

Book Reviews

The Chaplain's Presence and Medical Power: Rethinking Loss in the Hospital System

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Richard Coble is an associate pastor of congregational care and adult education at Grace Covenant Presbyterian Church and adjunct professor of pastoral care at Lexington Theological Seminary. He worked for nine months in a hospital setting, training as a chaplain under supervision in Clinical Pastoral Education after graduating from his seminary.

His book is a closely argued, academic treatise on what he sees as the conflict between chaplaincy and medicine, particularly around issues of end of life care. His book, as he says, is from the point of view of a male, Christian, American chaplain and investigates the role of chaplaincy from that perspective which is a particular view and context.

The title threw me; it was an Eat, Shoots and Leaves versus Eats shoots and leaves moment. I was not sure if it was the chaplain's medical power that was about to be discussed and I wondered what that was, or that the chaplain's presence provoked or enabled medical power. I think some of the book rests on this problem of distinction.

The introduction gives a personal account of being a student chaplain and of the premise of the book. His argument centres around Foucault and Biopolitics, a political power answer to death. Biopolitics, he asserts, falls into three categories: 1) the promotion of life, 2) the production of knowledge, 3) the division of people. These, he seems to argue, have overstretched our attitudes to life and death.

Chapter 1 discusses the formation of modern hospital chaplaincy and the conflict between Anton Boisen and Richard Cabot over their views of training and Clinical Pastoral Education in chaplaincy. The chapter explores the history of ideas of the role of chaplains in the USA comparing between Boisen, who took a more research-orientated view, especially into mental illness, and Cabot, who looked for the growth of the soul, rather than the cure of the body. He continues with theories of spirituality in the biopolitical sphere and individualism. He makes the point that 'Spirituality' has become a commodified belief where God will cure, but without any responsibility or covenant by those who God cures. Coble agrees with Wendy Cadge that research in chaplaincy roles and education are essential while also proposing a less sociological and more theological take on the chaplain's role in end of life care. This chapter provided a firm insight into the arguments.

In chapter 2 Coble posits that healthcare is an attempt to overcome death. There is an overlap here between healthcare, cure, healing and death. I would argue that all clinical

interventions are to delay death and restore homeostasis (Cedar, 2017 Cedar, S. H. 2017. "Homoeostasis and Vital Signs: Their Role in Health and its Restoration." *Nursing Times* [Online] 113 (8): 32–35 [Google Scholar]) rather than cure death. But it is the invisibility of death that is the problem for Coble. This is a well-rehearsed problem, which is discussed in such popular literature as Atul Gawande *Being Mortal*, which discusses the over-medicalisation and treatment of patients who should be in palliative care. But informed consent tends to cling to life beyond the possible treatment outcomes. Perhaps this is due to a more secular view of life and death and therefore a greater fear of death, or the ever-present fear of a painful, 'bad' death.

Chapter 3 continues the premise that death is silenced in the hospital as it is seen as a failure of cure or treatment due to the vested costs interest of the American healthcare system, that doctors have bought into this and that we, the consumers of health, have also driven this need due to our liberal individualised lives.

Chapter 4 engages with the idea that medicine should include the bio-psycho-social and spiritual dimensions and that this needs to form the basis of treatment. He cites Foucault's clinical gaze of death, that we study life by studying death, which is merely a lack of physical life. His argument comes from the medical student's study of dead corpses to understand the anatomy of living beings. According to Foucault, this is a practice from the eighteenth century, although there are many far earlier instances of medicine being studied through disease and death (Maimonides and Leonardo for example).

Chapters 5 and 6 look at how to subvert bio-politics into the chaplain's experience and language. The book ends with self-loss as death is seen as loss, not something to be accepted.

The chaplain he describes seems to be suffering from 'imposter syndrome' thinking s/he is not adequate to the job and is therefore marginalised within the hospital. If only he realised that probably most medical staff feel that too! In Coble's reflective accounts, compassion should not mean over-identifying with the dying patient and I felt in places he had appropriated somebody else's pain and suffering as his.

Not only would I argue that the point of a hospital is to restore homeostasis and let us leave and continue our lives, but that the medical practitioner, nurse or doctor, often accompanies death and is affected by it as much as chaplains. Nobody has a monopoly on care. Perhaps the USA is different in that there is a vested interest in treating, but most people want to attempt to live rather than give up and die. Life is precious; it separates us from being merely chemical beings. Perhaps we should view the hospital and hospice environment as an improvement in providing a safe and pain-decreased death. It felt a bit that the baby was being thrown out with the bath water.

I recommend this book for a detailed argument of resistance to over-medicalisation and the important role of the chaplain in end of life care. While these are well rehearsed arguments,

this book adds depth to the case. However, the premise seems rather old-fashioned and based on a stereotype of medicine and medical practitioners, which does not reflect the roles, experiences and multi-disciplinary teams found in many modern hospitals. With the use of terms such as the chaplain as a resident and patient notes and rounds, it seemed as if the chaplain could not accept the physician's expertise nor the hierarchy of the hospital. I take a car to the garage to have it fixed, but I do not expect them to be experts on environmental causes and pollution. I also have to accept their expertise. If not, I have to accept having a broken car. So with hospitals. The witch-hunt against medical knowledge and expertise needs to cease.

Notes on contributor

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Reference

Cedar, S. H. 2017. "Homoeostasis and Vital Signs: Their Role in Health and its Restoration." *Nursing Times* [Online] 113 (8): 32–35. [Google Scholar]OpenURL London South Bank University