INSTED: Interdisciplinary Studies in Education & Society
Teraźniejszość - Człowiek - EdukacjaISSN 1505-8808
Vol. 28, No. 1(99), 2026
https://doi.org/10.34862/tce.2026.1.5

Review of: Robert L. Klitzman. *Doctor, Will You Pray for Me? Medicine, Chaplains, and Healing the Whole Person*. New York: Oxford University Press, 2024. 376 pp.

Chiazoka Clare Obasi[1]

Abstract

Robert L. Klitzman's *Doctor, Will You Pray for Me?* explores the relationship between medicine, spirituality, and existential care in contemporary healthcare. Drawing on qualitative interviews, clinical experience, and autobiographical reflection, Klitzman examines how patients, physicians, and hospital chaplains confront questions of suffering, meaning, mortality, and hope in situations of serious illness and end-of-life care. This review situates the book within the field of medical humanities and focuses on three major themes: the critique of biomedical reductionism, the changing nature of spirituality in contemporary societies, and the role of hospital chaplaincy in increasingly pluralistic healthcare environments. The article also discusses Klitzman's qualitative and interpretive methodological approach and highlights the relevance of the book for European healthcare systems facing growing cultural and religious diversity. At the same time, the review addresses several limitations of the book, including its strong grounding in the American context and its limited engagement with non-Western perspectives. Nevertheless, *Doctor, Will You Pray for Me?* constitutes an important contribution to current debates on spirituality, holistic care, and the human dimensions of medicine.

Keywords

medical humanities; spirituality in healthcare; chaplaincy; holistic care; religion and medicine

[1] WSB University in Dąbrowa Górnicza, Poland,
chiazoka.obasi@gmail.com, https://orcid.org/0009-0008-0553-0963

Introduction

Robert L. Klitzman is an American psychiatrist, bioethicist, and medical humanities scholar affiliated with Columbia University, where he serves as Professor of Psychiatry and Director of the Master's Program in Bioethics. His work combines psychiatry, medical anthropology, bioethics, and qualitative health research, focusing particularly on ethical dilemmas in medicine, doctor-patient relationships, and the psychosocial dimensions of illness (Columbia University Mailman School of Public Health, n.d.).

Doctor, Will You Pray for Me? continues Klitzman's long-standing interest in the existential dimensions of healthcare while also containing a significant autobiographical element. Born in 1958 into a Jewish family whose ancestors emigrated from Lithuania to the United States, Klitzman describes himself as largely atheistic during his student years and strongly oriented toward scientific explanations of human life (Klitzman, 2024, pp. 14–15). A turning point came after the death of his sister during the terrorist attacks of September 11, 2001, an experience that profoundly challenged purely rational frameworks of understanding suffering and mortality. Reflecting on this tragedy, he writes that "none of the atrocity made sense" (Klitzman, 2024, p. 18). The experience later opened him more strongly to questions of spirituality, grief, and existential meaning.

The book also reflects broader transformations within contemporary American society, where religious affiliation has become increasingly fluid and diverse, and hospitals care for patients from a wide range of cultural, religious, and secular backgrounds. Klitzman notes that physicians often feel poorly prepared to respond to explicitly spiritual or existential concerns raised by patients. This observation is especially relevant for European readers. Although Europe is generally more secularized than the United States, contemporary European healthcare systems are likewise becoming increasingly religiously and culturally pluralistic as a result of migration and demographic change. Research increasingly suggests that spiritual and existential needs may influence patients' well-being, coping, and experiences of illness (Koenig, 2012).

The title itself - *Doctor, Will You Pray for Me?* - captures one of the book's central tensions. The patient's request confronts physicians with expectations for which medical education rarely prepares them. Klitzman recalls his own uncertainty during his early medical training when caring for a dying patient: "I had no idea whether or when to call a priest. No one had ever told me" (Klitzman, 2024, p. 12).

The question addressed to the doctor thus becomes a symbol of a broader gap within modern medicine: the gap between technical competence and existential care.

The book deliberately moves between scholarly analysis, memoir, qualitative inquiry, and public-facing medical humanities writing. Importantly, Klitzman's contribution lies less in the development of a new theoretical framework than in his ability to humanize and synthesize ongoing discussions within medical humanities, spirituality studies, and patient-centered care. The book's strength resides primarily in its narrative and empirical richness, combining autobiographical reflection, qualitative material, and clinical experience in ways that make complex existential questions accessible to both academic and professional audiences. In this respect, *Doctor, Will You Pray for Me?* functions as a bridge between scholarly debates and everyday clinical practice.

The primary audience for both the book and this review is multidisciplinary. Klitzman's work will be particularly relevant to physicians, nurses, and other healthcare professionals seeking to deepen their understanding of the spiritual and existential dimensions of clinical practice. It will equally engage hospital chaplains, pastoral care educators, medical ethics scholars, and researchers working at the intersection of medicine, religion, and the social sciences. More broadly, the book speaks to anyone – whether in academic, professional, or policy contexts – who is concerned with the humanization of healthcare and the integration of holistic approaches into contemporary medical systems. For European readers specifically, the book offers a comparative perspective on models of spiritual care that, while embedded in the American context, raise questions with direct relevance for increasingly pluralistic European healthcare environments.

Biomedical reductionism and the limits of scientific medicine

One of the central arguments developed throughout *Doctor, Will You Pray for Me?* concerns the limitations of contemporary biomedicine in addressing the existential dimensions of illness. Klitzman does not question the achievements of scientific medicine but criticizes reductionist tendencies that treat patients primarily as biological organisms rather than meaning-seeking human beings.

Reflecting on his own medical training, Klitzman recalls that religion and spirituality were almost entirely absent from the curriculum: "Through my medical training, I had never received a single lecture about religion or spirituality" (Klitzman, 2024, p. 12). Similar concerns regarding the limited preparation of physicians

for addressing patients' spiritual questions were also discussed by Klitzman in earlier publications (Klitzman, 2021).

Klitzman argues that biomedical explanations, although scientifically accurate, often fail to satisfy patients emotionally or existentially. Serious illness disrupts identities, relationships, and systems of meaning, leading patients to ask questions that medicine alone cannot adequately answer: Why me? What does this suffering mean? How should I face death? In this respect, the book resonates strongly with broader discussions in medical humanities and narrative medicine, which emphasize that illness is not merely a physiological condition but also an existential and narrative experience.

Importantly, Klitzman avoids idealizing spirituality or religion. He acknowledges that spiritual beliefs may provide comfort and hope for some patients while generating doubt or anger in others. His central argument is therefore not that physicians should become religious authorities, but that healthcare systems need greater awareness of the existential realities accompanying illness. Similar conclusions have been formulated within European palliative care research, where spiritual care is increasingly understood as an important component of holistic healthcare education and practice (Best et al., 2020).

Methodological and interpretive approach

An important strength of *Doctor, Will You Pray for Me?* lies in its explicit qualitative and interpretive methodological grounding. Although written in an accessible style for a broad readership, the book is firmly rooted in traditions associated with medical anthropology, sociology of health, narrative medicine, and interpretive psychiatry. Klitzman combines empirical interviews, participant observation, autobiographical reflection, and engagement with interdisciplinary scholarship to examine how patients, physicians, and chaplains confront existential crises within healthcare settings.

Importantly, the book is not based merely on anecdotal reflection or journalistic observation. Klitzman explains in Appendix B that the project emerged from both informal conversations with chaplains and a subsequent formal qualitative study involving in-depth interviews with 21 board-certified hospital chaplains across the United States. The participants represented diverse religious and philosophical backgrounds, including Protestant, Catholic, Jewish, Muslim, Buddhist, and secular humanist traditions. They also varied geographically, professionally, and demographically, with chaplaincy experience ranging from three to thirty years. Klitzman

further notes that all interviewees provided informed consent and that identifying details were altered to preserve confidentiality.

The interviews explore how chaplains understand their professional role, respond to patients with differing beliefs, and negotiate their position within highly medicalized institutions. Particularly valuable is the book's refusal to portray chaplaincy as a homogeneous or narrowly denominational practice. Some chaplains work within explicitly religious frameworks, whereas others focus more broadly on existential accompaniment and meaning-making among secular, agnostic, or "spiritual but not religious" patients.

Klitzman explicitly situates his methodological orientation within the interpretive anthropological tradition associated with Clifford Geertz and the concept of "thick description" (Geertz, 1973). He emphasizes the importance of understanding how individuals themselves interpret suffering, illness, mortality, and hope. This orientation is reflected in the book's emphasis on narrative complexity, subjective meanings, and emotionally textured accounts rather than abstract theorization or standardized measurement. Consequently, the book's primary contribution lies less in theoretical innovation than in its capacity to illuminate lived experiences of suffering and existential vulnerability through richly contextualized narratives.

Klitzman's integration of autobiographical narrative into the book's interpretive structure is particularly significant, especially reflections connected to the death of his sister during the September 11 attacks. These personal experiences function not merely as background, but as a reflexive methodological lens, sensitizing the author to dimensions of suffering, grief, and existential distress with unusual emotional and interpretive depth.

At times, however, the book moves fluidly between scholarly analysis, memoir, and narrative journalism, prioritizing accessibility and emotional immediacy over methodological systematization. Readers seeking a more theoretically structured qualitative analysis may therefore occasionally find the argument conceptually eclectic. Nevertheless, this openness also constitutes one of the book's major strengths: its capacity to illuminate the lived experience of illness and existential distress in ways that more formalized clinical research often cannot.

Hospital Chaplaincy and the Institutionalization of Spiritual Care

Before engaging with Klitzman's argument, it is necessary to clarify the conceptual framework within which the book operates, as the meanings of key terms –

"chaplain", "religion", and "spirituality" – differ substantially between the American and European contexts. In Klitzman's usage, a "chaplain" designates a board-certified healthcare professional whose role is defined primarily by competence in existential and emotional accompaniment, rather than by denominational affiliation or the administration of sacraments. "Religion" refers to organized systems of belief and practice associated with particular faith traditions, while "spirituality" is used in a broader sense encompassing the search for meaning, transcendence, and moral orientation – dimensions that may be present among both religious and non-religious individuals. These distinctions are central to Klitzman's argument and must be kept in view throughout.

Klitzman presents chaplains not primarily as representatives of organized religion, but as specialists in existential and emotional support operating at the intersection of medicine, psychology, ethics, and spirituality. Their role extends far beyond traditional religious functions and increasingly involves accompanying patients facing suffering, uncertainty, grief, and death.

European readers should approach this description of chaplaincy with careful attention to the significant institutional and cultural differences between the American and European models (Cadge, 2012). In the European context, the term "chaplain" traditionally denotes a role fulfilled by ordained clergy operating within a specific denominational framework. In the face of existential crises – such as serious illness, dying, and bereavement – European hospital chaplains typically administer sacraments and engage in specific religious practices oriented toward forgiveness, the acceptance of mortality, and the eschatological dimensions of human existence. Being an "interfaith" chaplain in Europe does not imply a non-denominational or secular orientation, as Cadge and Sigalow (2013) have demonstrated in their study of the distinct strategies – including neutralizing and code-switching – that chaplains employ when working across religious and spiritual boundaries. Moreover, a chaplain is neither a psychologist nor a volunteer; conflating these distinct roles generates unrealistic expectations and is a source of frustration for both caregivers and those receiving support – a difficulty that Klitzman himself acknowledges in the autoethnographic sections of the book.

These distinctions matter for readers in Poland and other European countries where, depending on institutional arrangements, chaplains may serve as full-time hospital employees and members of healthcare teams, yet retain a specifically denominational and sacramental identity that differs fundamentally from the broadly

interfaith and existentially oriented American model described by Klitzman. It is precisely the American model – one of increasing professionalization, institutional integration, and transdenominational practice – that Klitzman portrays as a normative development and which may not be directly translatable to European healthcare systems without significant contextual adaptation.

The book notes that chaplaincy services are present in a substantial proportion of American hospitals, especially large medical centers, oncology units, palliative care services, and intensive care departments. Chaplains are often involved in situations concerning terminal illness, end-of-life decision-making, traumatic diagnoses, grief, family conflict, or emotional crisis. They may also support healthcare professionals themselves, particularly in highly stressful clinical environments.

Klitzman also emphasizes the growing religious and philosophical diversity within the chaplaincy profession itself. Contemporary American chaplains come from Protestant, Catholic, Jewish, Muslim, Buddhist, and other religious traditions, while some identify as nonreligious or humanist chaplains. At the same time, professional chaplaincy generally requires moving beyond narrowly denominational roles. Although chaplains retain their own beliefs, their task is not primarily to promote doctrine, but to accompany patients and families in situations of vulnerability and suffering. Only when patients explicitly request denominational support does chaplaincy become more directly connected to shared religious identity or ritual practice.

The book shows that chaplains often enter clinical situations precisely when biomedical language becomes insufficient. While physicians can explain diagnoses and treatment options, chaplains help patients and families articulate fears, hopes, guilt, unresolved conflicts, and questions concerning meaning and mortality. Importantly, many chaplains work not only with religious patients, but also with individuals who identify as secular, agnostic, or "spiritual but not religious".

Recent European palliative care frameworks likewise emphasize that spiritual care should be integrated across multidisciplinary healthcare teams rather than restricted to narrowly confessional models (Paal et al., 2026).

At the same time, the book acknowledges tensions surrounding chaplaincy within modern medicine. Some physicians remain uncertain about the role of spiritual care, while chaplains themselves sometimes criticize the emotional detachment and technological orientation of contemporary healthcare. Nevertheless, Klitzman convincingly argues that questions of meaning, suffering, and mortality remain deeply

present within clinical practice and cannot be fully separated from experiences of illness and care.

Spirituality Beyond Religion: "Spiritual but Not Religious" Patients

One of the most important contributions of Klitzman's book is its analysis of spirituality beyond traditional religious frameworks. *Doctor, Will You Pray for Me?* shows that existential anxiety cuts across all belief systems, impacting religious, secular, agnostic, atheist, and "spiritual but not religious" patients alike.

Klitzman situates this phenomenon within broader social changes in Western societies, where traditional religious affiliation has declined while individualized forms of spirituality have become increasingly common. Several patients described in the book reject organized religion yet continue searching for meaning, hope, or transcendence when confronted with illness and mortality. One patient states: "I pray to the God I don't believe in" (Klitzman, 2024, p. 152), illustrating the ambiguity and complexity of contemporary spiritual experience.

The book avoids simplistic distinctions between "religious" and "secular" identities. At times, however, the analytical boundaries of spirituality remain intentionally broad, encompassing existential reflection, emotional coping, relationality, and moral meaning-making within a single interpretive category. Klitzman shows that severe illness often destabilizes previously stable worldviews and prompts reflection on mortality, suffering, guilt, hope, and meaning – even among individuals who previously considered themselves nonreligious. In this sense, the book contributes to broader discussions suggesting that secularization does not eliminate existential needs, but rather transforms the ways they are expressed. This issue has important implications for healthcare practice. Spiritual care can no longer rely solely on formal religious categories or rituals, but requires openness to diverse and individualized forms of meaning-making.

Importantly, the book remains fundamentally secular and patient-centered in tone. Klitzman does not advocate religion or present spirituality as universally beneficial. Instead, he treats spirituality as a complex dimension of human experience connected to illness, vulnerability, suffering, and the search for meaning.

Limitations of the Book

Despite its many strengths, *Doctor, Will You Pray for Me?* is not without limitations. One of the most evident is its strong grounding in the American cultural and

institutional context. The organization of healthcare chaplaincy in the United States differs significantly from many European healthcare systems, where spiritual care is often less institutionalized or more closely connected to particular religious traditions. Consequently, some of Klitzman's assumptions concerning religion, chaplaincy, and spiritual discourse may not be directly transferable to more secularized European contexts.

Related to this issue is the predominance of Judeo-Christian perspectives throughout the book. Although Klitzman emphasizes pluralism, non-Western religious traditions and Muslim patients receive relatively limited attention. In increasingly multicultural healthcare environments, future research could benefit from broader engagement with non-Western and postcolonial perspectives on suffering, healing, and spiritual care.

Another limitation concerns the relatively limited attention devoted to structural inequalities. Klitzman focuses primarily on interpersonal and existential dimensions of care, while issues such as socioeconomic disparities, migration status, language barriers, and unequal access to healthcare remain largely in the background. Moreover, although the author deliberately adopts an inclusive understanding of spirituality, the concept occasionally becomes analytically diffuse, encompassing a broad spectrum of emotional, existential, relational, and moral experiences. At times, the boundaries between spiritual care, existential reflection, psychological coping, and emotional support remain insufficiently differentiated. This conceptual openness increases the accessibility of the book but somewhat weakens analytical precision.

Methodologically, the book prioritizes narrative richness and accessibility over analytical systematization. The interviews and clinical stories are compelling and insightful; however, readers seeking a more theoretically structured analysis may occasionally find the argument conceptually eclectic.

The book also occasionally risks universalizing the existential and spiritual dimensions of illness. While many patients undoubtedly search for meaning, transcendence, or moral orientation in situations of suffering and mortality, some individuals may approach illness primarily through secular, scientific, or pragmatic frameworks without experiencing a corresponding spiritual crisis. Although Klitzman acknowledges such cases, they remain less central within the book's overall interpretive framework.

Nevertheless, these limitations do not undermine the book's central achievement. Klitzman convincingly demonstrates that questions of meaning, suffering,

and mortality remain deeply embedded in experiences of illness and care, even within highly technological healthcare systems.

Conclusion

Doctor, Will You Pray for Me? constitutes an important contribution to contemporary discussions at the intersection of medicine, spirituality, and medical humanities. Combining qualitative research, clinical reflection, and autobiographical narrative, Robert L. Klitzman demonstrates that severe illness often generates existential questions that cannot be adequately addressed through biomedical explanation alone.

A major strength of the book lies in its integration of the medical, emotional, and spiritual dimensions of care. Particularly valuable is Klitzman's portrayal of hospital chaplaincy as a form of support addressing dimensions of suffering often overlooked within conventional medical training. Other reviewers have likewise emphasized the book's importance for contemporary discussions on holistic and patient-centered healthcare (Wirpsa, 2025).

Klitzman shows that questions concerning vulnerability, finitude, moral meaning, existential distress, and mortality emerge not only among traditionally religious individuals, but also among secular and "spiritual but not religious" patients. At the same time, he avoids simplistic idealization of spirituality, presenting it instead as a complex and deeply personal dimension of human experience.

Although the book remains strongly rooted in the American context and gives limited attention to non-Western perspectives and structural inequalities, these limitations do not diminish its overall significance. Klitzman contributes importantly to contemporary discussions about the human dimensions of medicine and the need for healthcare systems to respond not only to diseased bodies, but also to existential suffering. In this sense, the book makes a valuable contribution to ongoing debates concerning holistic and patient-centered care in contemporary healthcare.

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