitalization and recovery. He has served as the rabbi of Congregation B’nai Israel in Tustin, CA, for over twenty years, and he is known as a gifted speaker and writer. His book is recommended for pastoral counselors, hospital and hospice chaplains and anyone who counsels and listens to people who may be spiraling down into a pit of despair.

The author’s premise is that the world is a broken place filled with divine sparks. In his words, “When we fail to hear messages of hope [divine sparks], to craft our evolving identity or to see goodness in the world, despair will define us.” (p. 13)

Spitz drew on Jewish history and practices to help him better understand pain, suffering, defeat and bases of despair. He found that, when seen from a different perspective, these experiences may be the sparks that begin a spiral ascent out of despair. For example, certain Jewish bereavement practices including Shiva, Shloshim and Aveilut help lead from crisis to healing.
The author identifies a series of experiences in which God apparently struggles with his emotions of not only joy, but extreme pain, anger and betrayal. He quotes Rabbi David Hartman, “The most emotional and developed personality in the Torah is God.” (p. 129)

Reviewed by Mark A. Weiler DMin BCC, Senior Manager of Spiritual Care, North Colorado Medical Center, Greeley, CO.


This book is an excellent resource for clergy, behavioral health chaplains, pastoral counselors and chaplains who meet troubled patients in the general hospital setting. Griffith notes that “recovery is speeded and risk of chronicity lessened when a robust personal spirituality is also supported by traditional religious practices, doctrinal beliefs and a caring community that make up the sociobiological dimensions of formal religion.” (p. 156)

James Griffith, professor of psychiatry at George Washington University Medical Center in Washington, DC, directs a psychiatric residency program, offers hospital consultations and provides psychotherapy. He suggests also using his companion volume, Encountering the Sacred in Psychotherapy: How to Talk to People about Their Spiritual Lives (New York: The Guilford Press, 2003).

Griffith urges focusing on “how religious experiences affect health and well-being, without specifying what beliefs and practices are valid.” (p. 10) Spiritual caregivers should attempt “to understand mechanisms through which religion’s underside can do harm, to distinguish these from mechanisms that can be healing and to devise clinical strategies through which clinicians can address patient’s religious lives in both their healing and harmful aspects.” (p. 11)

He identifies eight areas of healthy versus unhealthy spiritual coping and offers methods to discern whether symptoms are based in psychiatric illness or religious dysfunction. Eight chapters cover how a person may utilize religion in unhealthy ways, how a group’s needs may overwhelm individual needs and how religious practice may become the voice of and/or be damaged by mental illness.

He describes his own Christian spiritual journey, as well as first-hand experience with other religious traditions. He provides socio- and neuro-biological explanations for dysfunctional religious behaviors that lead to the loss of a healthy personal spirituality. Creating dialogue is his major theme. Within his many clinical vignettes are illustrations of how clinicians may accomplish this with religious-oriented patients inclined to reject their assistance.

Despite positive references to the work of chaplains, he writes that the “clinical role differs from the faith-based roles of clergy and chaplains by its primary reliance on the human sciences in understanding how religion and health interact.” (p. 11) Contrasting the clinician’s role with his perception of the chaplain’s role, he describes “a clinician’s ‘outsider’ role as one who does not have a faith-based stake in how a patient conducts religious life but does wish to reduce suffering and promote health.” (p. 11)

Reviewed by Roy F. Olson DMin BCC (retired) On-call Chaplain, Sherman Hospital, Elgin, IL.
Musgrave and McGettigan have gathered twenty articles that explore healing and personal dimensions associated with loss and death from primarily psychological perspectives. It is most useful for spiritual counselors. George Handzo BCC contributed “Spiritual Assessment in Ministry to the Sick.”

The opening chapter, authored by John J. Cecero, a Jesuit at Fordham University blends positive psychology and four identified spiritual values: creativity, love, humility and gratitude. Cecero writes of healing, “A spiritual focus on the nature of power and grace, that is, the abiding presence and labor of God with the recovering person, may foster and sustain this creative endeavor, even in the face of disillusionment and despair.” (p. 15)

In a chapter titled "The Psycho-Spiritual Implications of Illness and Injury,” Pamela Cooper-White explores individual meaning making, hope versus despair/devastation, “relearning the world” and grief as a process of seeking out a new normal.

Of significance is Mary Ragan’s offering, “‘Recovering’ From Maternal Bereavement,” in which she chronicles her multiple psychotherapeutic interventions with a woman who had attempted to hide the traumatic and violent experience/memory of loss associated with her husband having murdered her two children and then taking his own life. Ragan skillfully guides the reader through the six interventional processes/steps that helped this traumatized woman who had come to her for therapy.

The third part of the book addresses spiritual assessment, guidelines for educating nurses about Christian traditions regarding dying, support of those in the midst of dying and guidelines for training volunteers who may support those who are journeying through illness and loss. The last part of the book presents the thoughts of individuals experiencing caregiving, loss, child-sibling grief and providing spiritual accompaniment for those impaired by Alzheimer’s.

I came to this book as a hospice spiritual counselor, a field which is coming under greater scrutiny. Musgrave and McGettigan have produced a work of significance that addresses theological, psychological, healing and personal dimensions of sickness, loss, dying and death. There has been little published prior to this that readily may be “plugged in” to the spiritual counselor’s practice. Still, this offering skims the surface at times and leaves the reader wanting more. Musgrave and McGettigan have set a firm foundation upon which others hopefully will build.

Reviewed by Al Voorhis MDiv, Spiritual Counselor, Lehigh Valley Hospice, Allentown, PA.

This book brings together a wealth of resources for practitioners from all health care disciplines. Puchalski and Ferrell offer historical overviews, current definitions and recommendations for implementing the guidelines and preferred practices pertaining to spiritual care. They include an extensive bibliography and lists of resources, including spiritual assessment tools and research instruments. With all of this information in one place, this book is one to keep within easy reach in any health care chaplain’s office and to share with colleagues from other disciplines in hospital,
hospice and long term care settings. It is a valuable continuing education resource, especially for new chaplains and CPE students, as it provides the terminology needed to function as active participants on interdisciplinary care teams.

*Making Health Care Whole* provides our nonchaplain colleagues with an overview of clinical pastoral training and of the standards and practices of professional chaplaincy. At the same time, it introduces health care chaplains to the standards for addressing spirituality set by medical, nursing, social work and other professions for their members. Written in language accessible to both health care practitioners and chaplains, this book offers many opportunities for mutual understanding and appreciation of the calling—in its many forms—to the work of healing. In her foreword, Rachel Naomi Remen notes that this book “enables us to be open to the mystery in our work ... offers us permission to tend to our own souls [and it] can make us as well as our medicine more whole.” (p. xiii)

Authors Puchalski and Ferrell have brought together their expertise in the areas of palliative and end-of-life care. As clinicians and researchers, they have long advocated for attention to the spiritual dimensions of healing and illness. In 2009 they led the National Consensus Project for Quality Palliative Care in the revision of clinical practice guidelines. As palliative care involves the whole person, attention to spiritual and existential concerns is found throughout these guidelines.

Part 1 addresses ethical and philosophical issues. The careful attention to questions of praying with or for patients (pp. 44-52) is worthwhile reading for medical professionals and chaplains alike, as is the reflection on the true practice of compassion as grounded in a spiritual practice. (pp. 173-174) Each chapter in Part 2 begins with the theoretical, empirical and philosophical background of specific guidelines and preferred practices and concludes with extensive recommendations for implementation.

Reviewed by Astuti Bijlefeld MDiv BCC, Chaplain, Southern Tier Hospice and Palliative Care, Corning, NY.

**Caresharing:**
*A Reciprocal Approach to Caregiving and Care Receiving in the Complexities of Aging, Illness or Disability*

The thesis of this book is that sharing care, reciprocal or mutual caregiving, is the key to sacred or spiritual caregiving. Richards draws on her experience as a caregiver and clinical social worker. Her intended audience is those who provide the direct hands-on service.

The strengths of this book are the practical advice and encouragement to balance realistic expectations of self and other. Chaplains may offer this book to well-educated families to help them negotiate the rough waters of serving those who are disabled, sick or aging. The book is practical, not theoretical or deep in approach. For a more reflective book, a chaplain may refer to Miriam Greenspan’s *Healing Through the Dark Emotions: The Wisdom of Grief, Fear and Despair* (Boston: Shambhala, 2004.)

Reviewed by Cathy Hasty MDiv BCC, Director, Presbyterian HealthCare, Charlotte, NC.
Divine Worship and Human Healing:
Liturgical Theology at the Margins of Life and Death

Morrill’s book is oriented toward Roman Catholic clergy, chaplains and pastoral care providers. However, as a hospice chaplain from the Free Church tradition, I found his discussion provocative and helpful. He describes the scriptural basis for the church’s healing ministry as well as the historic development of healing rites including the reforms of Vatican II. More than that, however, he reminds us that illness exists in larger contexts than that of the individual, and he encourages us to take seriously the many ways the faith community can promote healing and wholeness, even in the midst of sickness, death and loss.

The first section addresses the idea of healing (as opposed to the biomedical idea of curing) and the role of liturgy, ritual and narrative in promoting wholeness. The second section addresses the scriptural understanding of healing and the grounding of the church’s healing ministry in the Paschal mystery of Christ’s life, death and resurrection. The third section describes Roman Catholic rites of anointing of the sick, viaticum and the funeral as presented in Pastoral Care of the Sick and The Order of Christian Funerals. Morrill writes, “[T]he church’s rites are an often underutilized, if not in many places ignored, pastoral resource for helping not only the sick and dying to experience healing during all the stages of their struggles, but also the loved ones and professionals who care for them.” (p. 42) He suggests that these rites promote healing by restoring ties to the community; by connecting individual experience to the life, death and resurrection of Jesus Christ; and by assuring people of God’s continued presence and love.

Reviewed by Vicki G. Lumpkin PhD BCC, Chaplain and Bereavement Coordinator, Hospice of Rockingham County, Reidsville, NC.

Medical Ethics and the Faith Factor:
A Handbook for Clergy and Health-care Professionals


As a clinical ethicist with broad experience, Dr. Orr recognizes that clergy stand in a privileged position of trust and have a proper place at the bedside when critical choices are made. This ethics handbook is a resource tool for everyone involved in the patient’s care, but it is particularly empowering for clergy and other nonmedical caregivers because it grants access to the knowledge and language of the clinical culture. Professional chaplains and CPE students will find this book valuable. The collection of case studies is a great resource for skill development, and the background information on medical and legal issues is concise and comprehensive.

The anchor point from which Dr. Orr orients the call for a restoration of religious values informing clinical ethics is the Protestant doctrine of the priesthood of all believers. In the book’s final chapter, Dr. Orr addresses his perspective with some detail and explains how he uses prayer as a means to seek God’s guidance when faced with situations that have no easy or apparent solutions.

Appendix 2 is a case index cross-reference allowing the reader to research case studies by topics important to clinical ethics: autonomy, futility and suffering/quality of life. This book serves effectively as an introduction to clinical ethics and as a refresher.
Medical staff will find the author’s approach to spiritual care invitational. Drawing from medicine’s religious roots and from personal experience, Dr. Orr prompts the reader to reflect on the benefits available when participants’ decisions are informed by personal faith.

Dr. Orr’s mastery as an ethics educator shines. If there is one word that captures the essence of this book, it is accessibility. The clinical ethics chapters form a neatly drawn map, identifying key landmarks and orienting the reader with precision. Arranged in chapters by clinical specialties, information about disease processes and treatments are grouped by affected organ systems. Chapters on religiously sensitive ethical concerns, e.g., culture, reproduction, children, organ donation, also are included.

Inside each chapter, expertly prepared sections describe the science, law and ethical approaches informing the staff’s work and recommendations. Key terms and concepts are explained succinctly in words familiar to nonmedical readers. Each chapter’s case studies are supported by discussions, recommendations and comments. Here, one experiences theory put into practice and is invited to reflect on how one’s personal values may support or change the presented decisions.

The foray into the role of faith as a navigational aid is honest if somewhat tentative in its character. Dr. Orr is clear that he is a physician and ethicist, not a theologian, and identifies as an informed religious layman nurtured in the tradition of Protestant Christianity. He separates discussion of his religious orientation from the clinical sections for clarity, but evidence of the work necessary to integrate clergy and faith into the decision process of the case studies is only lightly sketched. To his credit, the sensitive way Dr. Orr offers his perspectives provides a model for others who may find it helpful to begin a fruitful dialogue over religion and clinical ethics.

Improving the relationship between the segregated camps of science and religion is not without peril, but Dr. Orr provides a hopeful strategy that promises a shared benefit through mutual consultation on the best treatment options for the persons in their joint care. To this reviewer, the handbook represents an early movement toward a deeper conversation by seeking to restore the life affirming wisdom and values of the participants’ religious faiths as vital factors in the formulation of medical treatment decisions.

Reviewed by Keith Goheen MDiv BCC, Chaplain and Co-chair of the Bioethics Committee, Beebe Medical Center, Lewes, DE.